



**PATIENT**

Rolo Shniderman

**PRESENTING CLINICAL SIGNS**

vomiting and diarrhea for 3-4 days , Not eating drinking for 10 days  
Abnormal PE/Chem/CBC/UA Results: Amylas - high 1200.00 Glucose High 110.0 Potassium Low 2.1 CPL - 463

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

Golden Doodle

**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.

**SEX**

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

NM

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

**AGE**

2

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The stomach is in its anticipated position and is empty.

The duodenum is mildly distended by gas and appears adynamic ('sentinel loop sign'). 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**

Boca Park Animal Hospital

The colon is in its anticipated position and empty.

**RADIOGRAPHIC DIAGNOSIS**

- Adynamic appears duodenum
- Empty gastrointestinal tract

**REFERRING VET**

Ensign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The empty gastrointestinal tract in combination with the clinical signs is suggestive for underlying gastroenteritis. The rigid appears duodenum can indicate local inflammation such as pancreatitis - supported by the elevation of cpl. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. 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**

52384

**DATE**

6-8-22



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Hospital

**REFERRING VET**

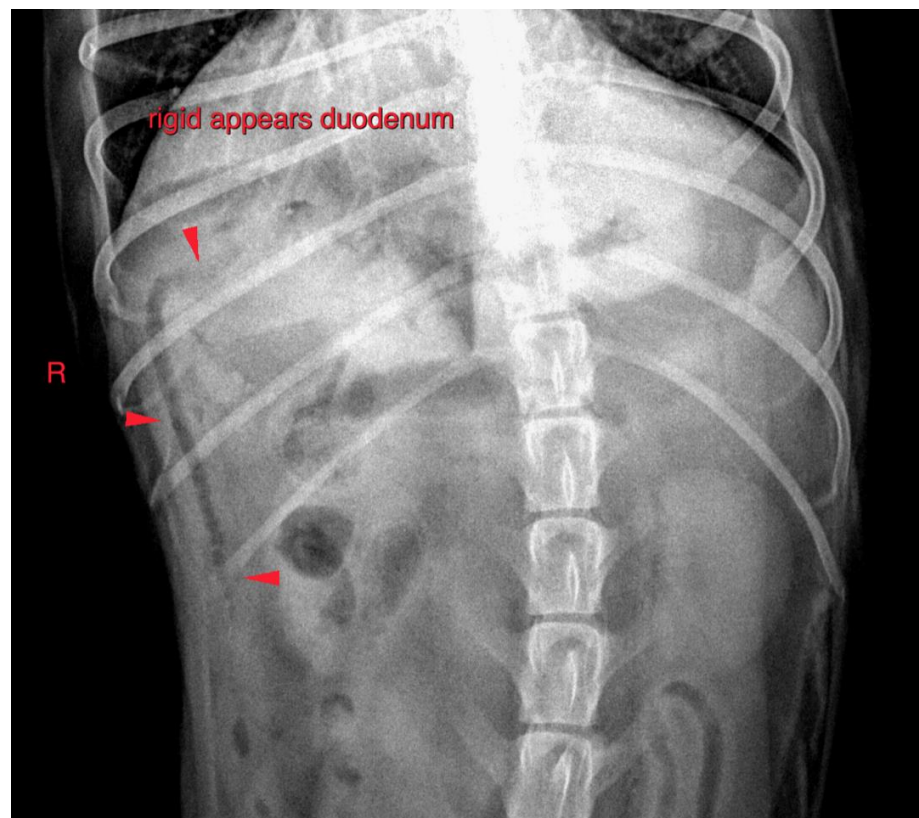
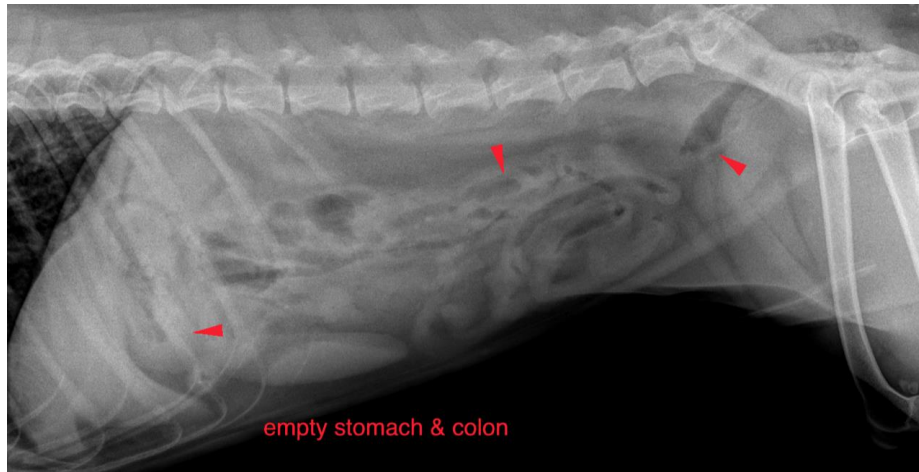
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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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