



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Trixie Davis
SPECIES Canine
BREED Chihuahua
SEX SF
AGE 5 Years, 10 Months

Reason for Visit: pet is crying out and having trouble pooping. History: 5yr old SF Chihuahua presented b/c O has noticed saturday P yelped 3 times out of nowhere sunday did not go to the bathroom in the am, after a while P did go but was straining drank alot of water later. yelped several times & running around hiding under the bed & in crate. energy level is lower than normal. P get yeast infections often has one currently and didnt want O to touch her to look P normally allows O too look and clean her up. this morning P did make a bowel movement but it was very hard. P accidentally got ahold of their other pet sid's Theophylline.
 Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU. AU: mild amount of brown waxy debri, no erythema or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 6.5-7/9. Ambulatory x 4. Grade 2-3/4 R MPL
 Uro/Perineum: Recessed vulva- chronic hx - Moderate perivulvar hyperpigmentation, mild to moderate vulvar swelling and erythema. Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: N Rectal: No masses, sl dry stool, no bleeding. Paper towel consistency FB on her stool. Fecal: Not performed today Diagnostic Testing Needed: CBC/NSAID profile, UA , Abdominal radiographs Declined Diagnostics/Treatments: none Findings: 1) CBC: WNL 2) NSAID profile: WNL 3) UA (cysto): SG >1.050, BLD 50Ery/uL 4) Abdominal radiographs: Consult 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 retroperitoneal fat presents a mild soft tissue striation in the lateral view.
 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 presents normal content.
 The small intestinal loops are of even diameter and non-dilated, a small amount of gas and foamy is seen within the small intestinal loops.
 The colon is seen in the expected position and presents with appropriate content.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

52795

DATE

7-11-22



PATIENT

Trixie Davis

RADIOGRAPHIC DIAGNOSIS

- Possible retroperitoneal effusion/steatitis
- Mild alimentary pattern of the gastrointestinal tract

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue striation of the retroperitoneal fat can indicate mild retroperitoneal effusion (e.g. transudate, exudate, hemorrhage) or is caused by superimposition with vascular structures/peritoneal structures. Ultrasound can be used to rule out retroperitoneal effusion entirely.

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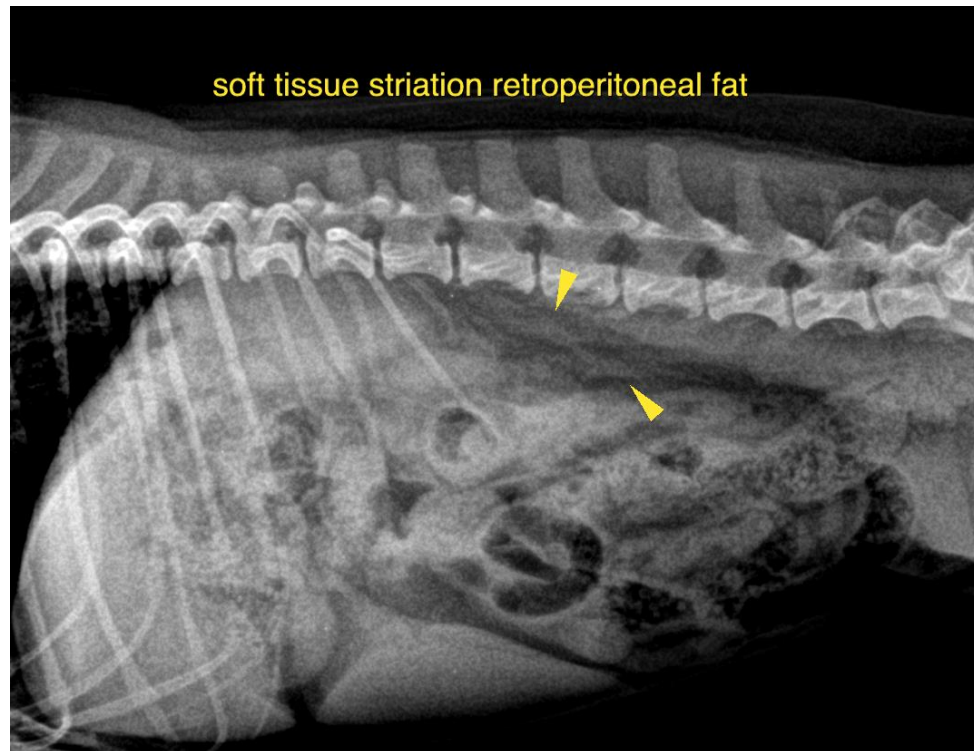
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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