



PATIENT

Layla Rye Prouty

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

2 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Blandford Animal
Hospital

REFERRING VET

Russ LaPierre

INVOICE

52346

DATE

6-7-22

PRESENTING CLINICAL SIGNS

History (Subjective): After day camp ~ 1 week prior black/ very dark stool which has gradually improved thru today as dark and soft formed. Vomitted 3x this AM. Initially bile then progressing to moderate amount of frank blood. Remains overall active but not to normal energetic levels. SI anorexia but has appetite.

Abnormal PE/Chem/CBC/UA Results: UA shows WBC 7-10 phf; BW pending

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

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.

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 empty.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the abdomen presents without specific abnormalities, explaining the presenting clinical signs. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. Given the history of potential melena, gastric ulceration is a potential here. Recommend gastric protection therapy and antiemetic drugs. If clinical signs are refractory to therapy or deteriorate, recommend follow up radiographs or a complete abdominal ultrasound examination.



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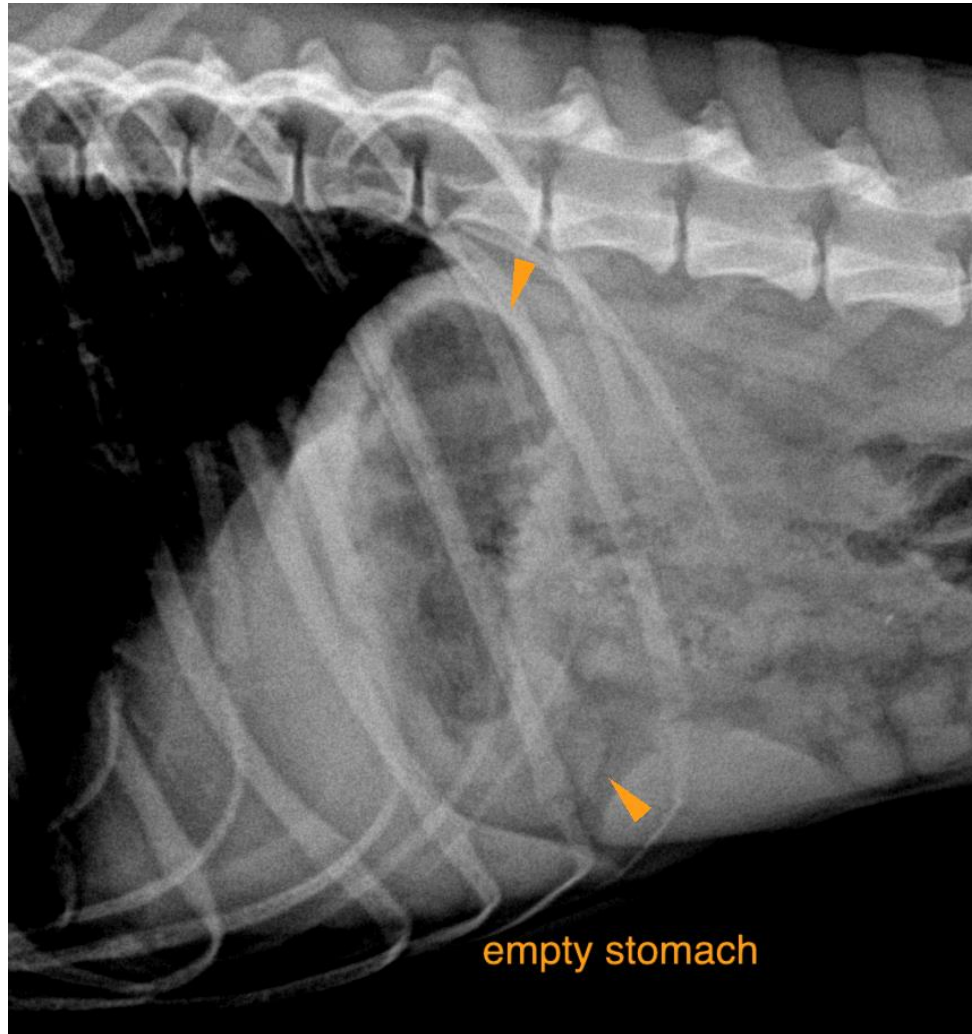
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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