



## PATIENT

Angel Douglass

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

2 Years 9 Months

## WEIGHT

60.8 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Allison

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Kim Allyn, DVM

## INVOICE

35434

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

History: Diarrhea for a week, lethargy and not eating for the past day. Has a history of eating rocks.

## 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 ventral abdominal and retroperitoneal fat is present; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe is pointed.

The head of the spleen is small and of physiological shape.

The stomach contains air and a triangular shaped, approx. 5cm diameter, mineral foreign body (FB) with relatively smooth edges located in the pylorus. Distribution of the small intestinal (SI) loops appears physiological. Approx. 50% of the loops contain gas and, though they vary in size, are within physiological limits. The colon contains a mixture of gas and unformed fecal matter.

Both renal shadows appear to be of physiological size, shape and opacity. The bladder is small, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Gastric foreign body
- Variable SI contents and filling

## Incidental finding

- Possible increased pulmonary opacity left caudo-dorsal lung

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A stone is located in the stomach and is likely the cause for not wanting to eat. I can see no evidence of intestinal foreign body, or intussusception and fecal matter has reached the colon. However, depending on intestinal motility, an intussusception may be sliding and thus transient. Diarrhea can be caused by, e.g., parasitic inflammation, viral infection, food intolerance, stress, IBD and tumor. Levels of B12 and folate should be tested, if it has not already been done. For further examination either two orthogonal radiographs can be repeated, to see if the gas filling and distribution has changed, or gastro-intestinal ultrasound performed to assess wall thickness and layering.

In case respiratory signs are present, thoracic views should be obtained to differentiate between artefact and pulmonary infiltrate.



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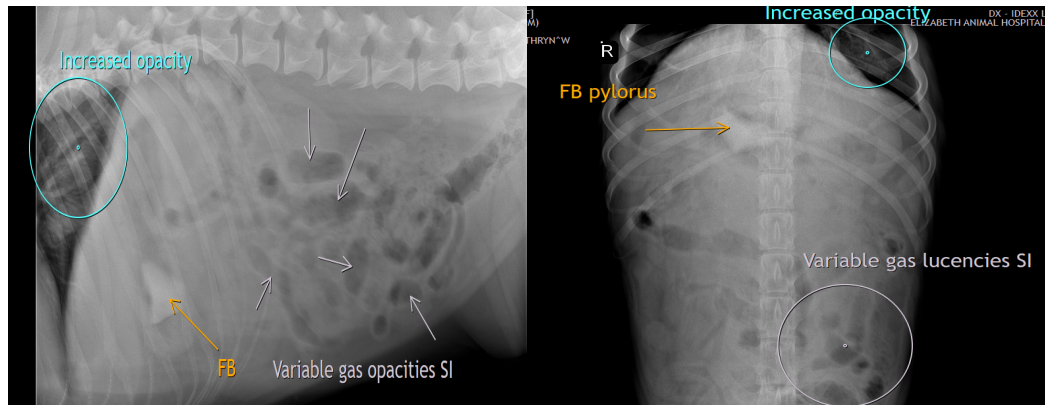
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**  
[info@sonopath.com](mailto:info@sonopath.com)