



**PATIENT PRESENTING CLINICAL SIGNS**

Rascal Zgazar History: Vomiting, lethargic, inappetence  
 Abnormal PE/Chem/CBC/UA Results: Mild dehydration, stress leukogram, rest is within normal limits including cPLI

**SPECIES RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN**

Canine The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

**BREED** The L7/S1 disc space is reduced and ventral spondylosis is present.

**Pug Mix Abdomen**

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

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

The spleen is moderately large with smooth, regular margins.

**AGE** The stomach is moderately filled with air and fluid; the small intestinal loops occupy the central abdomen and appear of homogeneous and physiological size. Colon and rectum contain a moderate amount of fecal matter.

6 Years

**INTERPRETED BY**

The left renal shadow is of physiological size, shape and opacity. The right is obscured by intestinal loops. The bladder is not clearly delineated and the cranial pole is partially superimposed by intestinal loops. This region contains multiple roundish, mineral opacities.

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

The prostatic shadow is evident just cranial to the pubis.

**HOSPITAL NAME**

The region of the sublumbar lymph nodes appears physiological.

St. Catharine's AH

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

- Mineral opacities in the region of the bladder
- Splenomegaly, mild

Dr. Masoud

Incidental findings

- Tracheal collapse, severe
- L7/S1 disc disease and spondylosis

**INVOICE**

12806

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

8/27/21



**PATIENT**

Rascal Zgazar

Abdominal ultrasound is recommended to assess wall thickness and -layering of the entire GIT. Differentiation between cystic calculi and intestinal contents will also be possible. Enlargement of the spleen is usually due to sedation but may represent congestion or infiltrate and the organ should also be ultrasonographically assessed; FNAs may have to be taken to rule out mast cell or lymphoma infiltrate. Severe tracheal collapse is present, which could explain the vomiting. Tracheoscopy is necessary to confirm the finding.

**SPECIES**

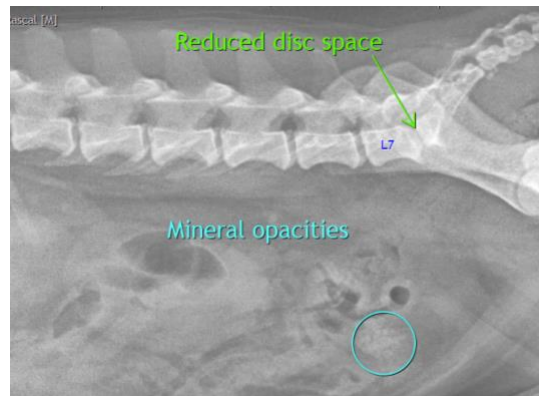
Canine

**BREED**

Pug Mix

**SEX**

Male



**AGE**

6 Years

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

**INTERPRETED BY**

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

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

**HOSPITAL NAME**

St. Catharine's AH

**REFERRING VET**

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