



**PATIENT**

Cooper Kraft

**PRESENTING CLINICAL SIGNS**

Not eating and vomiting for two days  
Abnormal PE/Chem/CBC/UA Results: B/W Unremarkable

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

Shelti Mix

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

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.

**SEX**

Male Neuter

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.

**AGE**

23 Months

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 moderately distended by gas and fluid/foamy material. The duodenum is generalized mild to moderately distended by gas and appears rigid.

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.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

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

**RADIOGRAPHIC DIAGNOSIS**

- Adynamic appearing stomach with foamy content
- Adynamic appearing duodenum

**REFERRING VET**

Dr. Boctor

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall the distended stomach is suggestive for gastritis with secondary functional gastric emptying disorder and retention of some ingested material. However, some fabric material in the stomach cannot be ruled out entirely. There is no evidence of radiopaque foreign material or signs for intestinal mechanical obstruction. If clinical signs are refractory to empirical therapy, recommend follow up radiographs or a complete abdominal ultrasound examination.

**INVOICE**

52518

**DATE**

6-20-22



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**REFERRING VET**

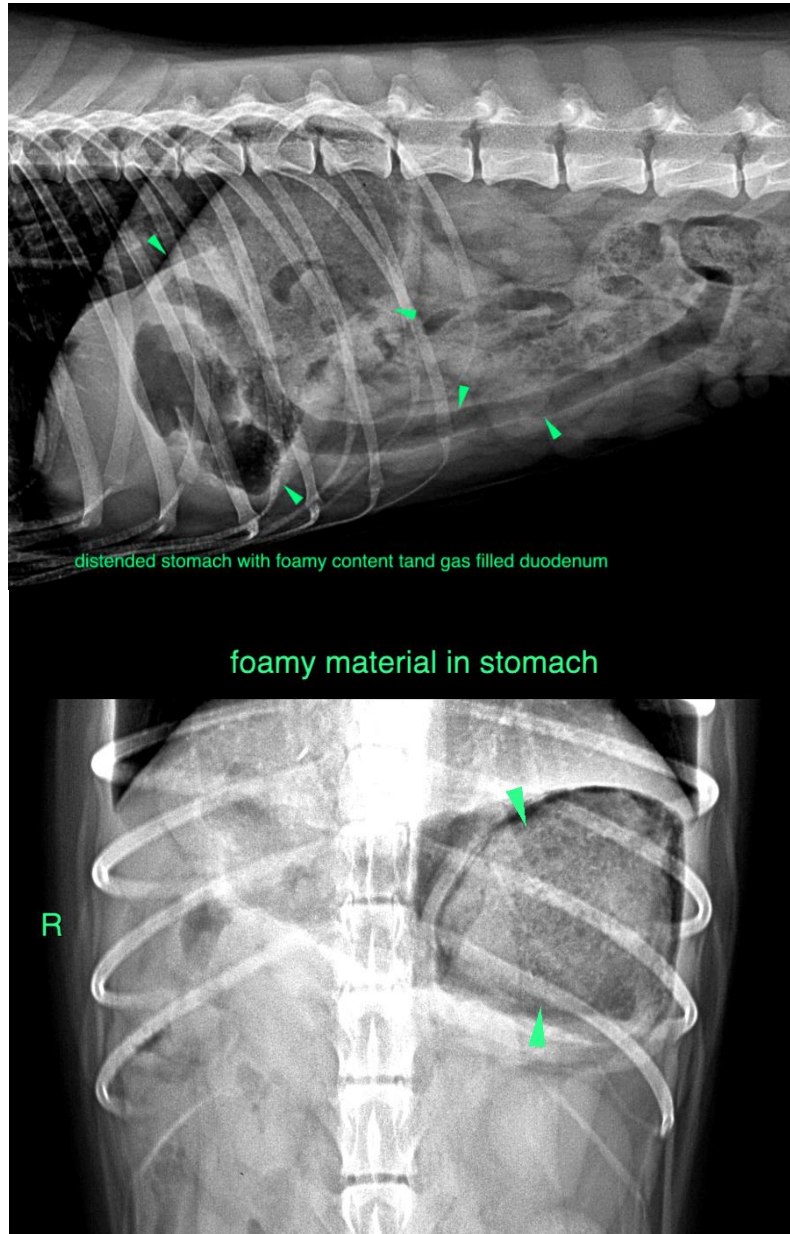
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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  
sebast.schaub@gmail.com

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