



PATIENT

Bow Broadhurst

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

8.5Y

WEIGHT

86lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Caley Howard

INVOICE

74539

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Presented about 2 weeks ago for 2 week onset vomiting twice daily. Owners declined diagnostics at that time. Returned to ER about two weeks later for vomiting, inappetence, and melena. Symptoms improving with gastroprotectants and antiemetics. Diarrhea persistent but melena resolved. Has lost 5# in 3 weeks

Abnormal PE/Chem/CBC/UA Results: BCS 5/9. Splinting on abdominal palpation. Watery diarrhea. BAR, hydration status still OK Will likely need AUS +/- endoscopy

RADIOGRAPHS OF THE ABDOMEN

R/L lateral and VD, totaling 6 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

The body condition score is 6-7/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures are within normal limits.

The abdominal organs are surrounded by a physiological amount of fat; the abdominal wall is tucked up.

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

The tail of the spleen is located ventral to the pylorus within the costal arch and appears physiological.

The stomach contains a moderate amount of air. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain fluid. A finger like gas lucency extends into the colonic fluid level with L2-6.

The left renal shadow has a physiological size, shape and opacity. The right is obscured by intestinal loops. The bladder shadow is small.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Fluid in colon and rectum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no ileus. The finger like lucency in the colon likely represents a physiological movement of intestinal gas in the otherwise liquid colonic content. In the absence of signs of radiopaque foreign body and intestinal obstruction the most likely causes for the diarrhea are infection or inflammation of the GIT (e.g., viral, parasitic). Differential diagnoses include allergies, toxicity, immune mediated and Addison's diseases. Due to the duration of the clinical signs further tests are necessary. Abdominal ultrasound will help detect changes of intestinal wall thickness and wall layering. After obtaining blood for biochemistry (including B12 and folate) and hematology, the administration of i.v. fluids are recommended if this is not already happening.



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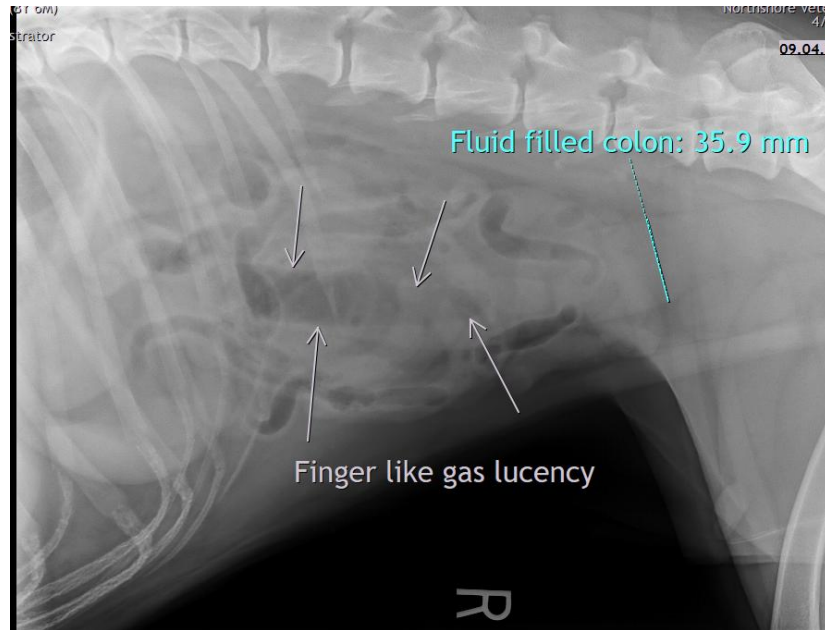
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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