



PATIENT

Olaf Spain

PRESENTING CLINICAL SIGNS

Regurgitation for 2 days. Unable to hold down food or water.
 Abnormal PE/Chem/CBC/UA Results: Lab have been submitted but results are not available at this time.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

2 orthogonal dogogram views

BREED

Pug

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

L7 is a transitional vertebra. The spine appears kyphotic. A small amount of ventral new bone is evident along the spine.

SEX

NM

The detail in the cranial abdominal is mildly reduced; diaphragm and abdominal wall are intact.

The liver is located within the costal arch and the caudo-ventral lobe is slightly rounded.

AGE

10.5 Years

The head of the spleen appears physiological.

The stomach is empty; the small intestinal loops occupy the right central abdomen and appear of homogeneous and physiological size. The colon contains a moderate amount of reasonably formed fecal matter.

INTERPRETED BY

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

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 moderate amount of homogeneous fluid opacity.

HOSPITAL NAME

Countryside Animal
 Clinic

The region of the prostate gland is obscured by one femur.

The region of the sublumbar lymph nodes appears physiological.

REFERRING VET

Kristina F Cox

The air filled thoracic esophagus is dilated and a ventral pouch appears to be present in the cranial mediastinum.

RADIOGRAPHIC DIAGNOSIS

- Megaesophagus

INVOICE

47907

Incidental findings

- Transitional vertebra
- Spondylosis

DATE

10-19-21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no abdominal reasons for the regurgitation.

Myasthenia gravis is a possible diagnosis and antibodies against acetylcholine receptors should be tested. However, a megaesophagus can also occur secondary to esophagitis and endoscopy will show if gastric reflux has caused inflammation of the terminal oesophagus. Sedation and GA can result in a transient megaesophagus. Other possible causes for megaesophagus include:



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Neuromuscular and Immune-Mediated diseases such as

- Botulism
- Canine Distemper
- Neosporosis
- Polymyositis
- Polyneuropathy
- Tetanus

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Endocrine diseases such as

- Hypoadrenocorticism
- Hypothyroidism

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Hiatal Hernia

Toxins such as

- Lead
- Snake Venom

SEX

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Idiopathic reasons

AGE

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TECHNICAL COMMENTS

Lead sleeve in primary beam at the cranial edge of the lateral view. One hindleg is superimposed onto the caudal abdomen.

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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.

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.

BREED

Pug

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SEX

NM

AGE

10.5 Years

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