



## PATIENT

Coco Alfaro

## SPECIES

Canine

## BREED

Mixed

## SEX

NM

## AGE

10Y, 9M

## WEIGHT

11.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Madi

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Courtney

## INVOICE

73226

## DATE

1-8-26

## PRESENTING CLINICAL SIGNS

eating well/losing weight/lethargy changes in breathing pattern

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Heart auscultates with with a grade 3/6, L-sided systolic murmur noted. SSFP. Lungs auscult with no crackles or wheezes. Abd/GI: Palpates difficult to palpate due to increased resp effort, but soft and with no masses or pain, but possible hepatomegaly noted. Chem 18/Lytes/CBC: MCH mildly low, Mono 1.40 (0.16-1.12), PLT moderately elevated and PCT severely elevated, Glob 5.0 (2.5-4.5), ALP 1027 (23-212, was 672, 2 months ago), ALT 99 (10-125, but was 55, 2 months ago). Worsening ALP elevation and ALT elevating in the normal range: Liver damage from outside source (near by inflammation or pressure from a mass) vs PD Dz vs muscle Dz/wasting vs metabolic vs open. Weight loss: cachexia from heart dz vs cachexia from other cause vs muscle wasting from OA vs open.

## RADIOGRAPHS OF THE ABDOMEN

R/L lateral and VD, totaling 3 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 6/9, the ventral abdominal wall is tucked up. Two semicircular fat opacities are present on the ventral abdominal wall, one in the region of the umbilicus, the other level with the floating ribs.

A xiphisternum appears to be absent, the last sternebra is short and mildly wedge shaped.

The abdominal detail is reduced, especially cranially, and the only structures clearly identifiable on the lateral views are descending colon, as it contains feces, and stomach which contains a mixture of fluid and air. The colon is distended with feces, and the increased size extends into the pelvic canal. The gastric axis runs parallel to the ribs. The space between pylorus and abdominal wall (falciform fat) is filled with a granular, soft tissue opacity which appears slightly lobulated and has a nipple shaped caudal edge.

The small intestinal loops appear to congregate in the mid- and left abdomen; one loop on the right appears corrugated.

The right renal shadow has a physiological size, shape and opacity; the left is obscured by intestinal structures.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

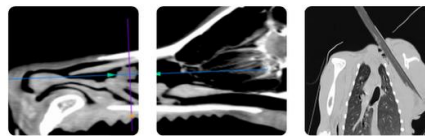
- Reduced abdominal detail, especially cranially
- Mass replacing the falciform fat
- Displaced intestine
- Corrugated intestinal loop

Incidental findings:

- Ventral abdominal wall lipomata
- Congenital sternal anomaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

When considering the elevated liver enzymes, the granular mass in the region of the falciform fat most likely originates from the liver. Differential diagnoses include tumor, granulomata, cirrhosis (though the



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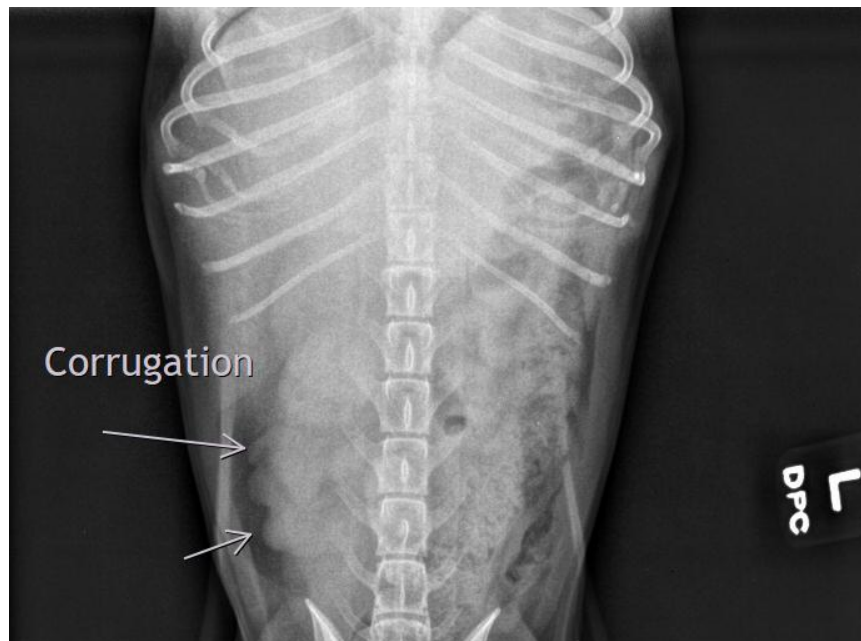
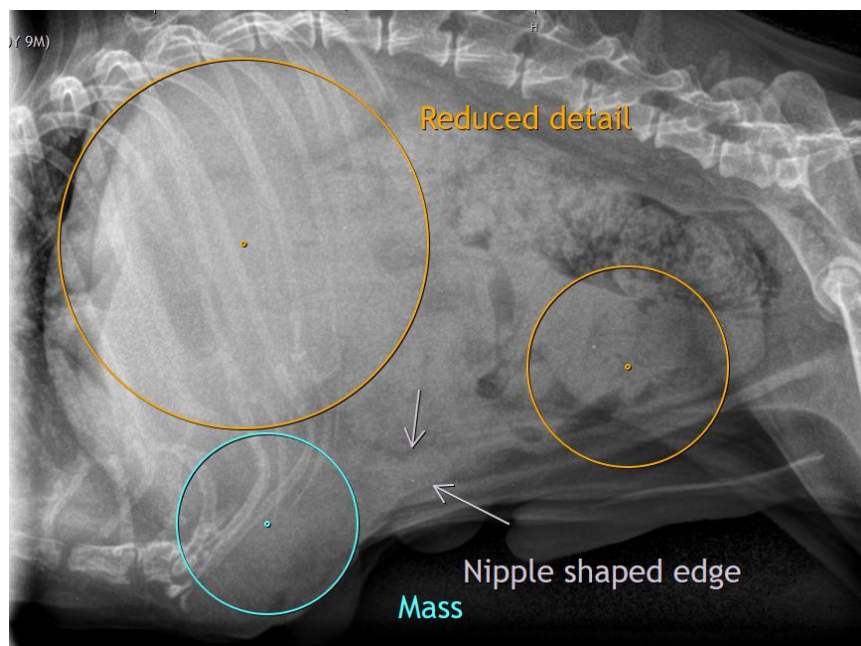
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liver would be small), or a benign lesion such as multiple regenerative nodules combined with cystic structures (less likely). Displacement of the intestinal loops with corrugation can be due to a mesenteric mass or may represent colonic intussusception as neither cecum nor ascending and transverse colon are clearly outlined. Colonic torsion is less likely as signs such as GIT signs and abdominal pain appear to be absent. Further imaging is necessary. Ultrasound is recommended as samples can be obtained at the same time. Alternatively, a contrast CT can be performed.





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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)