



**PATIENT**

Tiffany Doucette

**PRESENTING CLINICAL SIGNS**

post surgical bruising around incision

Abnormal PE/Chem/CBC/UA Results: sever thrombocytopenia low RBC,HGB,HCT

**SPECIES**

Canine

**RADIOGRAPH OF THE ABDOMEN**

R and L lateral thorax/abdomen (T2 o tail), 1x VD abdomen, 1x VD thorax

**BREED**

Cocker Spaniel

**RADIOGRAPHIC FINDINGS**

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

Small, smooth bony spurs are located on the left caudal endplates of L3 and 5.

**SEX**

Female Spayed

The abdominal detail in the right hemiabdomen appears reduced; diaphragm and abdominal wall are intact. A separate, doughnut shaped opacity is visible on both lateral views in the region of the splenic tail.

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

The spleen is prominent with rounded edges.

**AGE**

9 Years

The stomach contains a small amount of air; distribution and size of the small intestinal loops appear physiological. The cecum is large and contains gas. Terminal colon and rectum contain a mixture of gas and fluid. On the VD view the colon appears "string of pearl" like, with the transverse colon containing gas and the descending colon containing fluid.

**INTERPRETED BY**

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

Both renal shadows are obscured by intestinal contents. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Enlargement of caecum
- Alteration in shape and size of colon
- Spondylosis, mild

**REFERRING VET**

Dr. Boctor

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I can see no free air in the abdominal cavity, suggesting that the surgery did not involve the abdominal cavity, or the air had enough time to be re-absorbed. The reduced abdominal detail in the right hemiabdomen could be due to inflamed mesentery (e.g. pancreatitis), may represent a composite shadow or a small amount of free fluid. The changes in the colon suggest colitis, possibly ulcerative. Abdominal ultrasound is recommended to assess intestinal wall thickness and layering as well as mesenteric echogenicity. Autoimmune hemolytic anemia should be ruled out.

