



PATIENT PRESENTING CLINICAL SIGNS

Lucas Alejandro Martinez Patient presented for more than ~5 vomiting episodes starting 12 hours ago. Patient is known for eating many household items and everything from the floor. Patient was lethargic and inappetent this morning. Vomits contained food and bile, and brown in color. Patient is up to date in vaccination, not up to date in heartworm/flea/tick prevention. Diet is Proplan Salmon and some food table items.

SPECIES Abnormal PE/Chem/CBC/UA Results: In physical examination patient is QAR, painful abdominal palpation. CHEM: leukocytosis, neutrophilia, CBC: wnl

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Dachshund

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

Male

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.

AGE

1 Year

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 mildly distended by fluid and gas.

HOSPITAL NAME

Alejandrino Animal Hospital

In the left abdomen, gas distended small intestinal segments are appreciated, resulting in two populations of small intestinal loops. In the ventral abdomen, a small intestinal loop, containing irregular gas and soft tissue material with mild segmental dilation is appreciated in both the right & left lateral projection of the abdomen ('Gravel sign').

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dra. Lazcano

- Suspect segmental small intestinal mechanical obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The appreciated stationary dilation of a segment of the small intestinal tract and the stationary foamy soft tissue material in the small intestinal loops are concerning for mechanical obstruction, although a radiopaque foreign body is not appreciated. If clinical signs persist under empirical therapy, either follow up radiographs (radiographs have been taken approximately 20h ago) diagnostic laparotomy could be justified. In case of doubt, recommend follow up radiographs ± abdominal ultrasound examination.

DATE

8-1-23



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REFERRING VET

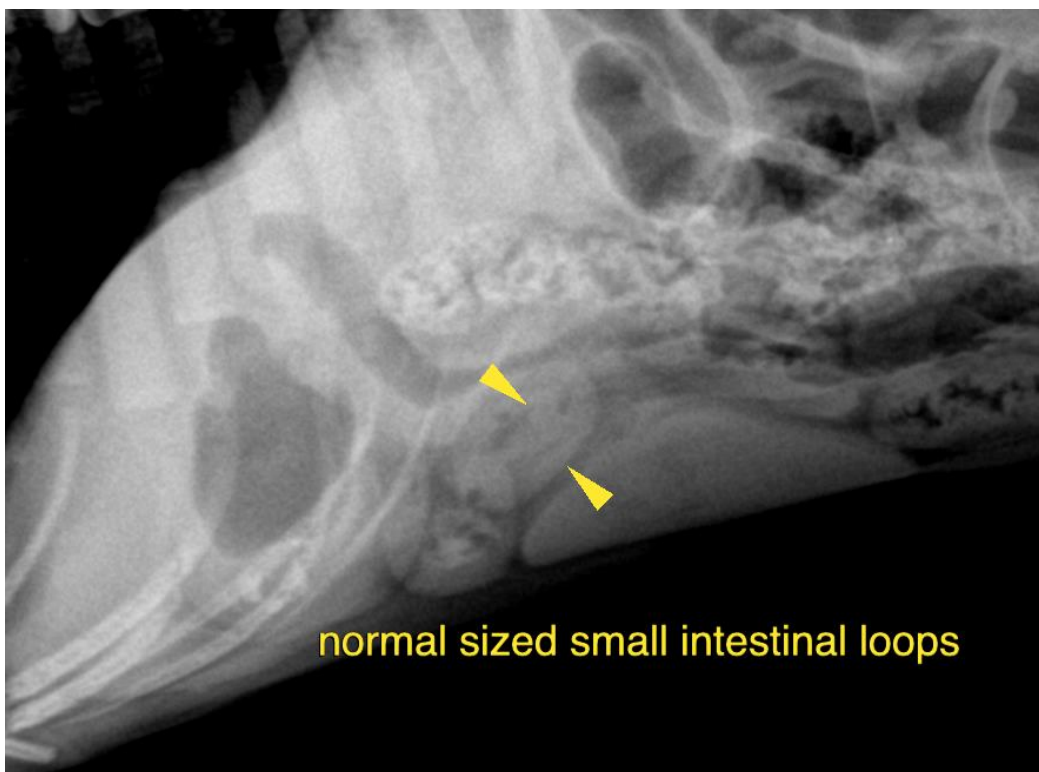
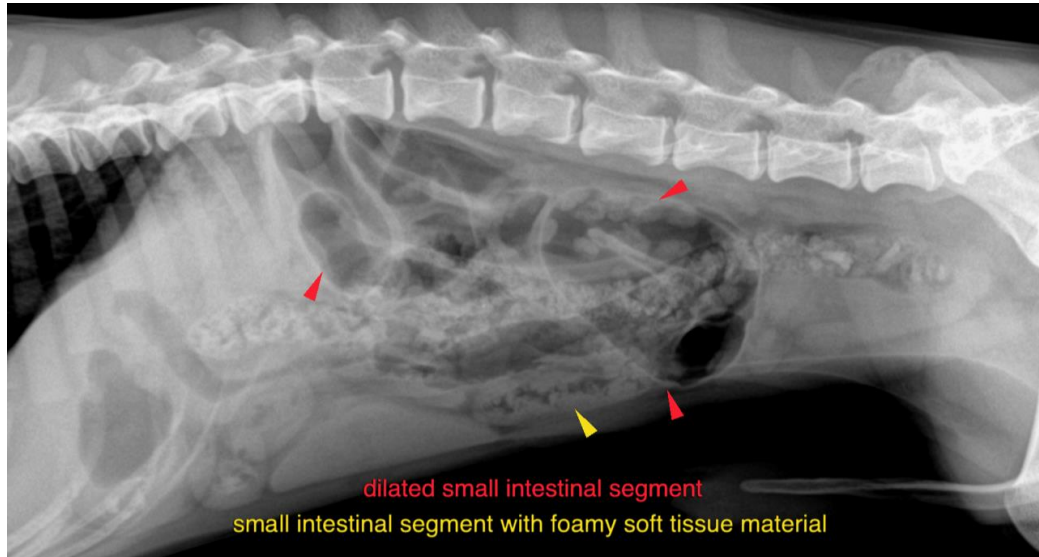
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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