



**PATIENT**

Natasha Conover

**PRESENTING CLINICAL SIGNS**

VOMITING / DIARRHEA / LOSS OF APPETITE FOR 3 DAYS . PANCREATITIS : PLI SNAP TEST: POSITIVE / LIPASE: 4220.

**SPECIES**

Canine

**RADIOGRAPHS OF THE ABDOMEN**

RLR, LLR, 2x VD

**BREED**

Boxer

**RADIOGRAPHIC FINDINGS**

The body condition score is 5/9 with a tucked up ventral abdominal wall.

A mild degree of spondylosis is present in the caudal thoracic and cranial lumbar spine. A small amount of new bone surrounds some facet joints.

**SEX**

Spayed Female

The abdominal detail is reduced due to the lack of intraabdominal fat; diaphragm and abdominal wall are intact.

Liver and tail of spleen are located within the costal arch.

**AGE**

10 Years

The gastric axis is cranially rotated and contains a moderate amount of air. Distribution of the small intestinal loops appears physiological; size and contents of the intestinal loops varies with recumbency status. Colon and rectum contain a moderate amount of gas and the descending colon is located midline.

Both renal shadows have a physiological size and opacity; the bladder neck is located in the pelvic canal.

**INTERPRETED BY**

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

The sublumbar region appears physiological.

**RADIOGRAPHIC DIAGNOSIS**

- Variable appearance of small intestinal loops
- Cranial of rotation gastric axis

**HOSPITAL NAME**

Tenafly Vet Center

Incidental findings:

- Spondylosis
- Facet arthropathy

**REFERRING VET**

Han

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

53622

I can see no radiopaque foreign body or signs of a persistent ileus. The intestinal changes could be due to enteritis and hypermotility, but abdominal ultrasound is needed to assess intestinal wall thickness and layering in case of infiltrate. Pancreatic assessment is also necessary to identify if the surrounding mesentery and duodenal wall are physiological to differentiate between pancreatitis, pancreatic abscess and pancreatic tumor. Rotation of the gastric axis is most likely due to the deep chested breed and very little abdominal fat, rather than due to PSS or hepatic fibrosis.

**DATE**

8-19-22



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**HOSPITAL NAME**

Tenafly Vet Center

**REFERRING VET**

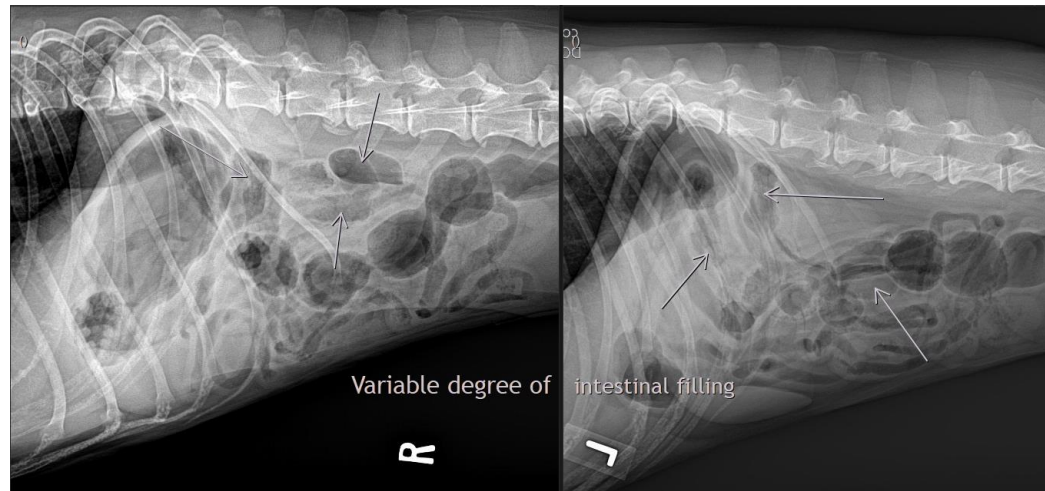
Han

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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