



PATIENT

Murphy Zamora

PRESENTING CLINICAL SIGNS

2 weeks of vomiting/regurgitating water after drinking. Appetite good. Concerned he may have eaten a zip tie off the fence. He is defecating normally.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Normal exam

BREED

Labradoodle

RADIOGRAPH OF THORAX AND ABDOMEN

Thorax: R and L lateral, VD

Abdomen: R and L lateral, 2x VD

RADIOGRAPHIC FINDINGS

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

The bony structures appear physiological.

SEX

Male

Thorax

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

AGE

1 Year, 2 Months

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

INTERPRETED BY

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

Abdomen

The abdominal detail is good; diaphragm and abdominal wall are intact.

HOSPITAL NAME

Elizabeth Animal
Hospital

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

The spleen appears physiological.

The stomach contains a moderate amount of food. Distribution and size of the small intestinal loops appear physiological; gas is consistently present in the caudal small intestine. Colon and rectum contain a moderate amount of formed fecal matter.

REFERRING VET

Leon Anderson, DVM

Both kidneys appear to have a physiological size. The bladder is located in the abdominal cavity and superimposed by the full descending colon.

The sublumbar region appears physiological.

INVOICE

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RADIOGRAPHIC DIAGNOSIS

- I can see no metal foreign object.

DATE

5-12-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that are compatible with a foreign body. However, in such a young animal further examination are required to identify the cause for the frequent vomiting. Regurgitation of water can be the first sign of laryngeal paralysis, and this should be ruled out. An early esophageal



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motility disorder is a differential diagnosis and can be ruled out with fluoroscopic swallowing study. Abdominal ultrasound will help identify wall thickening and layering as well as pancreatic diseases. Full biochemistry is recommended if it has not already been performed. Should all this be negative, gastroscopy with a view to obtain samples would be the next step.

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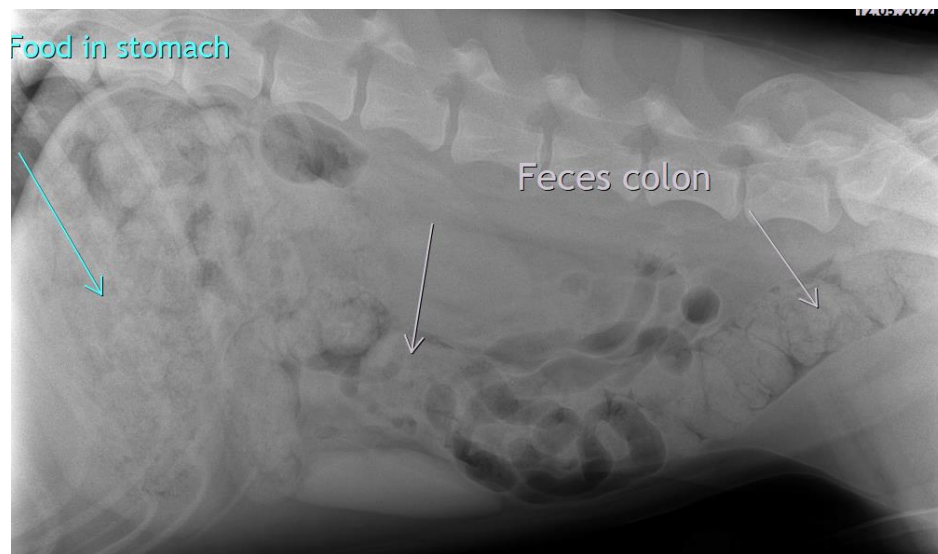
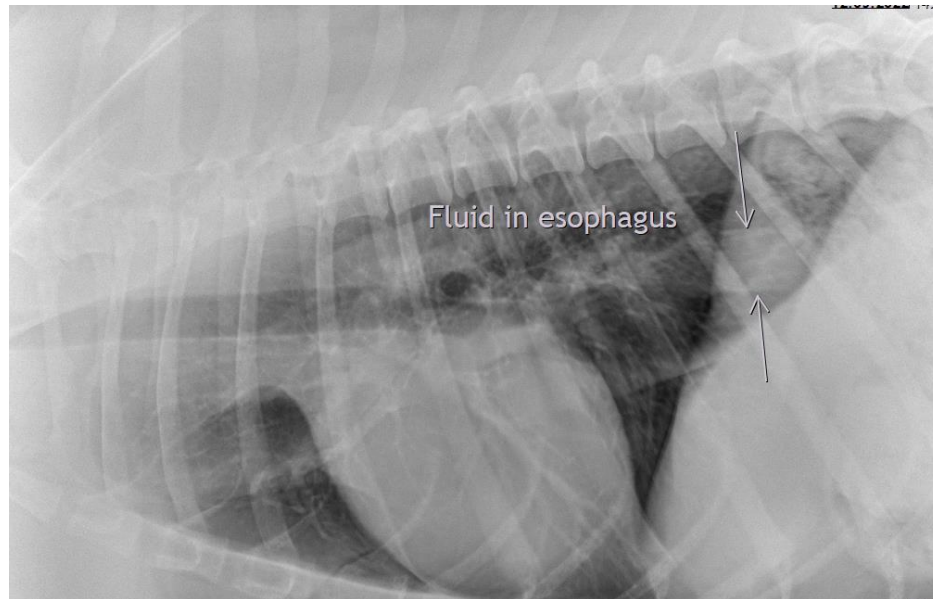
Leon Anderson, DVM

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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.

SPECIES

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Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com

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