



PATIENT PRESENTING CLINICAL SIGNS

Dora Carr lethargic , twitches .O arrived home found lots of blood feces

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: temp was 35 2/6 Heart murmur very dehydrated ruptured anal gland , grade 4 periodontal dis.3 Glucose was 1.1 mmol, elevated WBCs. neutrophilia 24.5 (3-12)10^9/L , K 2.1mmol/l low Na Low Cl .High P low Ca Normal CPLi

RADIOGRAPH OF THORAX AND ABDOMEN

R lateral, l lateral, VD dogogram

BREED

Chihuahua

RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with a reasonable amount of intra-abdominal fat. Spondylosis is present on the ventral endplates of C6/7 and the disc space appears narrow.

SEX

Female

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; vessel size is reduced compared to rib 4 on the lateral and rib 9 on the VD view. The bronchial tree is thin walled and tapers uniformly towards the periphery.

AGE

10 Years

The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and dips at the carina.

INTERPRETED BY

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces (VHS 8.5). No chamber or outflow tract enlargement is evident.

Abdomen

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

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

The head of the spleen is small, the tail not visible.

REFERRING VET

Dr. Mena

The stomach contains a moderate amount of fluid and air; the small intestinal loops vary in size and contents and a tubular bony structure is located to the right of the spine and ventral to L4/5. Transverse and desc. colon contain gas and are slightly distended. Streaky, mineral opacities are located in the small amount of colonic and rectal feces. Distribution of the intestinal tract is physiological.

INVOICE

52485

Both renal shadows have a physiological size, shape and opacity; the surfaces are smooth. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

DATE

6-17-22

RADIOGRAPHIC DIAGNOSIS

- Microcardia and hypovolemia
- Variable, mild distension of small intestinal loops
- Mineralized material terminal colon and rectum



PATIENT

Incidental findings:

Dora Carr

- Spondylosis C6/7
- Possible disc reduction C6/7

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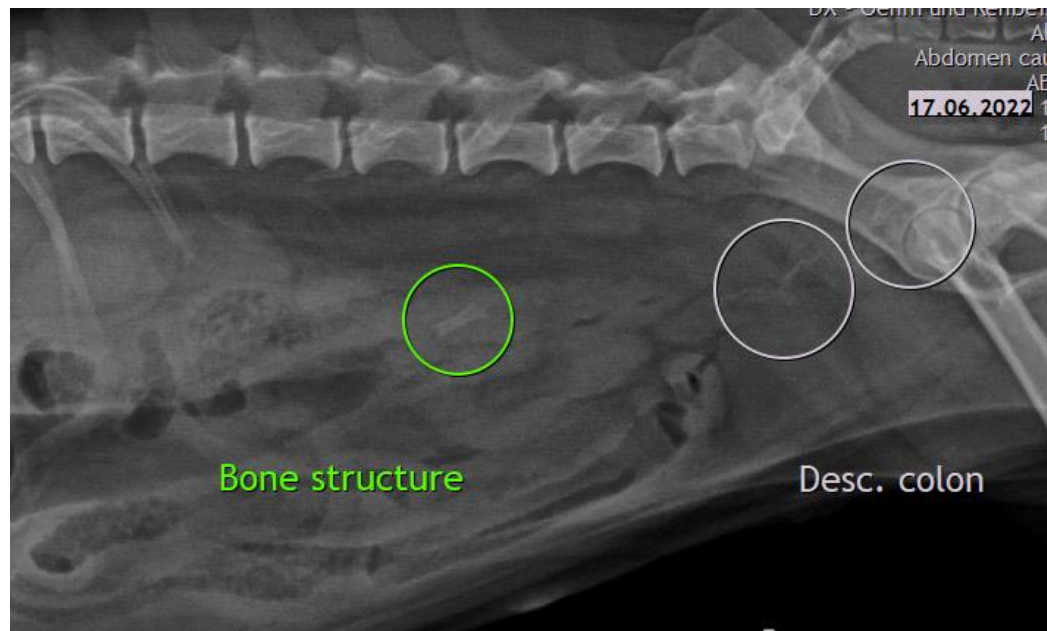
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no definitive signs of ileus and the changes are suggestive of enterocolitis. The bony fragment may represent part of ingested foreign material which has been moving through the gastro-intestinal tract. Thus, the clinical signs could be due to the type of ingested material, viral or bacterial infection or possible food intolerance. Should conservative treatment and rehydration not improve the clinical signs, abdominal ultrasound is recommended. It will allow assessment of intestinal wall thickness and layering as well as contractility; localized infiltrate (e.g. tumor) will be visible.





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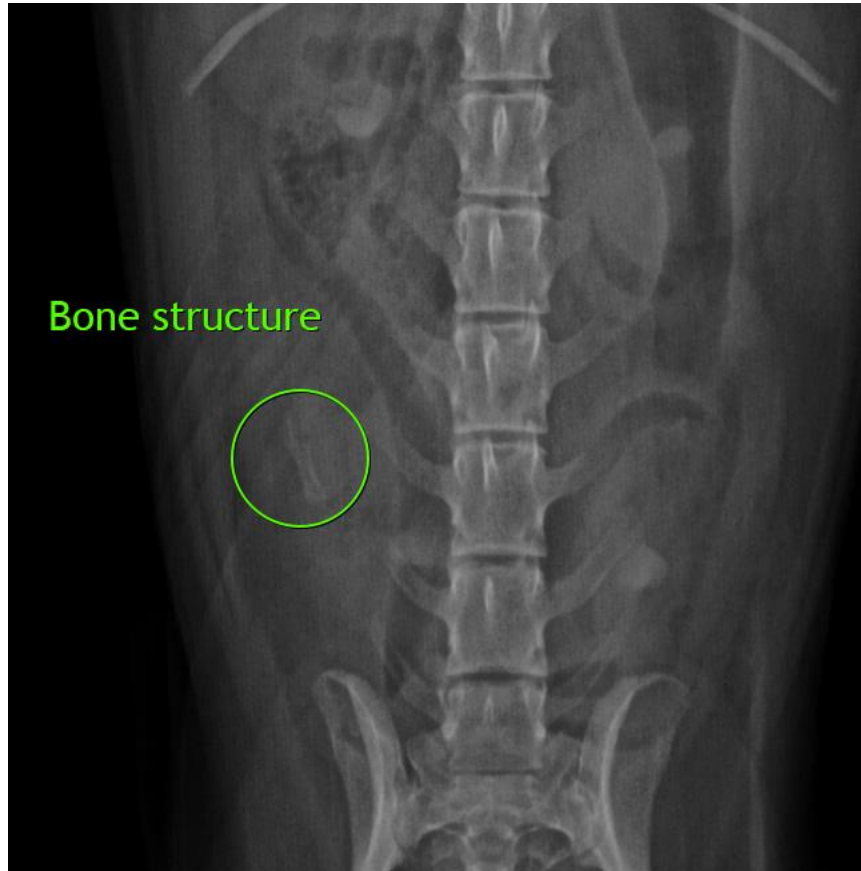
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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