



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Waldo Hemming
SPECIES Canine
BREED Terrier Mix

History: Presented as urgent care for chronic GI signs. Pt has been chronically hyporexic, vomiting q3h yesterday, but no vomiting or eating today. Pt also has not had a BM for a couple days. Pt has had tenesmus and stranguria for the past 6mos. Hx of enlarged prostate and abnormal urination (some urinary incontinence, other episodes of stranguria). Hx of heart murmur, no known cardiac workup performed. O reports pt has normal energy level. Lives with 2 other dogs. No current parasite prevention. Administered fluoxetine 5mg PO q24h for urine marking behavior. No other health concerns reported.

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 3/6 L apical systolic, no arrhythmia; cough elicited with tracheal palpation; tense abdomen, non-painful; enlarged prostate (R side > L side), mild dehydration (<5%)

RADIOGRAPHIC STUDY OF THE ABDOMEN

SEX

Neutered Male
 The body condition score (BCS) is 5/9 with little intra-abdominal fat.
 The bony structures are within normal limits.

AGE

12.5 Years
 The abdominal detail is reduced, in line with the BCS; diaphragm and abdominal wall are intact.
 The liver is located within the costal arch and the caudo-ventral lobe is pointed.

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR
 The head of the spleen appears physiological.
 The stomach contains a small amount of air; the small intestinal loops have a physiological distribution and size. In the three views the amount of intestinal gas varies and changes position. On the VD view it is mainly in present in the descending colon. Colon and rectum contain a gas and fluid.

HOSPITAL NAME

Reid VH
 The uro-genital tract is not clearly visible due to a lack of fat.
 The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Jeff Popowich
 • Loss of abdominal detail

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

14083
 The loss of the abdominal detail is most likely due to a lack of intra-abdominal fat and thus ultrasound is necessary to identify GIT wall layering and thickness as well as assessing the other organs. Prostatic tumor would explain the tenesmus and urethral or bladder tumor could explain the stranguria.

DATE

10/29/21



PATIENT

Waldo Hemming

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

12.5 Years

INTERPRETED BY

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

HOSPITAL NAME

Reid VH

REFERRING VET

Jeff Popowich

INVOICE

14083

DATE

10/29/21



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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com