



## PATIENT

Hudson Smith

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered Male

## AGE

5

## WEIGHT

14.8 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kelly Vida

## HOSPITAL NAME

Sherrills Ford AH

## REFERRING VET

Dr. Kelly Vida

## INVOICE

35591

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

History: Has had a FB previously (mulch) - Hudson is showing similar clinical signs as before (lethargy, not eating, episodes of vomiting) - Started vomiting Tuesday (o seen 1 piece of rubber mulch)- has not vomited since

## RADIOGRAPHIC STUDY OF THE ABDOMEN

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures are within normal limits.

The abdominal 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.

A small amount of air is present in the pylorus and has serrated appearance in right lateral recumbency. The rest of the stomach shows a mixture of soft tissue and air. The duodenum is gas filled and located lateral to the cecum. A curved, gas containing, small intestinal loop is located cranial to the cecum. In right lateral recumbency a ventral small intestinal loop varies in diameter and contains gas bubbles as well as homogeneous gas proximal and distal to it. From the region of the gas bubbles a seemingly tubular structure extends cranio-dorsally and appears to be of faintly increases soft tissue opacity and gas. It is not visible on any of the other views. In left lateral recumbency the ventral small intestinal loops contain gas and appear stacked. The cecum is filled with gas. Ascending, transverse and proximal descending colon contain variable amounts of gas. Terminal colon and rectum contain small gas pockets.

The left renal shadow has a physiological size, shape and opacity; the right is obscured by intestinal loops. The bladder contains a small amount of urine and the bladder neck is located just cranial to the pubic brim.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Variable gas lucencies in the cranial small intestine and stomach

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes are equivocal but suggestive of altered transition of the intestinal contents. I can see no radiopaque foreign object. The appearance of the stomach could be due to gastritis or radiolucent foreign material. Further imaging may be helpful. Repeating the radiographs on Monday will show if the gas distribution is similar or has moved further caudally in the abdomen, which would indicate transition of foreign material. A barium follow through can show partial obstructions and a 24-hour film would highlight foreign material. I recommend abdominal ultrasound to show foreign material.



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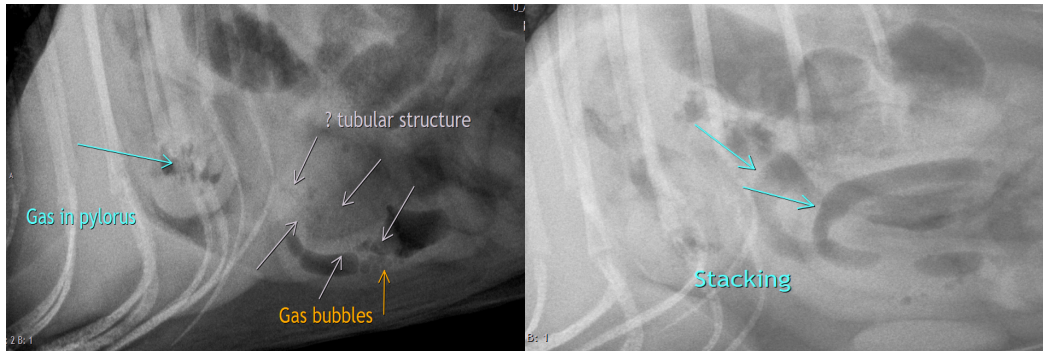
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR**  
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