



PATIENT

Scooby Dunlap

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

13

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Richard Hovis, DVM

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Richard Hovis, DVM

INVOICE

36476

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: Staff pet (mother-in-law's dog) - Patient has a history of arthritis, has been given liberela injections monthly > 1yr. Recent weight loss, unexpected despite supplementing food. Seizure vs Syncopal episodes. 2 episodes for the first time in the last 4 days, patient falls over, trembling, but still cognitive per owner. Increased liver enzymes unspecified, superchem, cbc, lytes, UA, t4 pending. Bladder stones and kidney stones, not currently managed with diet change, unknown crystal/stone type. GI upset that flares up, gets better with metronidazole, unspecified diagnoses, currently eats I/d low fat. Metacam and Gabapentin prn for pain, owners do not give full dose.

Abnormal PE/Chem/CBC/UA Results: Pending, but verbally told patient has elevated liver values. Results should be available in AM.

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity. A mild kyphosis is present at the thoraco-lumbar junction.

A moderate amount of smooth new bone surrounds the elbow joints. The L1-3 disc spaces are reduced, the end plates are sclerotic, and a small amount of new bone is present on the ventral endplates.

Thorax

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

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

The cardiac silhouette occupies 85% of the chest height and 3 intercostal spaces. The caudal heart border is straight; no chamber enlargement is obvious on the Vd

Abdomen

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 rounded.

The head of the spleen appears physiological.

The stomach is moderately distended with food. Distribution and size of the small intestinal loops appear physiological, though their surfaces appear undulating. Food like material and air are located in the small intestinal lumen. Colon and rectum contain a small amount of formed fecal matter.

Both kidneys show mineralization in the renal pelvis. The bladder is small and contains two irregularly outlined calculi.

A prostatic shadow is not apparent.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Undulating intestinal borders

Incidental findings



PATIENT

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- L1-3 disc disease
- Elbow arthrosis
- Urinary tract calculi

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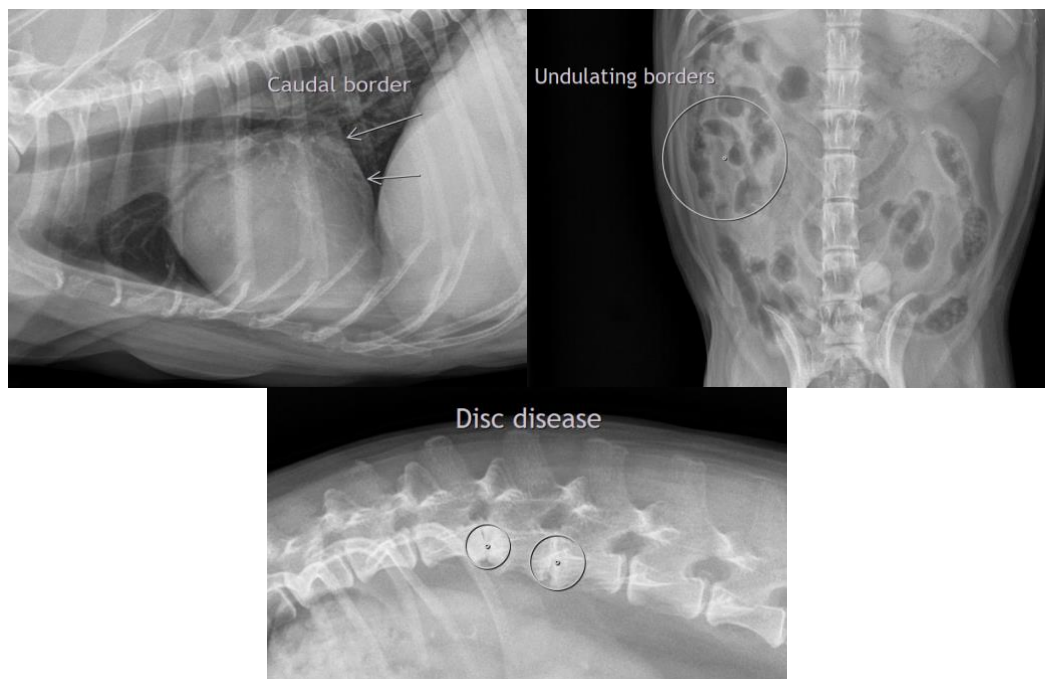
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal changes could be due to a mild inflammatory process. It could also indicate an early intestinal wall infiltrate (inflammation, tumor) or a reaction to intra-abdominal inflammation (e.g., pancreatitis). Abdominal ultrasound is recommended to assess the liver parenchyma. Should the seizure activity increase, an MRI is recommended to rule out brain disease/tumor. After that, treatment for idiopathic seizures may be started if the liver parenchyma appears physiological on ultrasound.



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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com