



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Kevin Hardie History: Presented for evaluation of vomiting and lethargy. Curbside appointment (COVID-19 protocol). Owner reports that Kevin has been acting very off ever since coming home from daycare on Tuesday evening. He has been refusing to eat and, after owner was able to coax him to eat last night, he started to hypersalivate and vomit. He was shaking and trembling last night- his owner stayed up with him and says that he seemed very uncomfortable. When owner checked backyard, he found multiple piles of vomit and two piles of feces (one very soft). Owner says that there is no known dietary indiscretion, but that Kevin does love to ingest things that he should not. Owner has inquired with the kennel to see if they know of anything that he could have gotten into- he does have a blanket in his run, but this was intact as per the daycare, and there are no known missing toys (they are only offered hard rubber toys like Kongs and balls). All dogs at the facility are their own food separately from each other. Owner did feed Kevin some raw beef bones last week and says that he did vomit up some chunks of bone, but this seemed to resolve. Kevin has seemed to perk up a bit over the past hour prior to coming in for the appointment, but owner is still concerned that something is going on.

**SPECIES** Canine

**BREED** German Shepherd X

**SEX** Neutered Male No other questions or concerns. No known diarrhea, no coughing or sneezing. Was not drinking well, but owner had been able to encourage him to drink last night as well as this morning. Urination seems to be normal. No medications or supplements. Goes to Airdrie Puppy Pals regularly for daycare. Has pet insurance.

**AGE** 1 Year Abnormal PE/Chem/CBC/UA Results: Painful/tense on abdominal palpation, especially cranial abdomen (stomach area), no palpable foreign body. Soft malodorous stool on rectal exam. Bloodwork unremarkable in house (does not evaluate pancreatic values)

**INTERPRETED BY RADIOGRAPHIC STUDY OF THE ABDOMEN**

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR The body condition score (BCS) is 5/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures are within normal limits.

**HOSPITAL NAME** Nagel & Co VS The stomach contains a moderate amount of air which follows gravity in the different recumbencies. On the VD the descending duodenum is distended with air which seems to stop cranial to a 3 cm long, soft tissue opacity. Caudal to this opacity it seems to continue across to the left. In left lateral recumbency the proximal descending duodenum is also distended with gas however, no clear termination of this gas is evident. The other small intestinal loops contain varying degrees of gas which changes position on the different views. In left lateral recumbency the ascending colon appears slightly corrugated with alternating streaks of soft tissue and gas opacity. Desc. colon and rectum contain a mixture of gas and fluid.

**REFERRING VET** Dr. Jordan Steedman

**INVOICE** 13292 The abdominal detail is in accordance with the BCS; 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.

**DATE**

1/6/22



**PATIENT**

Kevin Hardie

The left renal shadow has a physiological size, shape and opacity; the right is obscured by intestinal loops. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

A prostatic shadow is not clearly defined.

**SPECIES**

Canine

The sublumbar region appears physiological.

**RADIOGRAPHIC DIAGNOSIS**

**BREED**

German Shepherd X

- Mild ileus
- Possible soft tissue object in the descending duodenum
- Streaky colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

The ileus is mild, varies in size and position depending on the recumbency and thus is most likely the result of either a dietary indiscretion or viral infection. However, the changes described for the descending duodenum require further examination: the views of the abdomen (T10-L5) can be repeated and compared with the images dated 1/6/22 to see if the appearance of the duodenum has changed; ultrasound will allow identification of a soft tissue foreign object, even if gas is located cranial to it and would be my method of choice; a Barium follow through is the third method and a duodenal foreign body should be visible between 5- and 45-minutes post barium administration (depending on the speed with which the stomach begins to empty). The streaky appearance in the colon could be due to the physiological mixture of gas, liquid and solid matter or may represent a cloth foreign object (e.g. a sock) which should, by now, have left the colon via naturalis.

**AGE**

1 Year

**INTERPRETED BY**

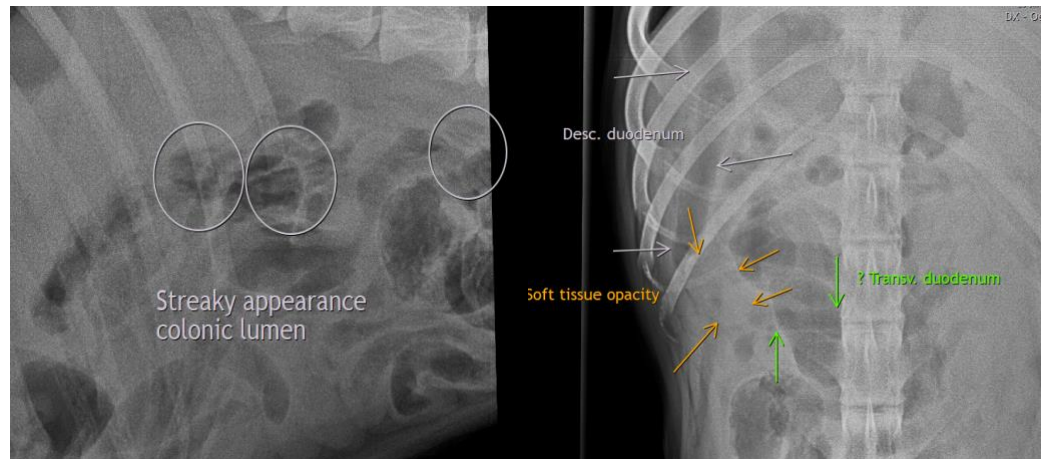
Heike Rudorf, DVM,  
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**HOSPITAL NAME**

Nagel & Co VS

**REFERRING VET**

Dr. Jordan Steedman



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**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.**

**DATE**

1/6/22



**PATIENT**

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.

Kevin Hardie

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
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**SPECIES**

Canine

**BREED**

German Shepherd X

**SEX**

Neutered Male

**AGE**

1 Year

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