When I observed that video from the client's description of what had gone on at home, and then, most importantly, the dog's appearance during the time it was being examined and having radiographs taken, that is a sick dog. The fact that a young Westie would just lie there on his belly while he was having his abdomen palpated, was one of the first cues for me that this dog was unwell.

The rest of the information that we get from the client includes: he was previously healthy - okay - that suggests to me that something sudden has happened to this dog. It's not always true - that can sometimes be a fake-out - dogs can hide illness for a period of time and appear to have become suddenly sick when in fact it's been slowly developing. But it sounds like this young dog was previously healthy and suddenly became ill.

The next thing that we learn is that he had exposure to foreign material in the garbage. Dogs are notorious garbage eaters, particularly young dogs, perhaps particularly terriers, and so that's a fairly common historical piece of information. Again, you can't put your blinders on - you can't lose track of the possibility that there are other features that could be important in his problem. But a previously healthy, young dog who had access to the garbage who is miserable when he shows up at the clinic, begins to put together for me a very typical case of a foreign body - a dog who has eaten something that he shouldn't have.

We then learn some things on his lab work. His lab work is mostly normal and what I notice about it is that his organ system function seems to be fine. Particularly his urine specific gravity is very high, so he's dehydrated. The urine specific gravity of 1.049 is very high for a dog. So that tells me that his kidneys are doing their level best to keep up with the massive amount of water he’s lost from vomiting.

We also see that his white cell count is elevated, but it's not that high. He's inflamed, this is not surprising - he has been vomiting profusely. We don't see any evidence of band cells, or a left shift. We don't see any evidence that the immune system can't keep up with the problem. So now I have a dog with inflammatory white cell count, who is very dehydrated, who's miserable and painful, with a history of getting into the garbage. Again, all of this evidence is adding up to a fairly typical picture of a dog with a foreign body problem.

And then we have radiographs. The radiographs are strongly suggestive that this is a surgical case. We look at the appearance of the intestine more globally and then we look to see if there are regions of the intestine that are particularly dilated, either with air - which we see - or with a foreign material - which we also see. So I already thought that's where we're headed and then we see radiographs that very strongly tell us this dog has something stuck there that does not belong.
For me, as an internist - again, I'm not a surgeon - I was when I was in practice but I'm not anymore, so I don't have to take this dog to surgery. If I decide that this dog needs surgery I'm deciding that someone else has to do something now. And so for me the reason to strongly consider that is, in internal medicine frequently we're treating our best guess. But taking an animal to surgery is a definitive thing. It is a black and white thing. You don't halfway take an animal to surgery, or a little bit take an animal to surgery. You either do or you don't.

In this case the penalty for not taking the dog to surgery could be very high. He appears to have a radiographic obstruction. He is already sick, and painful and dehydrated. The risk that he would perforate his bowel - actually have the bowel rupture and leak - is increasingly high. So for me I look at that and say that the worst case scenario is that we fail to act here and that strongly motivates me to talk to my colleagues in the surgery section and say this animal needs to go to surgery. Here are my evidences for that, and here are my concerns.

The key knowledge that’s necessary to make a decision in this instance is having a very clear understanding of what's normal and what's abnormal. You can't recognize abnormal until you know normal. I can tell you that a four-year-old Westie who's lying on a table being examined by strangers is abnormal. I know that because I've seen lots and lots of normal dogs have a physical exam. They're squirming or walking around, they're sniffing the doctor, they're trying to eat the stethoscope. This dog's behavior was convincingly abnormal. In order to recognize that I have to know what normal looks like.

The same is true with the radiographs. When we do blood tests, they give us the normal values in a little column on the right. That's very handy. But when we look at radiographs, we have to know in our heads, we have to have a mental image, of what the normal radiographs would look like. You can't tell that these particular radiographs of Doug are abnormal, unless you're very confident of what normal abdominal radiographs look like in a dog. So I think that the key knowledge that you have to have to approach working up a case is very convincing knowledge of normal.