



## PATIENT

Charlie Blair

## SPECIES

Canine

## BREED

Boykin Spaniel

## SEX

Male

## AGE

5 Years

## WEIGHT

44.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Bowers

## HOSPITAL NAME

Bowling Green VC

## REFERRING VET

Dr. Ashley Bowers

## INVOICE

35997

## DATE

12/19/25

## PRESENTING CLINICAL SIGNS

History: Extreme pain upon tail manipulation. Non-responsive to NSAID's. Normal Temp.

## RADIOGRAPHIC STUDY OF THE L-SPINE

The soft tissue surrounding the base of the tail appears prominent on the lateral view.

The tail is short. Smooth, bridging new bone is present between S3 and caudal vertebra 5. Both hip joints are subluxated and new bone surrounds femoral heads and necks.

The prostate extends from the pubic brim to level L7 and compresses the colon/rectum from ventrally.

A soft tissue swelling extends from L6 to caudal vertebra 2, compressing the colon/rectum from dorsally.

The colon contains a large amount of formed fecal boluses. It narrows down markedly in the pelvic canal and the last colonic fecal bolus tapers towards the rectal gas.

## RADIOGRAPHIC DIAGNOSIS

- Constipation and megacolon
- Soft tissue swelling caudal sublumbar and sacral region
- Prostatomegaly
- Spondylosis tail

Incidental finding

- Bilateral HD and arthrosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hourglass narrowing of the large intestine in the pelvic canal is highly suggestive of a mass. The main differential diagnoses for prostatomegaly are

- Benign prostatic hyperplasia
- Tumor

Differential diagnoses for the sublumbar mass effect are

- Lymphadenopathy
- Abscess
- Tumor

Ultrasound is recommended to assess the described changes and obtain a biopsy. Feces should be removed prior to the examination so that they do not interfere with the ultrasound results. Depending on the results, staging may be necessary.



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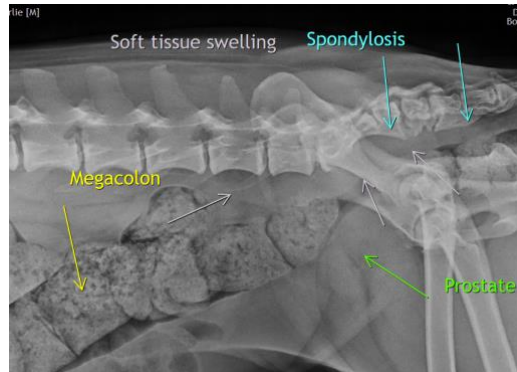
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)