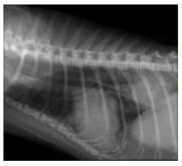
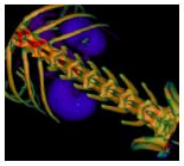
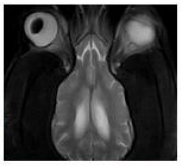




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Peanut Owens

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Intact Female

AGE

5 Years, 11 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

58877

DATE

6-19-23

PRESENTING CLINICAL SIGNS

Reason for Visit: ADR History: 5 Y/O F chihuahua mix presented for adr. Last night o noticed p acting lethargic, hiding under blankets, not eating much o offered a few pieces of shredded chicken which she took a few bites of but p typically has a great appetite. P has been licking lips as if she is nauseous but is not vomiting, o hasn't noticed p drinking much water, p did pass a normal stool this morning. When o picked up p by abdomen she yelped, area is very tense. O recently go over foo poisoning from eating fish, o did give p a piece of the same fish that made her sick. C/s/v/d: wnl e/d/u/d: inappetance diet: ceasar shredded chicken fas Score: 0 Current Medications (dose and frequency): NONE Heartworm Prevention / Flea Prevention: NONE
Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 5.2 LBS Temp: 101.9 HR: 120 RR: SHAKING MM/CRT: P/TACKY Physical Examination Key -- (N= Normal, A= Abnormal)
CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: Intact female, unknown LHC Abd/GI: TENSE, VERY-painful. No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: CBC/CHEM/cPL, Abdominal radiographs Declined Diagnostics/Treatments: None Findings: 1) CBC: NSF 2) CHEM: BUN 50 (7-27), ALKP 14 (23-212), AMYL 467 (500-1500) 3) cPL: Normal 4) Abdominal radiographs: Consult pending Assessment: Abdominal pain: r/o gastroenteritis vs. pancreatitis vs. FB vs. other Intact female Treatment Plan: Buprenorphine 0.5mg/ml (0.02mg/kg): 0.1ml IV, Cerenia 10mg/ml (1mg/kg): 0.2ml SQ, LRS 75ml SQ, MTGH Treatment Declined: None Prescriptions to Dispense: 1) Gabapentin 50mg #10: Give 1/2 tab PO BID for pain Dietary (food) Recommendations: I/d for 2-3 days Recheck Needed: Pending rad report

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

The patella of the right stifle joint is superimposed on the soft tissues medial to the medial femoral condyle.

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.

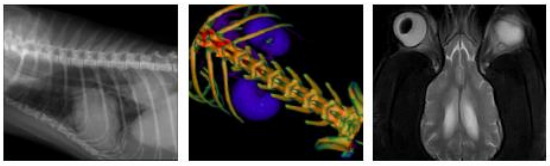
The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

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.

The stomach is in its anticipated position and is mildly distended by fluid.

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, contains a small amount of gas and has a mild corrugated



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wall.

RADIOGRAPHIC DIAGNOSIS

- Overall empty gastrointestinal tract
- Right sided medial patellar luxation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the abdomen presents without overt abnormalities, explaining the described clinical signs. The mild fluid filled stomach can indicate gastric emptying disorder and functional causes are considered likely – e.g. secondary to gastroenteritis. There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to 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.

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
info@sonopath.com