



PATIENT

Freckles Zuker

PRESENTING CLINICAL SIGNS

Normal CBC / Chem 2 months ago. Fecal NPS approx 7 months ago, on monthly HWP. Not currently on any other medications. 2 nights ago vomiting 2x, no vomiting since but not eating at other other than couple bites of kibble last night. Owner gave cerenia 24mg po yesterday. No history of diet change, unlikely to swallow any foreign material

SPECIES

Canine

RADIOGRAPH OF THE ABDOMEN

2 orthogonal views

BREED

Terrier Mix

RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with an increase opacity of the fat layer on the right thoracic wall.

SEX

Spayed Female

The T11/12 disc space is reduced, the end plates are sclerotic and ventral as well as left lateral spondylosis are present. Rin 13 on the right is poorly developed. The lumbo-sacral (LS) intervertebral foramina have an increased opacity.

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

AGE

11 Years, 3 Months

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

The spleen appears physiological.

INTERPRETED BY

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

The contains a mixture of fluid and air as well as some striated material in the fundus in the VD view. The small intestinal loops are of soft tissue opacity, have a physiological distribution and homogeneous size. Colon and rectum contain some unformed fecal matter.

The left renal shadows have a physiological size, shape and opacity; the right is obscured by intestinal loops. The bladder neck is located in the pelvic canal.

HOSPITAL NAME

DPC Veterinary
Hospital

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Feldt

- Disc disease T11/12
- Possible disc disease LS junction
- Mild hepatomegaly

Incidental finding

- Developmental abnormality rib 13
- Intrapelvic bladder neck

INVOICE

48934

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-10-21

I can see no intestinal reason for the vomiting, but pain can cause this reaction. A neurological examination is recommended to rule out disc disease at T11/12 and the LS junction. The striated gastric material most likely represents a small amount of food. However, should the symptoms reoccur, abdominal ultrasound is recommended to assess gastro-intestinal wall thickness and layering. Liver enzymes should be checked at some point to rule out active hepatopathy.



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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.

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