



PATIENT

Jennabelle Rocal

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

6 Years, 10 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

53710

DATE

8-24-22

PRESENTING CLINICAL SIGNS

Presented to us 8/23/2022 Saturday Jennabelle threw up her food and water and started to have diarrhea. She has not been interested in food since Saturday. She acts like she wants to drink water but anything she drinks she will throw up. The vomit alternates between yellow bile vomit and foamy white vomit. They tried to give her some peanut butter and about 10 minutes later she threw it up. They have been syringe giving her about 2-3 mls of water every hour and she can hold that down but anymore than 3 mls she will vomit. Jennabelle has gone through this issue before but it usually last for 1-1.5 days at most. She has gotten fluids 8/23 and 8/24 she has continued to regurgitate water multiple times a day. Even after Cerenia injections and IV metronidazole. She has stage I CKD. Abdominal ultrasound 8/3/22 was normal.

Abnormal PE/Chem/CBC/UA Results: She got 147ml of IV fluids 8/23/2022 and 302ml of IV fluids 8/24/2022 BW results from 8/23/2022 (Chem 17 w/ Lytes, CBC and CPL done) RBC: 5.53 M/uL MCV: 76.5 fL MCH: 29.4 pg RDW: 14.1% Glucose: 160 mg/dL BUN: 111 mg/dL Calcium: 6.8mg/dL Chloride: 107 mmol/L CPL: Abnormal Exam: comfortable abdomen when palpating, lethargic, dehydrated.

RADIOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

A complete set of radiographs of the neck, thorax and abdomen is provided for review.

RADIOGRAPHIC FINDINGS

Neck

The osseous and soft tissue structures of the neck are within normal limits. The trachea presents the anticipated course and smooth margins, unremarkable.

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

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.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

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

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.



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Abdomen

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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.

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Yorkshire Terrier

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.

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The stomach is in its anticipated position and is mild to moderately distended by fluid.

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.

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RADIOGRAPHIC DIAGNOSIS

- Fluid filled stomach
- Normal thorax
- Normal neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluid filled stomach indicates gastric emptying disorder, no foreign body is appreciated. Given the elevated cpl, pancreatitis and gastritis with functional gastric emptying disorder are considered most likely here. However, if clinical signs persist under supportive care including prokinetic therapy, an abdominal ultrasound examination would be beneficial to rule out high ileus entirely.

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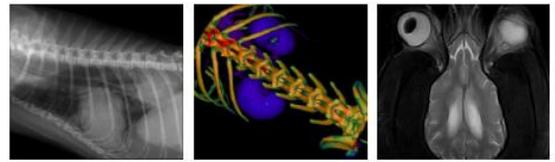
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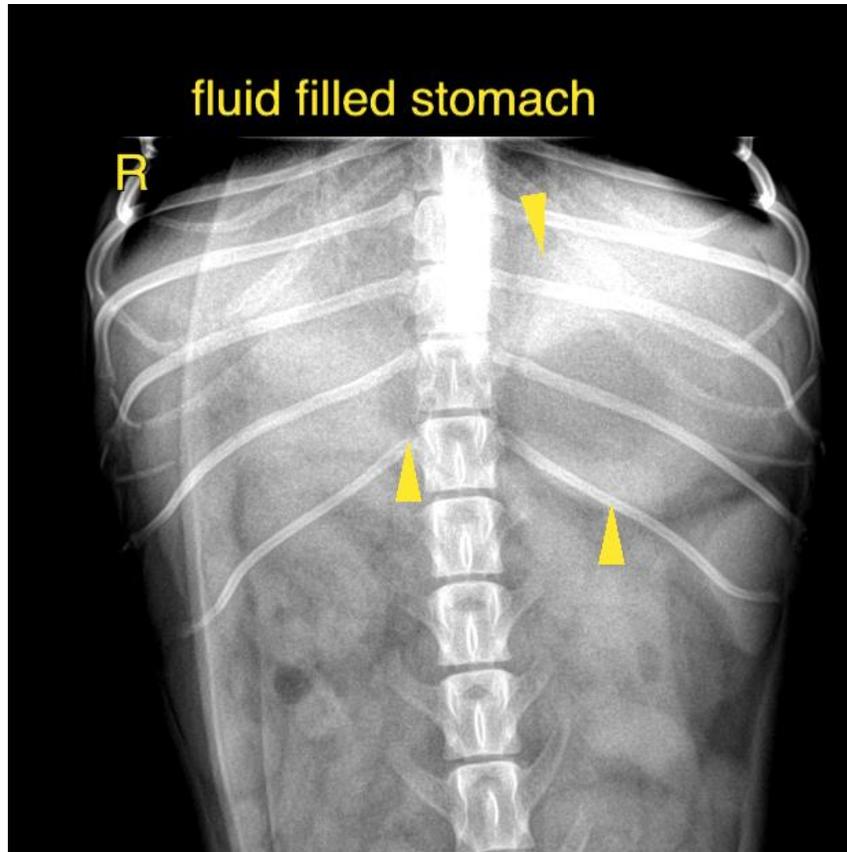
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com

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