



## PATIENT

King Brown

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

11.5Y

## WEIGHT

66lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jen Amidon

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr Giuliani

## INVOICE

74194

## DATE

3-16-26

## PRESENTING CLINICAL SIGNS

Pt presented for dry, hacking cough that o noted moreso in the AM, starting last week. Pt doesn't go to daycare/grooming.

While taking rads, pt urinated on table, had blood in it. O has not noticed blood in urine at home.

## RADIOGRAPHS OF THORAX AND ABDOMEN

R/L lateral and VD, totaling 11 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 7/9 with smooth, alternating layers of fat and soft tissue opacity.

Mild spondylosis is evident.

### Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae.

The degree of pulmonary expansion is fair. On the VD views pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

### Abdomen

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

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

The spleen appears physiological.

The stomach is moderately distended with food. An approx. 4cm long and 1.4cm wide structure with mineral dens, smooth edges are located caudal to the stomach on the lateral view and immediately to the left of T13 on the VD view. The small intestinal loops appear convoluted and contain gas as well as formed ingesta. The rectum is empty.

Urinary tract and prostate are obscured by intestinal contents. I can see no obvious mineral opacities in the region of kidneys or bladder.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Small intestinal foreign body
- Convoluted intestinal tract

Incidental finding:

- Spondylosis



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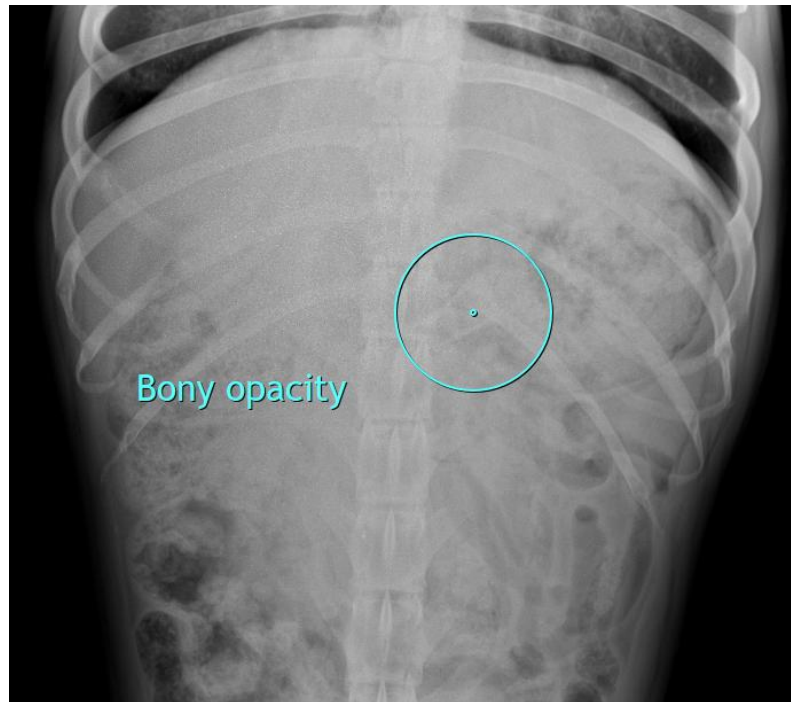
3-16-26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The foreign object could represent a bit of tube. Follow up radiographs are recommended to assess the progress of the foreign object towards the rectum.

Bronchitis can be present without radiographic evidence and thus bronchoscopy with broncho-alveolar lavage is recommended; samples should be submitted for bacteriological and cytological examination. Trachea and main stem bronchi can be assessed for collapse under the same G.A.

Blood from the penis can be due to prostatic or urinary disease. Further studies are necessary. Either abdominal ultrasound or retrograde urethrocytography can be carried out to rule out tumor, radiolucent calculi and prostatic disease (e.g., tumor, abscess, hematocyst).





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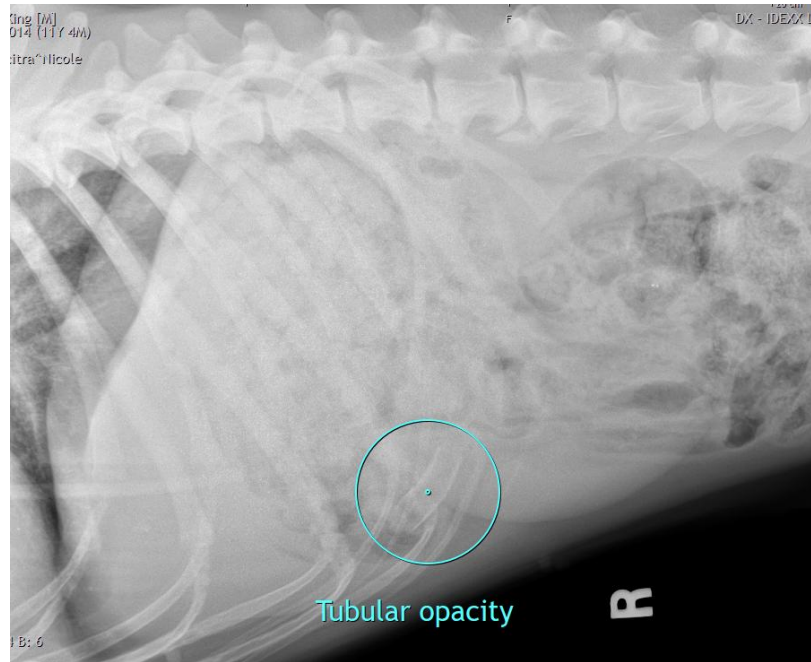
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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