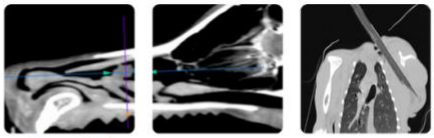



**PATIENT**

Lintock Seder

**SPECIES**

Canine

**BREED**

Mcnab

**SEX**

Neutered Male

**AGE**

5 Years 8 Months

**WEIGHT**

82.2 lbs

**INTERPRETED BY**

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

**IMAGING PERFORMED BY**

Allison

**HOSPITAL NAME**

Elizabeth Animal Hospital

**REFERRING VET**

Jennifer Redus DVM

**INVOICE**

16141

**DATE**

05/11/26

## PRESENTING CLINICAL SIGNS

Lintock has been acting a bit off the past week or so. It has gotten worse the past three days. He is laying around in the yard, not wanting to come with them to work the cows like he normally does. He was straining to defecate this morning; stools were not noticed to be any different before this. Nothing was coming out when straining. His stomach also looks distended for the past three days. He is a chow hound and is eating just fine. No vomiting noticed from him, but they saw a big wad of grass spit up in the yard. He usually licks himself a lot and hasn't even been doing that.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Abdominal palpation very difficult due to obesity but does not appear painful.

## RADIOGRAPHIC STUDY OF THE ABDOMEN

Orthogonal abdominal radiographs were provided for review, including one ventrodorsal projection, two right lateral projections, and one left lateral projection.

## RADIOGRAPHIC FINDINGS

### ABDOMEN

The stomach is mildly distended with mixed gas and fluid opacity content, which redistributes with patient positioning.

The duodenum is mildly distended with gas opacity content, without evidence of abnormal positioning, plication, or mechanical obstructive pattern.

The small intestinal loops contain a mild amount of gas and fluid/soft tissue opacity content. Intestinal diameter and distribution are within normal limits. No radiographic evidence of mechanical obstruction or intestinal plication is identified.

The colon is mildly distended with fecal material, predominantly involving the descending colon. No evidence of severe colonic dilation or fecal impaction is identified.

The ileocecocolic junction contains mixed heterogeneous fecal and gas opacity content and remains in normal anatomic position.

The liver, spleen, and renal silhouettes are within normal radiographic limits for size, shape, and opacity.

Abdominal serosal detail is preserved.

## RADIOGRAPHIC DIAGNOSIS

The abdominal radiographs are within normal limits.

Normal gastrointestinal tract, with no radiographic evidence of mechanical obstruction.

Mild fecal accumulation within the descending colon.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal radiographs are within normal limits.

No radiographic evidence of mechanical gastrointestinal obstruction is identified.

Mild fecal accumulation within the descending colon, without evidence of fecal impaction.

If clinical signs persist or worsen, abdominal ultrasonography may be considered for further evaluation of the gastrointestinal tract and pancreas. Abdominal ultrasonography provides greater sensitivity for assessment of the gastrointestinal wall and wall layering, as well as pancreatic evaluation.


Fig. 1.
Survey abdominal radiographs are within normal limits.


Fig. 2.
Survey abdominal radiographs are within normal limits.

**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**Tilde Rodrigues Froes**, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com