



PATIENT

Annie Salvaggio

PRESENTING CLINICAL SIGNS

Vomited 2x in past 24 hours, bloody diarrhea. Blood work pending.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in three imaging planes are provided for review.

BREED

Hound Mix

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

FS

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

AGE

1.5 Years

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The stomach is in its anticipated position and contains a small amount of fluid. In the pyloric region, a small amount of granular mineralized material is appreciated ('gravel sign').

HOSPITAL NAME

Four Corners
Veterinary Practice

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Gregory Roccaro

- Mild fluid filled stomach and gastric emptying disorder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

51523

There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. The mild fluid filled stomach can indicate gastric emptying, which is considered most likely to be function, possibly due to underlying gastritis. If clinical signs are refractory to empirical therapy, recommend follow up radiographs or a complete abdominal ultrasound examination; in some cases, a high ileus may lack classical radiographic signs of mechanical obstruction.

DATE

4-13-22



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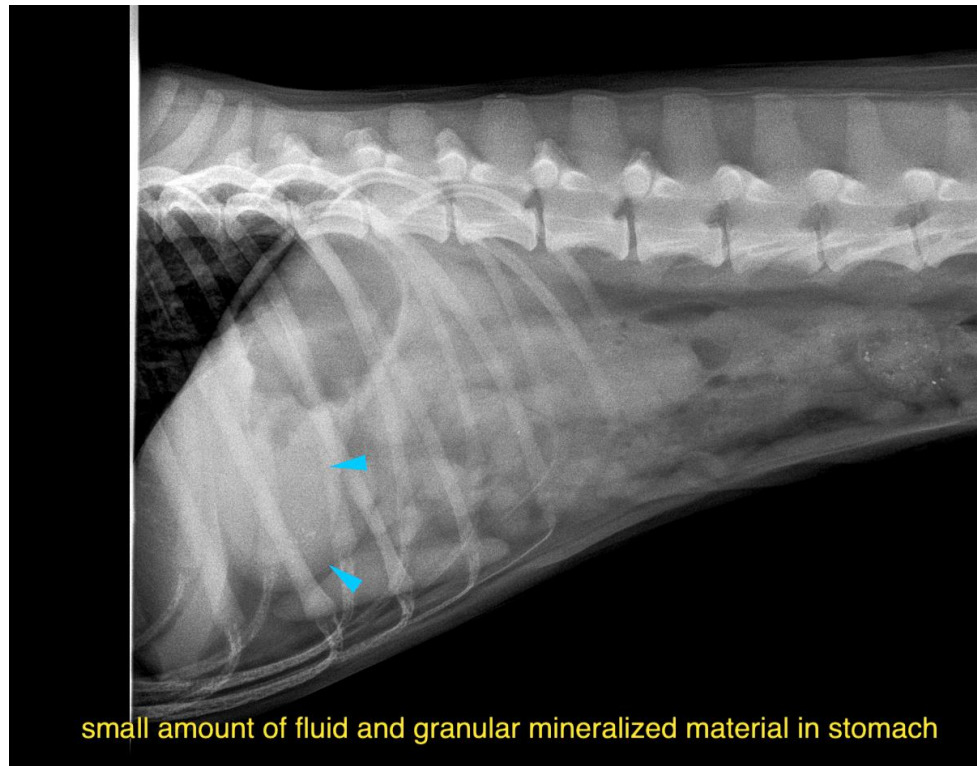
Gregory Roccaro

INVOICE

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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