



**PATIENT PRESENTING CLINICAL SIGNS**

**Sophie Rocher**  
Reason for Visit: Decreased appetite History: P is a 13yr 11m old SF jack russell terrier presented for decrease in appetite, weight loss and sleeping more. O says P has been eating less than usual - associated this with her mouth smelling. Teeth were cleaned at the groomers last week. Groomers noted nothing abnormal about the teeth. Decrease in eating has been going on for about 2 weeks. O has tried changing the food to entice P - this does not help, P still picks at her food. P's energy is good as of this morning, but O says she has been sleeping a lot more. Increased amount of sleep has been going on for several months per O. P is not on any HW/flea/tick prevention. C/S/V/D: Cough sometime at night; no other symptoms E/D/U/D: eating decreased; all other patterns WNL Diet: wet food (O forgot brand) + blue buffalo senior canned (chicken dinner) + dry food (different brands)

**Canine**  
Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; cataracts OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present (O had them cleaned) Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Multiple (~5) small dermal growths. CV/Respiratory: V/VI murmur, no crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. Hindlimbs trembling. BCS 4.5/9 Neurological: Appropriate

**Jack Russell Terrier**  
CBC: WNL Chem: BUN 128 (7-27), Crea 2.8 (0.5-1.8), Phos 10.8 (2.5-6.8), Alt 175 H, Alkp 261 H, Amylase 1897 (500-1500) SG: 1.010, protein 100 mg/mL

**SEX**  
SF

**AGE**  
13 Years

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

**INTERPRETED BY** Radiographs of the abdomen in two imaging planes are provided for review.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures present a generalized mild to moderate decreased radiopacity. The 12<sup>th</sup> right rib presents with a focal smooth expansile mineralized lesion, 3 mm in diameter.

**HOSPITAL NAME**

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

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

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

**REFERRING VET**

Dr. White

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.

**INVOICE**

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The stomach is in its anticipated position and presents normal content.

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.

**DATE**

4-30-22

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



**PATIENT**

Sophie Rocher

**RADIOGRAPHIC DIAGNOSIS**

- Generalized mild osteopenia
- Suspect healed fracture 12<sup>th</sup> right rib

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The osteopenia can be an age related finding or is a sequela to secondary hyperparathyroidism due to renal disease. No additional abnormalities are appreciated, explaining the hyporexia. Complementing workup by an abdominal ultrasound examination might be beneficial.

**BREED**

Jack Russell Terrier

**SEX**

SF

**AGE**

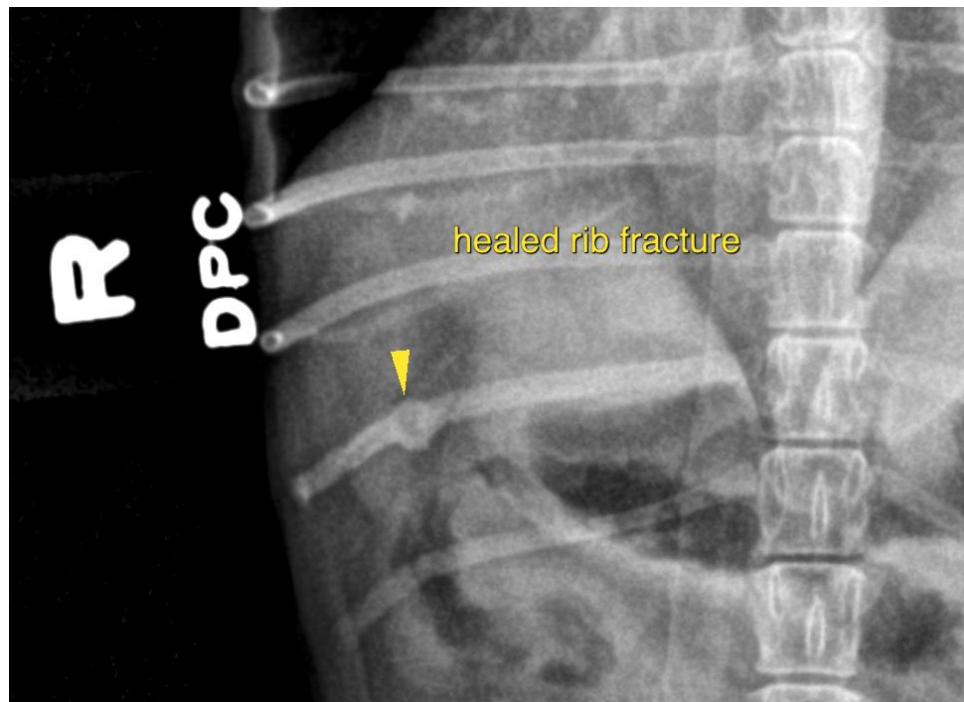
13 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
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**REFERRING VET**

Dr. White

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.

**INVOICE**

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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.

**DATE**

4-30-22

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com