**INVOICE**

52770

**DATE**

7-8-22



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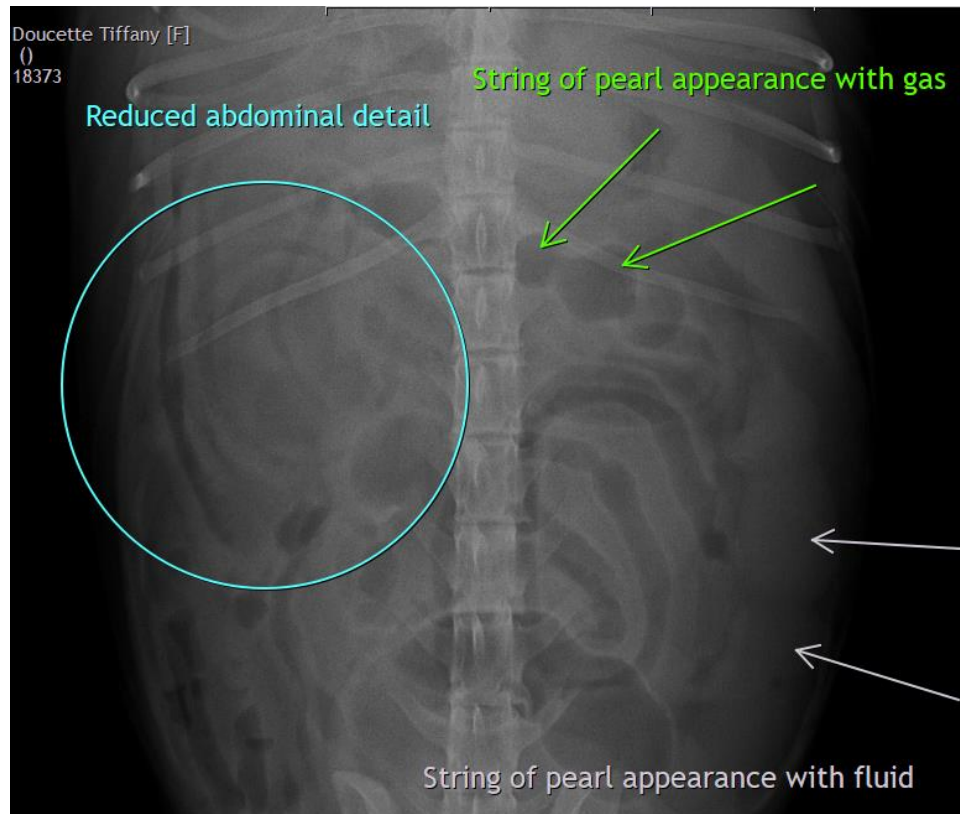
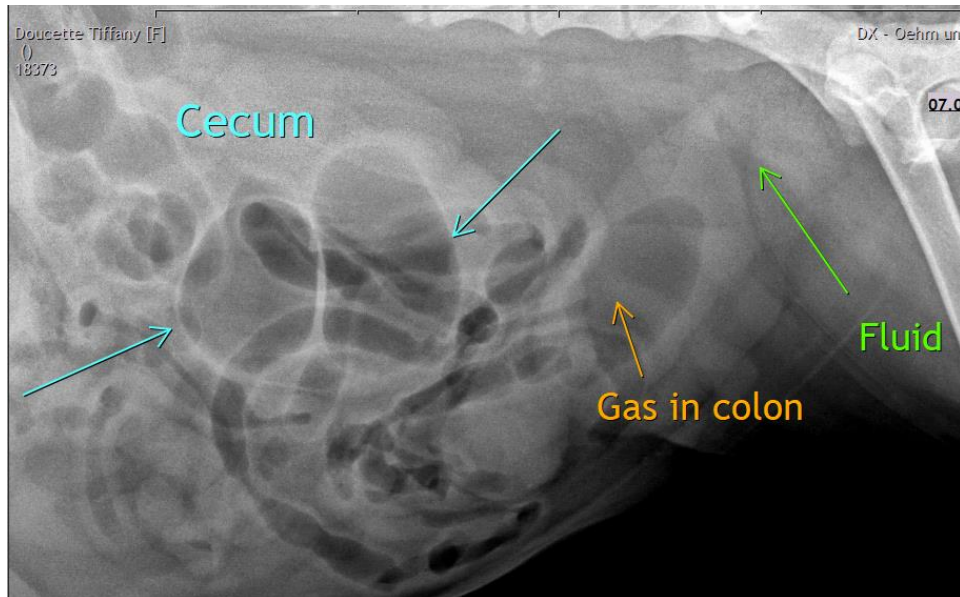
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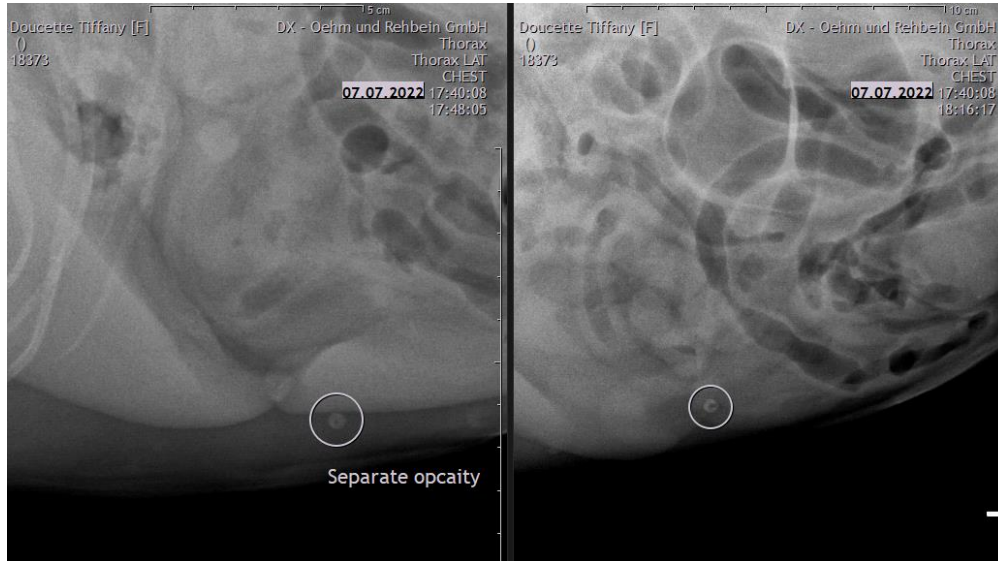
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Heike Rudorf**, DVM, Dr. med. vet., DipECVDDI, DVR  
Dr.H.Rudorf@gmail.com