



## PATIENT

Loue Luna

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Neutered Male

## AGE

2Y, 3M

## WEIGHT

17.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

GC/JA

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr. Bashkin

## INVOICE

74275

## DATE

3-19-26

## PRESENTING CLINICAL SIGNS

Loue presents for persistent vomiting that started yesterday. 1x yesterday (hours after he ate), then he vomited 2x this morning (mom describes as small but with brown liquid). After that he vomited at least 3 more times with two of them looking 'thick and green'. Mom says some of it may have been fabric, but unsure. At about 3pm, he was retching but nothing came up. Mom mentioned that he ate grass yesterday, did not see any in his vomit. He does have a habit of getting into things in the backyard. Last time Loue ate was last night at 8pm (his normal dinner); did not attempt to feed anything this morning. Drank water today and held it down. He is active otherwise. No diarrhea. No pain on palpation of abdomen.

## RADIOGRAPHS OF THE ABDOMEN

R/L lateral and VD, totaling 3 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 a small amount of fat; diaphragm and abdominal wall are intact.

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

The spleen appears physiological and is located within the costal arch.

The gastric axis is cranially rotated. The stomach is moderately distended with air. Distribution, size and opacity of the small intestinal loops appear physiological. Colon and rectum contain a small amount of fecal matter and some air.

The left renal shadow has a physiological size, shape and opacity; the right is obscured by intestinal structures. The bladder is small, rounded and the bladder neck is located in the pelvic canal.

A prostatic shadow is not evident on the lateral view and appears small on the VD.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Small liver

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no signs of an ileus or radiopaque foreign object. Should the vomiting persist, pancreatitis is a possibility and a cPLi is recommended. Ultrasound of the stomach and proximal duodenum can help identify foreign material provided the stomach is filled with fluid prior to the examination. The small liver could indicate a porto-systemic shunt, and this finding should be related to the biochemistry results.



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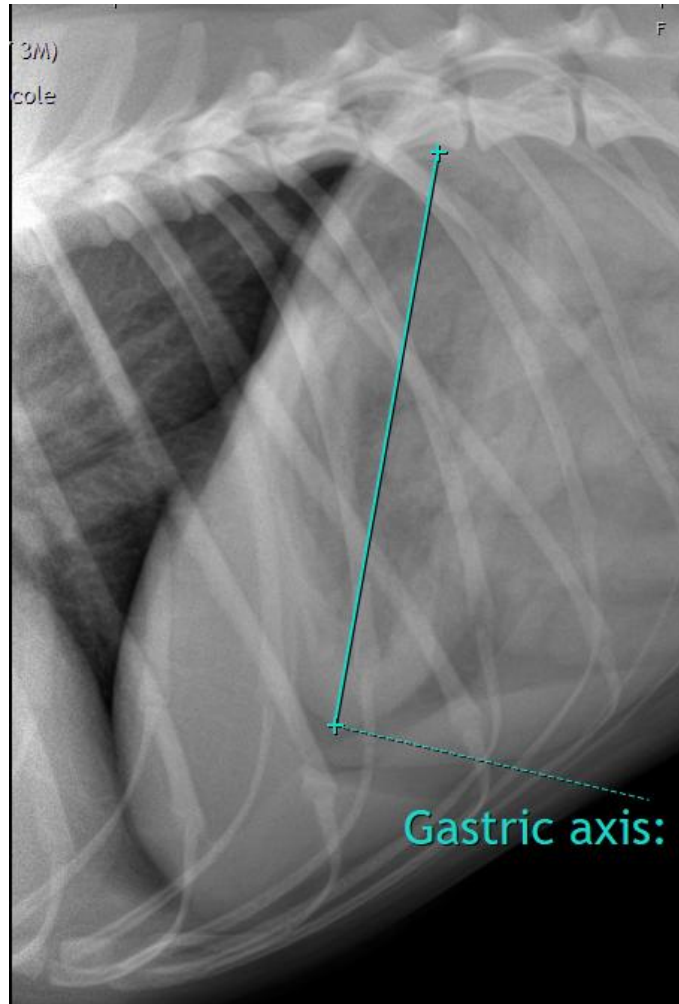
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)