



**PATIENT**

Bently Godard

**PRESENTING CLINICAL SIGNS**

Patient presented for v about 10-12 times in the last day. O has been giving boiled chicken and rice but owner cannot keep it down. Owner did feed a few pieces of steak a few nights ago Pet dehydrated and lethargic

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Tense on abdominal palpation Parvo + (unsure validity of test)

Canine

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

Maltipoo

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

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

FS

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

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

**AGE**

2 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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 empty.

**HOSPITAL NAME**

Boca Park Animal  
Hospital

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**

- Empty stomach

**REFERRING VET**

Dr. Corinna Gorgon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The empty stomach is considered as a sequela to the vomiting. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If not done so yet, consider complementing workup by complete blood work including cpl to rule out pancreatitis. 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.

**INVOICE**

52332

**DATE**

6-6-22



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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.

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Maltipoo

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

**SEX**

FS

**AGE**

2 Years

**INTERPRETED BY**

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