



PATIENT

Jaxson Rodriguez

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea for 24 hours
 Abnormal PE/Chem/CBC/UA Results: blood work : abnormal SNAP CPLi , rest indicated
 dehydration and mild elevated AIT

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Mixed

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

Male

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.

AGE

3

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 contains a small amount of gas. The gastric wall is subjectively prominent and the rugal folds appear mildly swollen.

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

Lakeshore Woods
 Animal Hospital

The colon is seen in the expected position and is empty but a moderate amount of gas.

RADIOGRAPHIC DIAGNOSIS

- Possible mild mural thickening of the gastric wall
- Empty colon

REFERRING VET

Dr. Sam Masoud

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The empty gastrointestinal tract in combination with the clinical signs and the potential swelling of the gastric wall are highly suggestive for gastroenteritis. 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

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DATE

8-1-22



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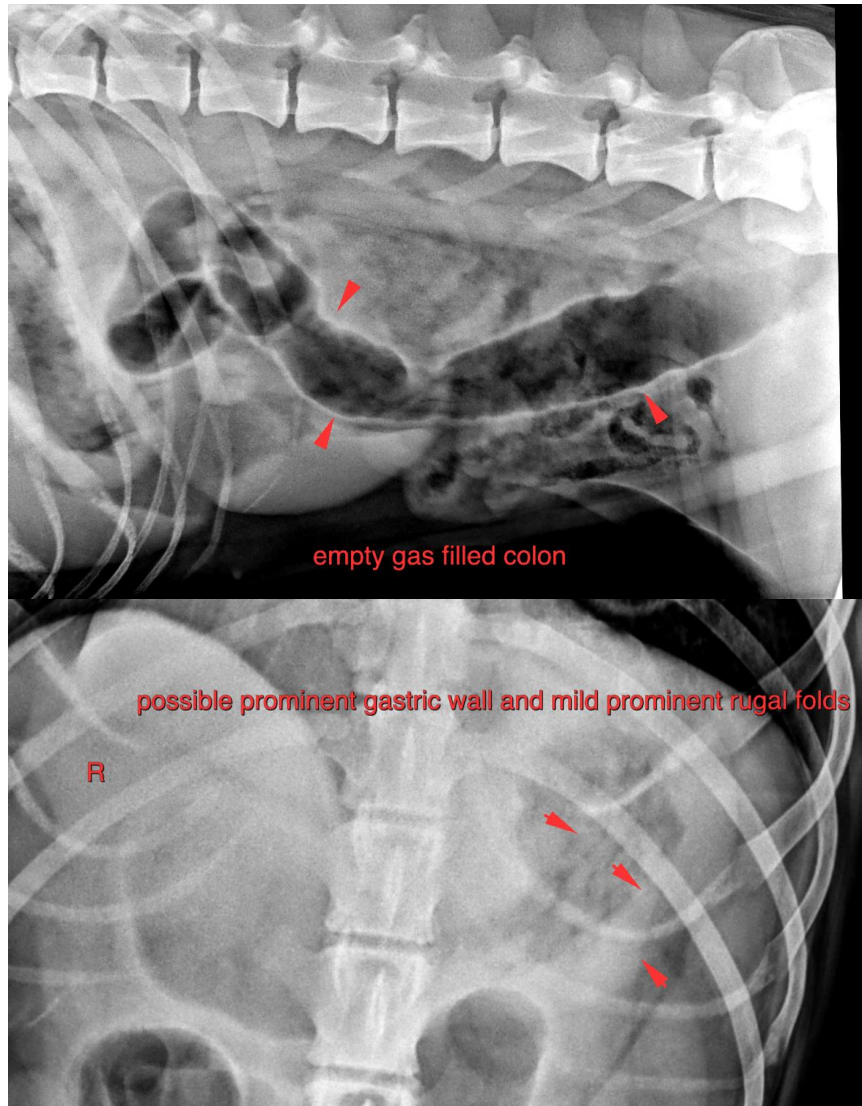
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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