



## PATIENT

Ace Love

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Male

## AGE

1Y, 8M

## WEIGHT

76lbs

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDDI  
DVR

## IMAGING PERFORMED BY

Allison

## HOSPITAL NAME

Elizabeth Animal  
Hospital

## REFERRING VET

Leon Anderson, DVM

## INVOICE

73158

## DATE

1-5-26

## PRESENTING CLINICAL SIGNS

-Went to ER after ingesting a paper towel with a banana on it a few days before December 26th. -Had severe diarrhea -ER did a workup and sent home on medications and recommended a bland diet -Started feeling better and his stools were going back to normal -Began switching him back to his normal food and he started having liquid diarrhea -Went back on bland diet

Abnormal PE/Chem/CBC/UA Results: Normal on exam and very BAR

## RADIOGRAPHS OF THE ABDOMEN

R/L lateral and VD, totaling four radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 6/9.

The bony structures are within normal limits.

The parenchymal organs are surrounded by fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is pointed.

The spleen appears physiological.

The stomach is moderately filled with air. Distribution and size of the small intestinal loops appear physiological. Cecum and colon contain a variable amount of gas and on the VD the rectum contain a small amount of unformed fecal matter. In right lateral recumbency part of the colonic wall is corrugated.

The left renal shadow has a physiological size, shape and opacity, the right is obscured by intestinal loops. The cranial bladder is just visible in the FOV with little fluid.

The sublumbar region appears physiological.

In left lateral recumbency the caudal vena cava (CVC) is thin.

## RADIOGRAPHIC DIAGNOSIS

- Variable gas content large intestine
- Corrugated colonic wall

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The variation in colonic gas distribution and content is remarkable, especially as the four views must have been taken in relatively quick succession. This suggests increased colonic contractions; in combination with the corrugation, inflammation is likely. A sudden change between diets, eating rotting food or hard-to-digest nutrients are possible reasons and would explain the positive response to a bland diet. Should the animal not respond to conservative treatment, further diagnostics such as biochemistry, hematology and ultrasound to assess intestinal wall thickness and layering are recommended. Parasitic infection with, e.g., *Trichuris vulpis* should be ruled out.

Variation in size of the caudal vena cava is likely due to the cardiac cycle but can also be due to dehydration.



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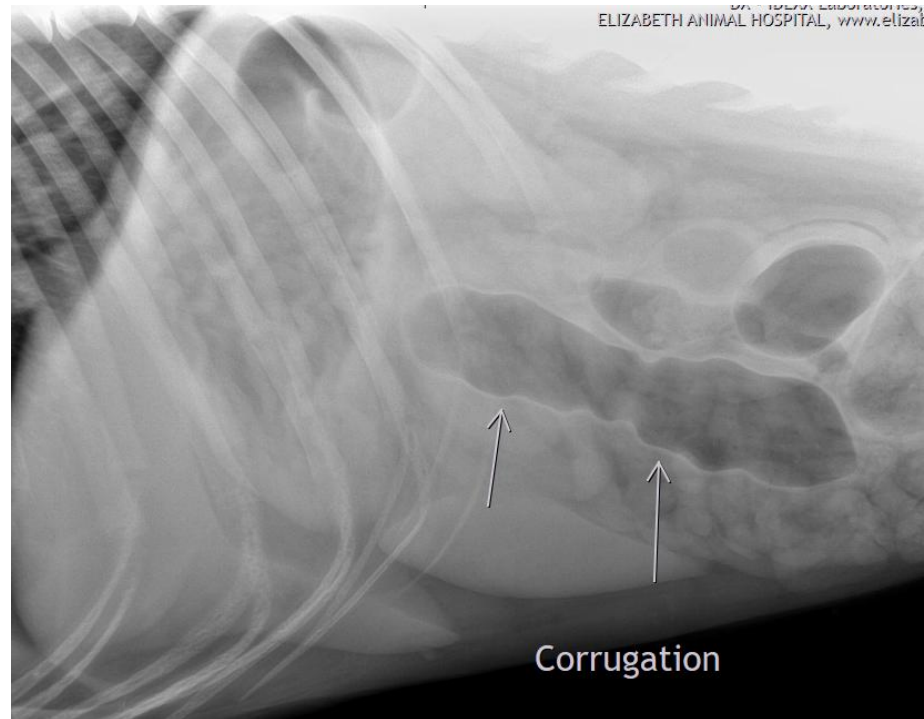
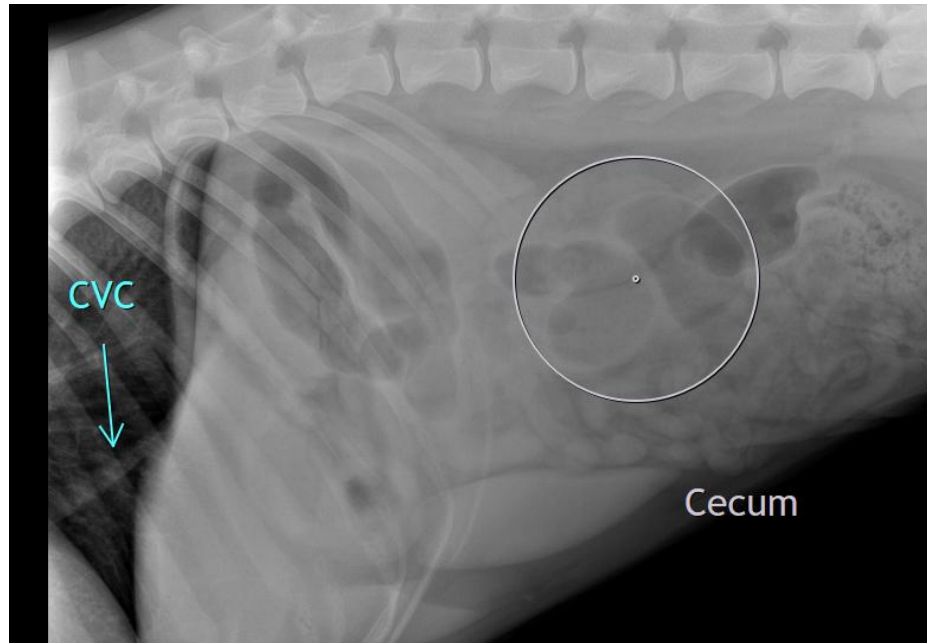
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)