



PATIENT

Jake Dock

SPECIES

Canine

BREED

Poodle

SEX

Male Neutered

AGE

8Y

WEIGHT

28lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abina Glennon

HOSPITAL NAME

New Bridge Veterinary
Practice

REFERRING VET

Dr. Abina Glennon

INVOICE

74683

DATE

4-21-26

PRESENTING CLINICAL SIGNS

reluctant to jump onto beds and reluctant to climb stairs. vomited this morning.

Abnormal PE/Chem/CBC/UA Results: WNL

RADIOGRAPHS OF THE ABDOMEN

R lateral radiograph provided for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

No evidence of osseous destruction or lysis is present along the spine. A small, ovoid mineral opacity is located just dorsal to the LS disc space. Mild spondylosis is present on L2.

The abdominal organs are surrounded by a small amount of fat; diaphragm and abdominal wall are intact.

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

The spleen is not obvious.

The gastric lumen is outlined by a small amount of air. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of fecal matter.

Only one renal shadow is visible and has a physiological size, shape and opacity. The bladder shadow is small the bladder neck is located just cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- LS foraminal opacity
- Spondylosis, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is possible that the LS change is due to a disc protrusion or extrusion. It would explain the reluctance to jump. However, accurate positioning of the spine is difficult, even under G.A., and cord compression can only be identified with myelography or in cross-sectional imaging. In case neurological deficits and/or severe pain unresponsive to medical management are present, CT or MRI are recommended. The vomiting may be incidental, but should it continue, ultrasound is recommended to assess gastrointestinal wall thickness and layering.



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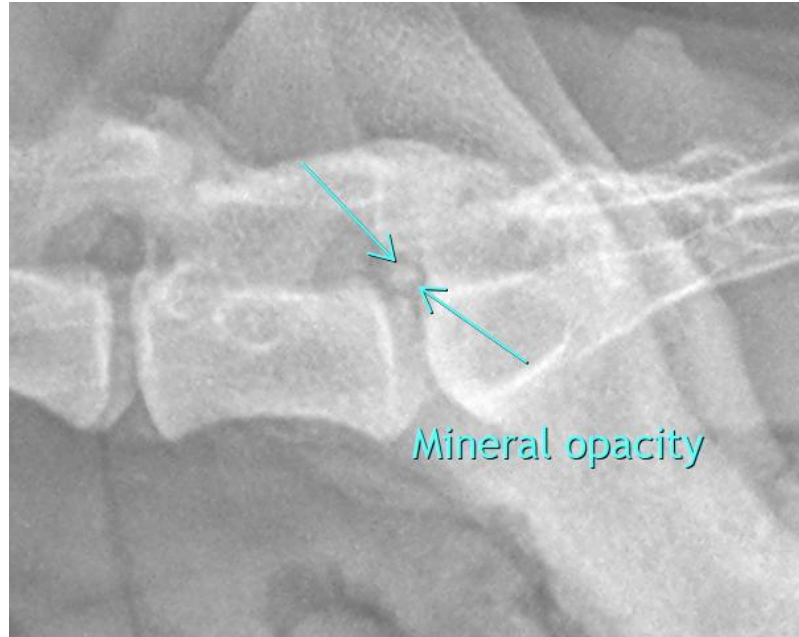
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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