



PATIENT PRESENTING CLINICAL SIGNS

Henry Goulden sudden onset yesterday of what the owners described as vomiting at home after a play session; initially was food but now just foam and liquid; was tender with palpation on cranial abdomen - while doing abdominal x-rays the dog actually had a moist cough and then hacked up foam/liquid so we proceeded with some chest x-rays
SPECIES Abnormal PE/Chem/CBC/UA Results: CBC/Chem and cpl- WNL see x-rays attached

Canine

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A complete set of radiographs of the thorax and abdomen is provided for review.

BREED

RADIOGRAPHIC FINDINGS

Lab

The body condition score is 8/9.

SEX

Thorax

The surrounding bony structures are within normal limits.

MN

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

1.5 Years

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

INTERPRETED BY

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

HOSPITAL NAME

The ventral dependent aspect of the left caudal lung lobe/caudal part of the left cranial lung lobe presents a patchy soft tissue opacification with air-bronchograms in the lateral projection. The remainder of the lung parenchyma present the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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 Hospital

REFERRING VET

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Dr Trudeau

Abdomen

The surrounding bony structures are within normal limits.

INVOICE

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

52572

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

DATE

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

6-22-22

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



PATIENT

Henry Goulden

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 empty

SPECIES

Canine

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 contains a small amount of gas and unformed fecal material

BREED

Lab

RADIOGRAPHIC DIAGNOSIS

- Ventrally distributed alveolar pattern left lung lobes
- Empty gastrointestinal tract
- Obesity

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The alveolar pattern of the left lung lobes is concerning for pneumonia – possibly secondary to aspiration. A region with atelectasis or less likely hemorrhage is a consideration as well. Pneumonia is a potential source for the cough.

AGE

1.5 Years

The empty gastrointestinal tract in combination with the presenting clinical signs is suggestive for gastritis/gastroenteritis. There is no evidence of radiopaque foreign material 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.

INTERPRETED BY

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SPECIES

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BREED

Lab

SEX

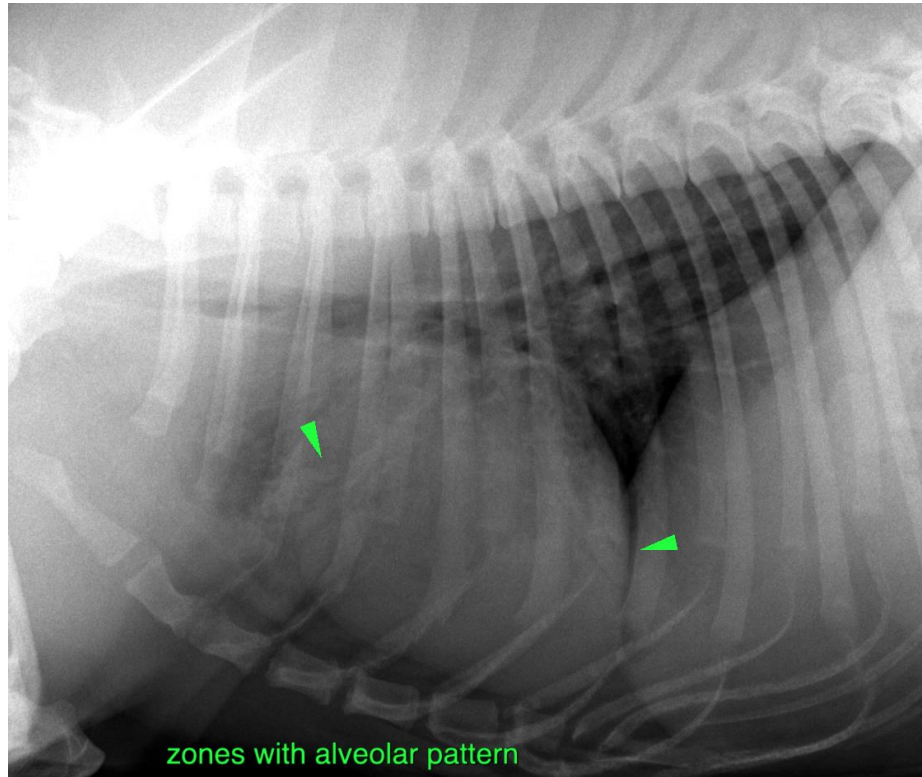
MN

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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
sebast.schaub@gmail.com