



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Matilda Yuknavich
SPECIES Canine
BREED English Bulldog
SEX Intact Female
AGE 3 Years

History: ***SQ Fluid were given prior to radiographs being taken - can see the fluid on the radiographs*** 1/13/23 - Patient was admitted for a C-section. 9 puppies via C-section and the uterus was left intact. Patient presented today 2/23/23 for vomiting that started yesterday morning and continued throughout the day. Patient didn't vomit overnight, patient also vomited twice while in-clinic this morning. Patient did eat some yesterday but would not eat today. Stool is on the soft side but not diarrhea per owner. Physical Exam Findings 2/23/23: Weight: 52.4lbs BCS: 4.5 /9 T: 103.0 P: 120 R: 35 -Thin (Patient should weigh approx 58lbs) -Fur coat dull /dry -Right eye (chronic) - lymphoid hyperplasia; Bilateral entropion -Stenotic Nares -No milk present in the breasts today upon exam (owner stated the puppies (8) were still breast feeding some) - recommend stop breast feeding at this time. Radiographs taken - gas present in the transverse, ascending, and descending colon. Stomach empty with gas present. Other loops of gas noted higher - unsure if they are in the small or large intestine. Significant hip dysplasia noted. Treatment today: LRS: 1000cc SQ Cerenia: 3.0cc SQ Cerenia 160mg tablets: 1/2 SID Diagal: 2.5cc SID Provable Forte Kit: Paste - 5cc BID - TID for loose stool Omeprazole 20mg: 1 SID Entyce: 2.4cc SID if not eating

Abnormal PE/Chem/CBC/UA Results: Abnormal Lab Work Results 1/13/23: -CBC: WBC: 17.49 (Norm: 5.05 to 16.76) PLT: 515 (Norm: 148 to 484) All Else WNL -Chem Panel: All WNL Abnormal Lab Work Results 2/23/23: -CBC: All WNL -Chem Panel: ALKP: 253 (Norm: 23 to 212) All Else WNL -Urinalysis: WNL -CpL Snap: Normal -Intestinal Parasite Screen: No parasites seen -GlobalFast Ultrasound: Slight ileus of the small bowel

RADIOGRAPHIC STUDY OF THE ABDOMEN

INTERPRETED BY

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

The body condition score is 6/9 and s.c. fluid opacity is present.

T12 is a butterfly vertebra with wedge shape on the lateral views. There appears to be a narrowing of the spinal canal. Both femoral necks show new bone and the femoral heads appear subluxated.

HOSPITAL NAME

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The abdominal detail is reduced, most likely due to the s.c. fluid given; the ventral abdominal wall is pendulous.

REFERRING VET

Dr. Bucha, VMD

The liver is located just within the costal arch and the caudo-ventral lobe is located just ventral to the physiological tail of the spleen.

In right lateral recumbency the gastric wall is 2cm thick and a moderate amount of air is in the lumen. One intestinal loop has a string of pearl appearance. The colon contains gas and does not change its width in the three views.

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Both renal are indistinguishable from the other organs. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

DATE

2/23/23



PATIENT

Matilda Yuknavich

- Possible gastric wall thickening
- String of pearl appearance jejunum
- Uterine body visible

Incidental findings

SPECIES

Canine

- S.c. fluid (iatrogenic)
- Congenital vertebral anomalies
- HD and OA, mild to moderate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

English Bulldog

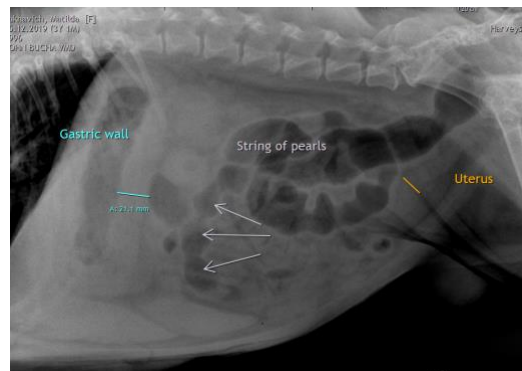
Gastric wall thickening can be due to inflammation or infiltrative tumor such as lymphoma. The string of pearl appearance of a jejunal loop could represent hyperperistalsis or may be secondary to mesenteric inflammation or edema. The visibility of the uterus could be the result of numerous pregnancies but could also indicate endometritis which would explain the mild leukocytosis. Abdominal ultrasound is recommended to rule out gastro-intestinal wall thickening or loss of layers and uterine enlargement.

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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.

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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.

REFERRING VET

Dr. Bucha, VMD

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