



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Batman Castillo History: P has been vomiting since wed. had little appetite thursday- back to no intest today/ P did eat a tennis ball 2 months ago.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mentation: BAR, able to pet all over, not able to do exam, restrain, use stethoscope - barked and growled when attempted to examine Findings: CBC/Chem, cPL - all WNL  
**SPECIES** Canine

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED** Terrier The bony structures are within normal limits.

**SEX** The abdominal detail is good; diaphragm and abdominal wall are intact.

**SEX** Neutered Male The liver is located within the costal arch and the caudo-ventral lobe is pointed.

The spleen appears physiological.

**AGE** 3 Years 2 Months The stomach contains a moderate amount of food; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of fecal matter.

The R renal shadow has a physiological size, shape and opacity; the l is partially obscured by intestinal loops but does not appear enlarged. The bladder shadow is small.

**INTERPRETED BY** Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR The sublumbar region appears physiological.

**RADIOGRAPHIC DIAGNOSIS**

- I can see no signs of a mechanical ileus

**HOSPITAL NAME INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DPC Veterinary Hospital Should the clinical signs persist, abdominal ultrasound is recommended to assess gastro-intestinal wall thickness and layering to rule out IBD or other types of intestinal wall infiltrate. Gastroscopy may be necessary for the identification of ulcerations.

**REFERRING VET**

Dr. White

**INVOICE**

18215

**DATE**

11/25/22



**PATIENT**

Batman Castillo

**SPECIES**

Canine

**BREED**

Terrier

**SEX**

Neutered Male

**AGE**

3 Years 2 Months



**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.**

**INTERPRETED BY**

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

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  
dr.h.rudorf@gmail.com

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

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