



## PATIENT

Butters Wei

## SPECIES

Canine

## BREED

Blackmouth Cur

## SEX

FS

## AGE

10

## WEIGHT

32.0kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

NB

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Habawel

## INVOICE

74921

## DATE

5-5-26

## PRESENTING CLINICAL SIGNS

Presenting Complaint: - Butters Wei presents for vomiting and diarrhea since Friday.

Patient History:

- Vomiting began Friday:
- Friday: 1 episode
- Saturday: 1 episode (bilious, yellow-green)
- Sunday: 1 episode (bile only)
- Monday- Tuesday: No vomiting reported
- Diarrhea persistent since Friday; no formed stools
- Stool color ranges from dark brown to normal brown
- Appetite low
- Drinking water normally, possibly mildly increased

## RADIOGRAPHS OF THE ABDOMEN

R/L lateral and VD, totaling 3 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

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

Spondylosis is present L2/3.

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

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

The spleen is prominent, with smooth margins.

The stomach contains some air; the gastric walls appear of physiological thickness. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of unformed fecal matter.

The left renal shadow has a physiological size, shape and opacity; the right is obscured by intestinal loops on the VD, but its size appears on the left lateral recumbent view. The bladder is moderately full.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Prominent spleen
- Spondylosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the clinical signs. Acute onset of occasional vomiting followed by diarrhea can be caused, e.g., by a viral infection, food intolerance, intoxication, parasites, or renal disease. Should the clinical signs persist or worsen despite conservative therapy, further investigations



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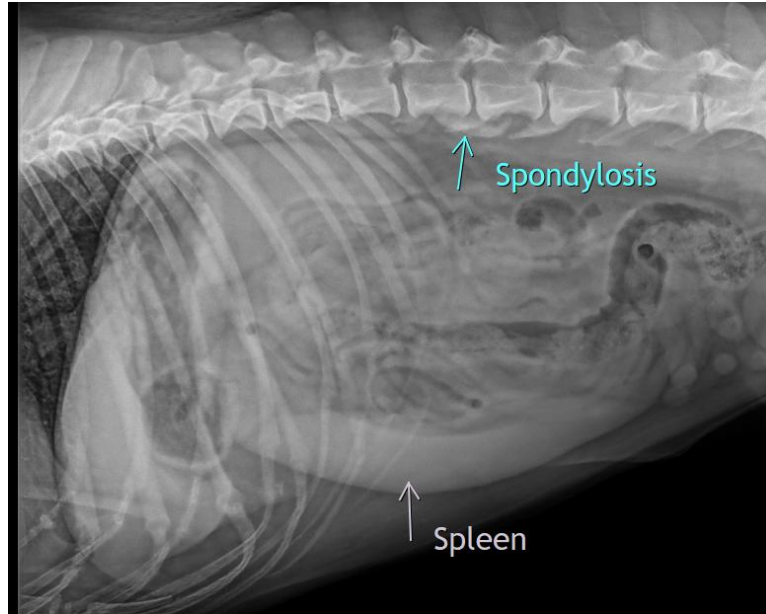
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are advisable. Fecal samples can be obtained to look for parasites. Abdominal ultrasound to check esp. GIT wall thickness and layering, kidneys and pancreas. Blood for hematology and biochemistry should be obtained if it has not already been done; cPLI should be included. The prominent spleen is likely an incidental finding



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](mailto:info@sonopath.com)