



PATIENT PRESENTING CLINICAL SIGNS

Hazel Abarca History: Lethargic and will not eat or drink without assistance. Shaking a lot and hiding. Has been sore to the touch in the hind end, foot, belly area. Has been eating some dream bones and she wont eat those really anymore. Has been eating the gastro biome food as well. Thinks she might have vertigo she tilts her head and walks like she is dizzy.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Tense abdomen. PAINFUL TO PALPATION OF LUMBAR SPINE AND LUMBAR MUSCLES

BREED RADIOGRAPHIC STUDY OF ABDOMEN AND L-SPINE

Chihuahua Mix **L-Spine**

SEX

Spayed Female The surrounding muscles and fat layers appear physiological. The skeletal structures are well mineralized and have smooth surfaces. No signs of aggressive osteolysis have been identified. Number and shape of the vertebrae are physiological. The facet joints are congruent and the disc spaces appear of homogeneous width.

AGE

Abdomen

12 Years 6 Months The body condition score is 5/9 with smooth alternating layers of fat and soft tissue opacity.

INTERPRETED BY

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

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

The liver is located within the costal arch.

The spleen appears physiological.

HOSPITAL NAME

Elizabeth AH

The stomach contains a moderate amount of air. The proximal duodenum is distended in left lateral recumbency and contains gas in all views. A gas filled small intestinal loop is located just to the left of the spinal column and is slightly larger than the rest of the loops which are fluid filled. Colon and rectum contain a moderate amount of unformed fecal matter.

REFERRING VET

Kim Allyn, DVM

Both renal shadows appear of physiological size, shape and opacity. The bladder contains a moderate amount of homogeneous fluid opacity and the bladder neck appears to be located in the pelvic canal. The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

INVOICE

16413

- Gas distension of proximal duodenum
- Mild ileus mid jejunum

Incidental finding

DATE

7/1/22



PATIENT • Intrapelvic bladder neck

Hazel Abarca

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

A distended duodenum could be the result of pancreatitis, enteritis or obstruction. I can see no radiopaque foreign body and feces is present in the colon; thus, I feel an obstruction is less likely. Abdominal ultrasound is recommended to identify pancreatic disease (inflammation, abscess, tumor), to assess wall layering and thickness as well as looking for a radiolucent foreign object. Fecal analysis is necessary to rule out parasitic enteritis.

BREED

Chihuahua Mix

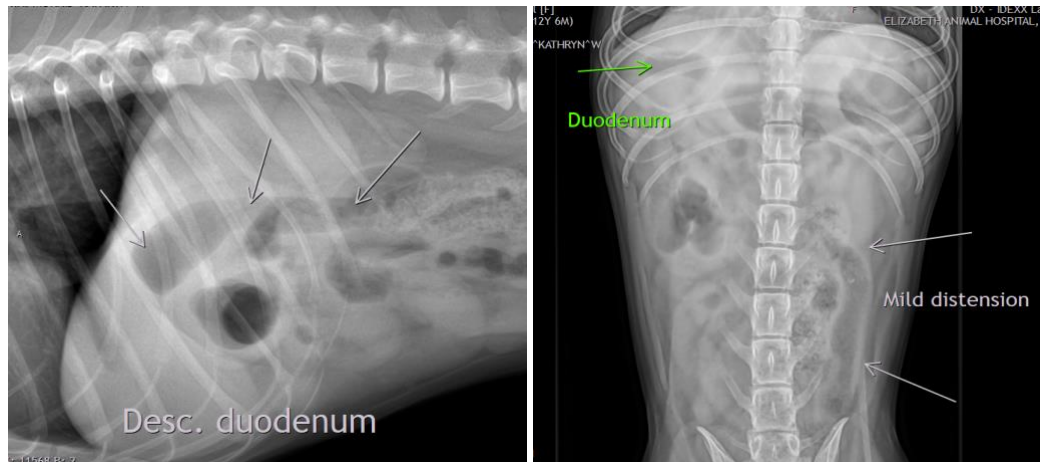
Accurate positioning of the spine is difficult even under G.A. and cord compression can only be identified with myelography or in cross sectional imaging. Depending on the progression of the clinical signs and the results of the neurological and biochemical examinations, CT or MRI may become necessary in case cord compression or myositis are present.

SEX

Spayed Female

AGE

12 Years 6 Months



INTERPRETED BY

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Dr. med. Vet.,
DipECVDI DVR

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.

HOSPITAL NAME

Elizabeth AH

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.

REFERRING VET

Kim Allyn, DVM

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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