



PATIENT PRESENTING CLINICAL SIGNS

Alicia Schauer
Reason for Visit: ADR for 2 days - harder to get up this morning (arthritis) and O placed food out and offered treats and she is not interested. Attitude is less energetic . Unsure of last heat cycle, unsure if spayed Owner did mention he bought a Dasuqin from the pet store used for about a month and she was not a fan or the Owner and he did pick up from us and she seemed to take that without an issue. History: ~13yr old intact? female

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Mentation: QAR EENT: OU nuclear sclerosis. AU clear, no debris. Oral cavity: Moderate calculus Lymph Nodes: Left submandibular Inn enlarged; prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Grade 3/6 murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Tenses on abdominal palpation, unable to fully palpate organs well. Uro/Perineum: Large mass on left side of vulva Rectal exam = anal glands full, easily expressed, thick/dark material; soft, blood tinged stool Musculoskeletal: BCS = 5/9. Ambulatory x 4, slow/stiff gait. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: Cbc/chem/electrolytes; Abdominal radiographs and consultation; Fecal Declined Diagnostics/Treatments: FNA/cytology of mass under neck/Inn and vulva mass Findings: Cbc/chem/electrolytes = PLT 0 (clot in tube, platelet clumping), no hematoma at blood draw site Abdominal radiographs and consultation = pending final report Fecal = NPS

BREED
Chihuahua Mix

SEX
Female Intact

AGE RADIOGRAPHIC STUDY OF THE ABDOMEN

12 Years, 9 Months
Radiographs of the abdomen in two orthogonal imaging planes are provided for review.

INTERPRETED BY RADIOGRAPHIC FINDINGS

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI
The patella of the right stifle joint is superimposed on the medial femoral condyle.
No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin. A mass is protruding caudally from the region of the vulva/perineum.

HOSPITAL NAME
DPC Veterinary Hospital
The serosal detail is maintained throughout the peritoneal space. Ventral to L6&L7 a mild irregular marginated, fusiform soft tissue opacity is noted.

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.

REFERRING VET
Dr. Oldenhoff
The left kidney is seen and present with normal size, shape, delineation and opacity. The right kidney cannot be clearly delineated. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

INVOICE
The stomach is in its anticipated position and empty.

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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.

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

8-19-22



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RADIOGRAPHIC DIAGNOSIS

- Mild irregular soft tissue opacification ventral to L6&L7
- Empty gastrointestinal tract
- History of soft tissue mass region of the vagina
- Suspect right sided medial patellar luxation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The empty gastrointestinal tract is considered as a sequela to the hyporexia, but an underlying cause cannot be specified. If not done so yet, complete blood work should include cpl to rule out underlying pancreatitis.

The irregular soft tissue opacification ventral to L6/L7 can present mild lymphadenopathy or mild local retroperitoneal effusion (e.g. hemorrhage) – an abdominal ultrasound examination might be used as advanced imaging modality.





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REFERRING VET

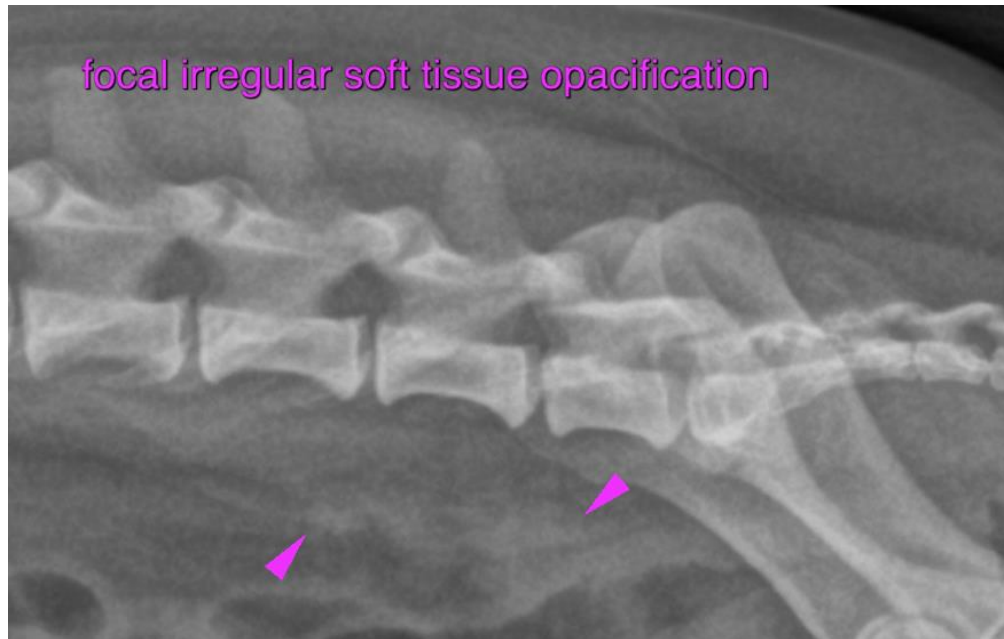
Dr. Oldenhoff

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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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