



PATIENT

Izzy Brewer

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

8Y

WEIGHT

18.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Northshore Vet Techs

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Sophie Lee, DVM

INVOICE

74196

DATE

3-16-26

PRESENTING CLINICAL SIGNS

2/25/26 enterotomy for ICJ obstruction with horse feces (lives on a farm)

AFAST by internal med pre-op also saw scant free fluid in the abdomen and loss of distal ileal layering detail with thickening (4.2 mm) in the area of the obstruction

Recovery from surgery was normal despite post-op pain

Patient developed hemorrhagic diarrhea, vomiting, and anorexia and returned to ER for assessment 3/4/26. Hospitalized with serial radiographs and IV fluids, discharged on supportive therapy 3/5/26.

Returned to ER 3/9/26 for persistent hematochezia, tenesmus, vomiting, anorexia. Recommended repeat abdominal ultrasound which was performed and submitted with STAT priority to Sonopath today

Abnormal PE/Chem/CBC/UA Results: Persistent neutrophilia throughout illness, stable 2/23/26 Ca = 8.3 mg/dl L (9.0 - 12.2) , normalized 3/3/26 8.0 (7.9 - 12.0 mg/dL)

RADIOGRAPHS OF THE ABDOMEN

R/L lateral and VD, totaling four radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

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 abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

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

A splenic shadow is not clearly outlined.

The stomach is moderately distended with air. Distribution and size of the small intestinal loops appear physiological. The entire colon contains gas and especially the desc. colon is distended. Ascending and transverse colon form a loop, and the intestine shows mild corrugation with a potential narrowing on the VD. A normal cecum is not evident.

Both renal shadows have a physiological size, shape and opacity. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Gas distended colon
- Corrugation ascending/transverse colon
- Lack of cecal gas shadow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I have not found a definitive answer for vomitus and hematochezia but pathology in the region of the ilio-ceco-colic junction is possible. To outline all components of the colon, a barium enema or a pneumocolon is necessary. The lack of a clearly outlined cecum could be due to inversion or its absence. Corrugation of the colon can be due to surrounding or intraluminal inflammation.



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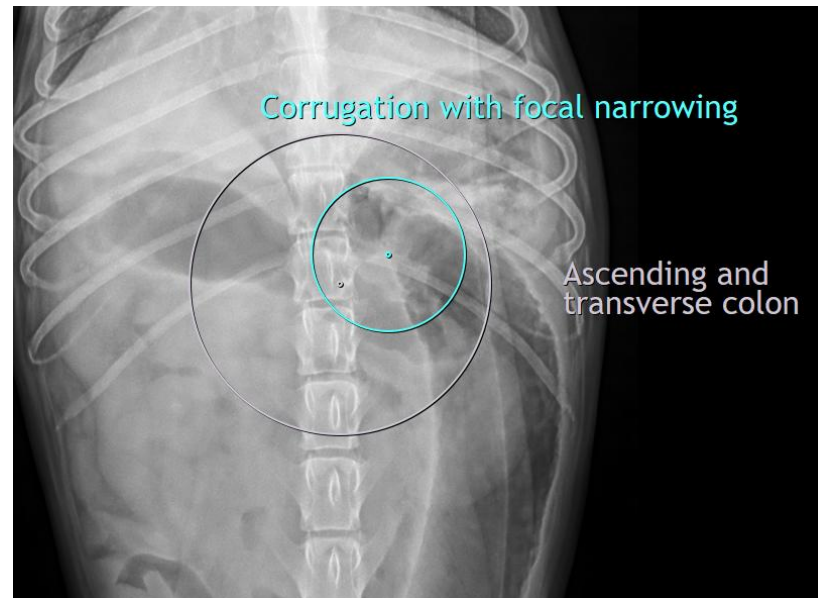
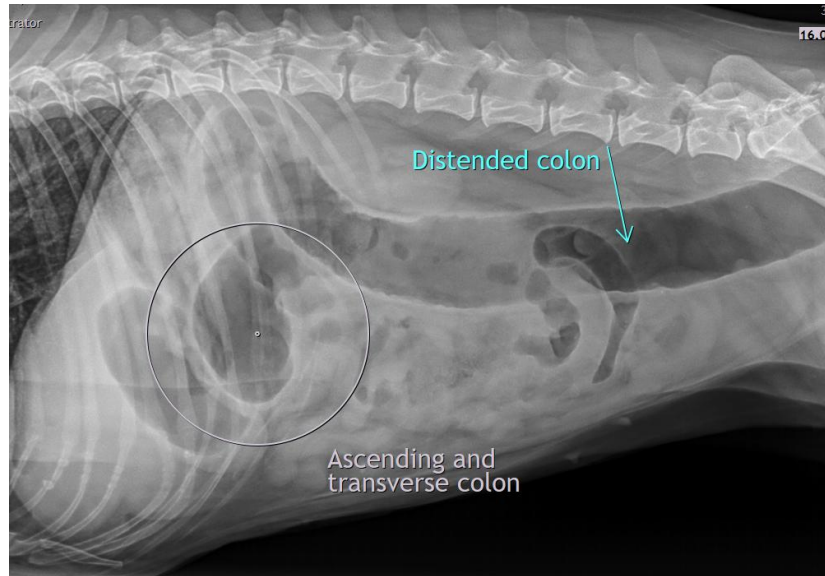
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR

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