



PATIENT PRESENTING CLINICAL SIGNS

Gus Gus Fatolitis Gus Gus is a 10y5mo old SF beagle mix presenting today due to v/d and loss of appetite. Last night p was shaking, panting, and breathing heavily. Vomited undigested food 2x overnight, not eating this morning but ate well last night. Struggling to have BM yesterday afternoon, small amount of liquid diarrhea came out but p stayed postured for extended period of time without production.

SPECIES Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Canine CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Panting EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 7.5-8/9. Ambulatory x 4

BREED Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Multiple soft movable different sizes SQ masses at ventral thorax. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today Findings: 1) CBC: RETIC 9.3 (10.0-110.0), WBC 20.37 (5.05-16.76), NEU 18.41 (2.95-11.64), LYM 1.03 (1.05-5.10), EOS 0.03 (0.06-1.23) 2) CHEM: ALKP 1261 (23-212), AMYL 1505 (500-1500), LIPA 3151 (200-1800) 3) UA (void): SG 1.005, LEU 500Leu/uL, PRO 30 mg/dL, BLD 250Ery/uL, WBC >50/hpf, RBC 9/hpf, rods present, cocci suspect presence. Squamous epi 1-2/hpf, Non-squamous epi 3-5/hpf 4) cPL: ABNORMAL

SEX SF

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

10 Years, 5 Months

RADIOGRAPHIC FINDINGS

INTERPRETED BY

The vertebral endplates of the lumbosacral junction present mild spondylosis formation.

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.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

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.

REFERRING VET

Dr. Rivera

The stomach is in its anticipated position and 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.

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RADIOGRAPHIC DIAGNOSIS

- Empty gastrointestinal tract
- Spondylosis deformans lumbosacral junction

DATE

8-14-23



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gus Gus Fatolitis

The overall empty gastrointestinal tract is considered as a sequela to the history of hyporexia and vomiting. An underlying cause for the presenting clinical signs is not appreciated in the radiographic study.

SPECIES

Canine

BREED

Beagle Mix

SEX

SF

AGE

10 Years, 5 Months

INTERPRETED BY

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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.

INVOICE

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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
info@sonopath.com

DATE

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