



PATIENT PRESENTING CLINICAL SIGNS

Mendel Peterson
 History: 3 day history of vomiting multiple times a day. Occurs sporadically. Typically, bile or partially digested food. No known exposure to toxins, foreign objects nor change in diet. P does have a long history of vomiting once a couple of times a week, although had been fine for the past month until this week.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: IH chem/CBC and cPL NSF.

RADIOGRAPHIC STUDY OF THE ABDOMEN

BREED

Yorkie Mix
 The body condition score is 5/9 with smooth alternating layers of fat and soft tissue opacity.
 L1 shows a rudimentary costal bud on the right side.

SEX

Neutered Male
 The abdominal wall is tucked up and the organs are surrounded by only a small amount of fat; diaphragm and abdominal wall are intact.
 The liver is located within the costal arch and the caudo-ventral lobe is pointed.

AGE

6.5 Years
 The spleen appears physiological.
 The stomach contains a small amount of air and in left lateral recumbency the pyloric wall measures 0.5cm. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of formed fecal boluses.

INTERPRETED BY

Heike Rudolf, DVM,
 Dr. med. Vet.,
 DipECVDI DVR
 Both renal shadows appear to be of physiological size, shape and opacity. A convex soft tissue opacity is located in the abdomen and extends into the pelvic canal while displacing the rectum dorsally.
 The sublumbar region appears physiological.

HOSPITAL NAME

Boca Park AH

RADIOGRAPHIC DIAGNOSIS

- Possible pyloric wall thickening
- Intrapelvic bladder neck versus prostatomegaly
- Transitional vertebra L1

REFERRING VET

Dr. Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

15980

I can see no changes that would explain the clinical signs. The pyloric wall would appear thickened with the small amount of luminal air as found in this dog. Thus, abdominal ultrasound is recommended to assess gastro-intestinal wall layering and -thickness. Differential diagnoses to be considered include: food allergy, viral or parasitic infection, eosinophilic or lymphocytic-plasmacytic infiltrate and IBD. An infiltrative tumour such as lymphosarcoma is unlikely but can only be ruled out ultrasonographically. Position of bladder and possible prostatic enlargement can also be evaluated during this examination.

DATE

6/9/22



PATIENT

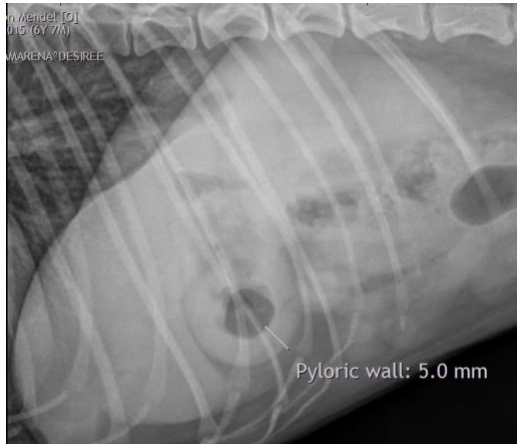
Mendel Peterson

SPECIES

Canine

BREED

Yorkie Mix



SEX

Neutered Male

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.

AGE

6.5 Years

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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