



**PATIENT PRESENTING CLINICAL SIGNS**

Diablo Aguilar History: shaking, lethargic, vomiting 10% dehydration painful on abdominal palpation & arched back  
 Abnormal PE/Chem/CBC/UA Results: Stress leukogram elevated RBC, PCV, Hgb, TP (dehydration) elevated BUN, creatinine, calcium. phosphorus elevated glucose, cholesterol, albumin

**SPECIES RADIOGRAPHIC STUDY OF THE ABDOMEN**

Canine The body condition score is 4/9.

**BREED** The bony structures are within normal limits.

Doberman Pinscheer The cranio-ventral abdominal detail is reduced and appears stripy around the organs; the caudal abdominal detail is equally reduced so that bladder and prostatic shadow are poorly outlined. The abdominal wall is tucked up.

**SEX** The ventral liver lobe is just visible level with ribs 12 and is pointed.

Male The tail of the spleen is not readily discernable.

**AGE** The small intestinal loops appear stacked in a cranial-caudal direction and contain solid food material; their size is at the upper limit of the physiological range. The region of the descending duodenum shows an irregularly outlined, tubular air shadow. Terminal descending colon and the rectum are empty.

10 Years

**INTERPRETED BY** Both renal shadows are not identified; the bladder is located in the abdominal cavity and contains little fluid.

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR The sublumbar region appears physiological.

**HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS**

- St. Catharine's AH
- Digested food in small intestine
  - Stacking of small intestine (cranio-caudal direction)
  - Reduced abdominal detail

**REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Boctor The intestinal changes are suggestive of, but by no means pathognomonic for, a linear foreign body. The reduced abdominal detail could be due to the low BCS, localized fluid (e.g., inflammation, infection), mesenteric inflammation or tumor or could represent a ruptured viscus. I feel abdominal ultrasound will be a valuable commodity for ruling out said diseases and checking the lymph nodes for lymphadenitis. Should free fluid be present a sample should be obtained under ultrasound guidance, which may have to be followed by surgical exploration. Should this not be the case, another lateral abdominal view should be obtained to see if the lack of circulating fluid was the reason for the appearance of the intestinal contents which may, by then, have continued into the colon.

**INVOICE**

14951

**DATE**

4/29/22



**PATIENT**

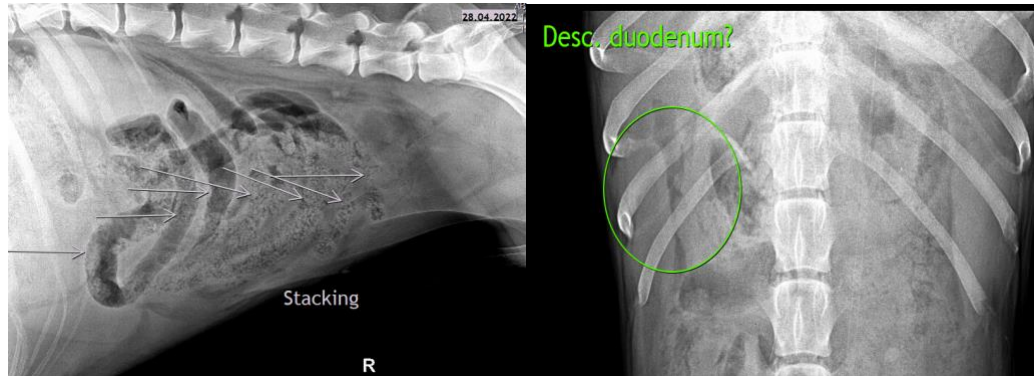
Diablo Aguilar

**SPECIES**

Canine

**BREED**

Doberman Pinscheer



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.

**SEX**

Male

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.

**AGE**

10 Years

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**INTERPRETED BY**

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

**HOSPITAL NAME**

St. Catharine's AH

**REFERRING VET**

Dr. Boctor

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