



PATIENT PRESENTING CLINICAL SIGNS

Rufus Schauer Reason for Visit: not eating/vomiting/straining to defecate History: for 1 week no p doesn't want to eat, yesterday and today p vomited food, unable to keep food down, not defecating for 2-3 days, last time p had a bowel movement was diarrhea, possibly ate something from garbage??(unsure)

SPECIES

Canine

BREED

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Hydration: 9-11% dehydrated, CRT ~3 sec Mentation: QAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft abdomen, possibly painful Uro/Perineum: N; Rectal: prostate smooth, expected size; small amount of blood on glove; no feces; no masses Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 6/9 Neurological: Appropriate

SEX

NM

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

AGE

3 Years, 9 Months

Both coxofemoral joints present advanced osteophyte new bone formation and the femoral heads are misshapen. The acetabular groove bilaterally is shallow.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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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The spleen cannot be clearly delineated.

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.

The stomach is in its anticipated position and is empty.

REFERRING VET

Dr. White

The small intestinal loops are of even diameter and non-dilated, a small amount of gas and granular mineralized material is seen within the small intestinal loops.

The colon is seen in the expected position, contains a mild amount of fluid and appears rigid.

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RADIOGRAPHIC DIAGNOSIS

- Empty gastrointestinal tract
- Suspect mild fluid filled & adynamic colon

DATE

8-3-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall empty gastrointestinal tract and mild fluid filled adynamic appearing colon in combination with the described clinical signs is suggestive for underlying gastroenteritis. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction.



PATIENT

Rufus Schauer

Consider complementing workup by blood work including cpl. 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.

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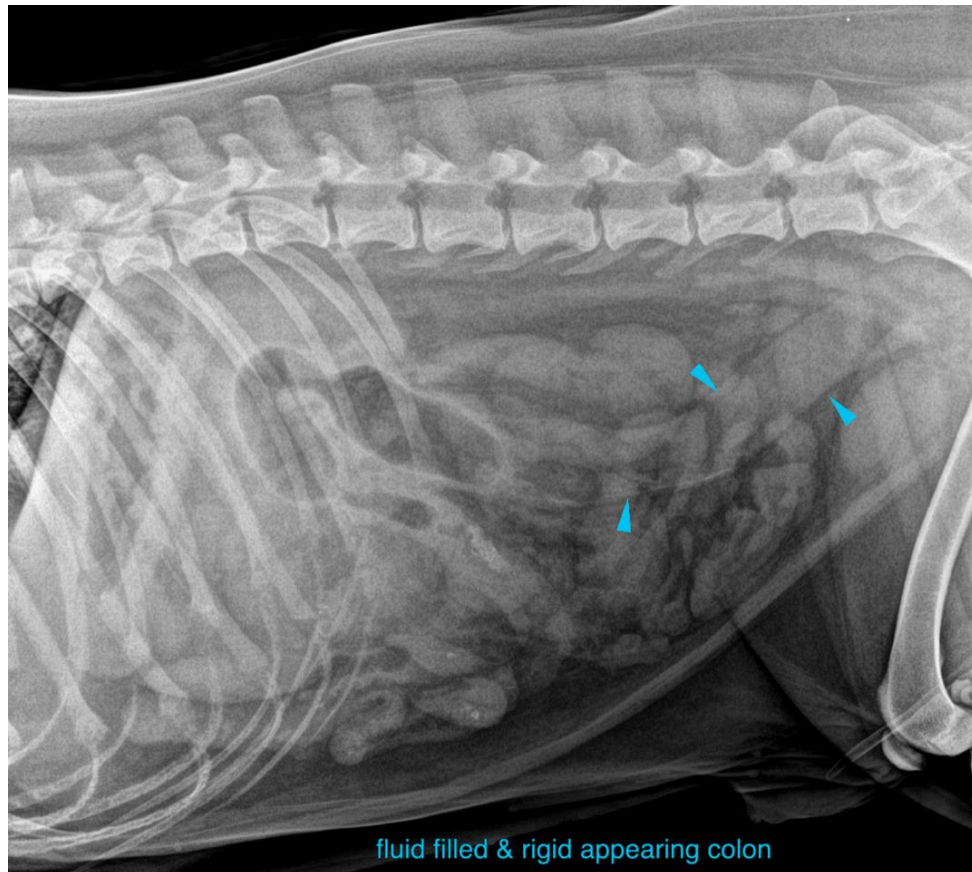
3 Years, 9 Months

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REFERRING VET

Dr. White

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.

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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
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DATE

8-3-22