



**PATIENT PRESENTING CLINICAL SIGNS**

**Ziva Peontek**  
 Yesterday afternoon/evening, David and Carol (owners) noticed a piece of metal that another dog had dragged out and chewed on, and they noticed a piece of it missing (old coffee can). This other dog is acting normal at the moment. Ziva also likes to chew on sticks and bones as well.  
**SPECIES**  
 Canine  
 Then, yesterday evening, they both noticed Ziva coughing like she was trying to get something up and pawing at her mouth. She also wouldn't eat last night or this morning, which is very abnormal for her, as she loves to eat. She's never had a foreign body before. She doesn't act particularly uncomfortable in her abdominal area.  
**BREED**  
 Maremma Sheepdog  
 Abnormal PE/Chem/CBC/UA Results: TACHYCARDIC (170 BPM) TACHYPNIC (50 BPM); EXPIRATORY PRESS AS WELL, MILDLY HARSH SOUNDS ALSO. QUIET

**RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN**

Thorax: RLR, LLR, VD  
 Abdomen: RLR, LLR, 2x VD

**SEX**

Spayed F

**RADIOGRAPHIC FINDINGS**

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

**AGE**

4 Years, 4 Months

Small osteophytes are evident on the endplates of L1/2.

Thorax

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

Abdomen

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

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

The spleen appears physiological.

The gastric axis is slightly rotated cranially; the small intestinal loops are mainly located within the costal arch and appear of homogeneous and physiological size. Colon and rectum contain a moderate amount of fecal matter.

Both renal shadows appear to have a physiological size, shape and opacity. The bladder shadow is not visible.

The region of the sublumbar lymph nodes appears physiological.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Elizabeth Animal  
 Hospital

**REFERRING VET**

Leon Anderson, DVM

**INVOICE**

47168

**DATE**

8-28-21



**PATIENT**

Ziva Peontek

**RADIOGRAPHIC DIAGNOSIS**

- I can see no metal foreign body
- Smallish liver
- Spondylosis, subtle

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I can see no evidence of a foreign object but should vomiting be present, abdominal ultrasound with an emphasis on GIT wall layering, thickness and motility is recommended. Mouth and cervical esophagus should be examined as well to rule out injuries. In deep chested dogs the liver is always more cranially located than in other breeds, but should biochemical changes be present, ultrasound is recommended to rule out a PSS.

**BREED**

Maremma Sheepdog

**SEX**

Spayed F

**AGE**

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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.

**DATE**

8-28-21

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., DipECVDDI, DVR**  
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