



**PATIENT**

Frankie Coates

**PRESENTING CLINICAL SIGNS**

of acute vomiting 8 times last one with blood  
 Abnormal PE/Chem/CBC/UA Results: moderate abdominal distension and pain during palpation Blood work was unremarkable just mild hyperglycemia , stress leukogram including SNAP CPLI, 4DX

**SPECIES**

K9

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

An overview study including the thorax and abdomen in three imaging planes is provided for review.

**BREED**

Chihuahua

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9.

**SEX**

Neutered Male

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The cardiac silhouette is subjectively prominent. The pulmonary vasculature is within normal limits.

**AGE**

3

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

A soft tissue membrane is bulging ventrally into the tracheal lumen of the cervical segment.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

**HOSPITAL NAME**

Lakeshore Woods  
 Animal Hospital

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**REFERRING VET**

Dr. Masoud

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

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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.

**DATE**

8-17-22

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.



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The stomach is in its anticipated position and contains fluid and gas.

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

**BREED**

Chihuahua

**RADIOGRAPHIC DIAGNOSIS**

- Obesity
- Mild fluid filled stomach
- Redundant tracheal membrane
- Equivocal cardiomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction and no underlying cause for the acute onset of vomiting is appreciated. The presumptive diagnosis is gastritis or gastroenteritis. If clinical signs are refractory to 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.

**AGE**

3

The cardiomegaly in absence of a cardiac murmur is likely a subjective impression due to thoracic conformation.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The redundant tracheal membrane can be a precursor for tracheal collapse.

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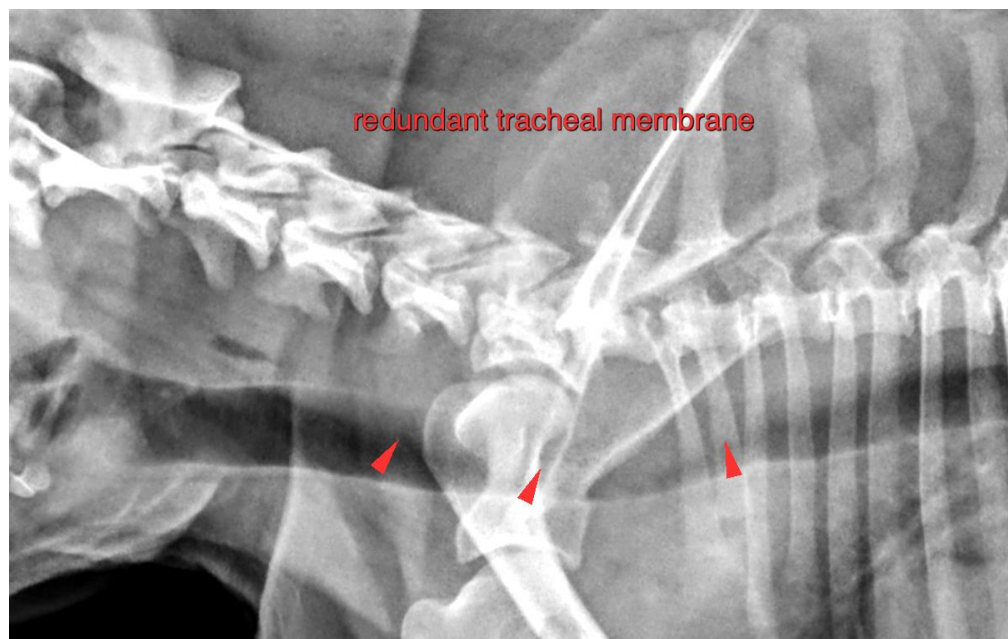
Dr. Masoud

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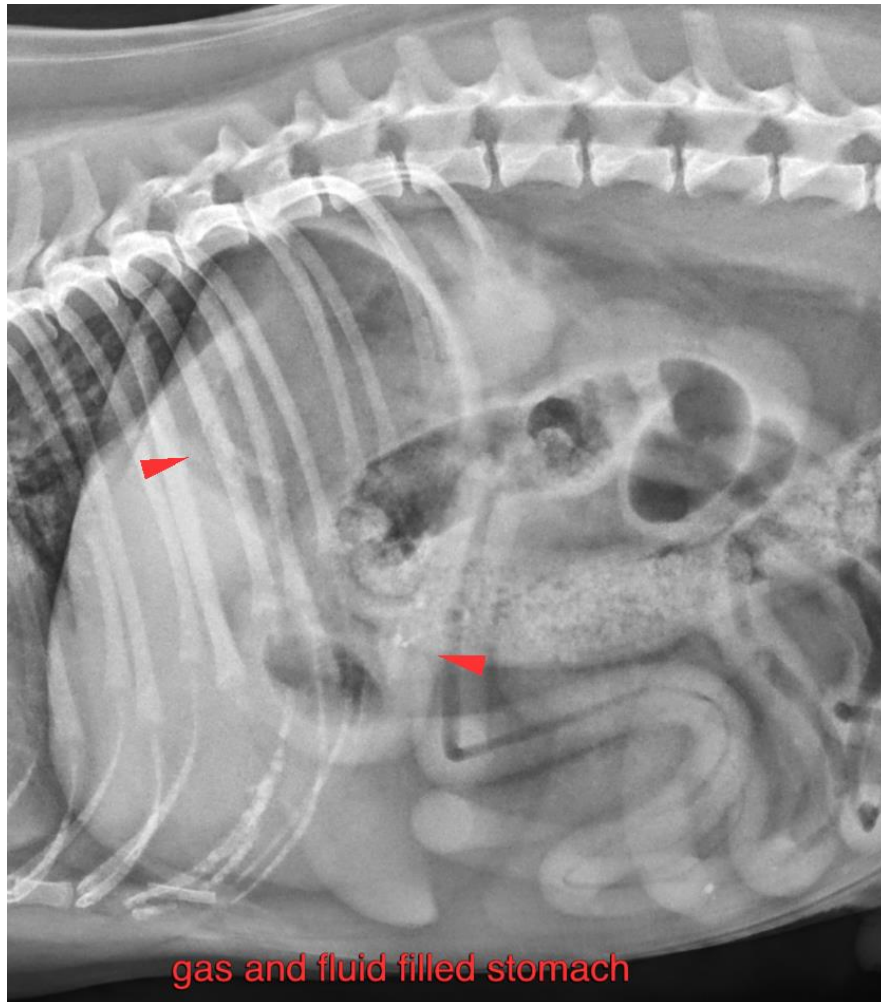
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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