



**PATIENT PRESENTING CLINICAL SIGNS**

**Glock Acosta** History: Reason for Visit: SWOLLEN AREA-LEFT SIDE ANUS History: 6YR OLD MALE BOSTON TERRIER PRESENTED FOR A SWOLLEN AREA LEFT SIDE OF ANUS FOR 2 MONTHS WITH IT BEING THIS LARGE FOR 2 WEEKS. PET IS STILL BAR OTHERWISE. C/S/V/D: SOME LOOSE STOOL WITH BLOOD-STRAINING TO DEFICATE

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU. AU: not examined. No nasal discharge. Oral cavity: Not examined- muzzled Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: Intact male, 2 descended testicles Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Rectal: Large, firm swelling on L side of anus, painful on palpation. Swelling extends ~3in on rectum (L sided). Suspected L perineal hernia. Firm dry stool present, no bleeding Findings: Radiographs: large amount of fecal material at L perineal region. Final consult pending Assessment: L sided perineal hernia Intact male Heart murmur Treatment Plan: Sedation - Butorphanol 10mg/ml (0.2mg/kg): 0.2ml IV + Midazolam 5mg/ml (0.2mg/kg): 0.4ml IV. Propofol to effect. Pet was intubated and maintained on O2 and Isoflurane. Administered ~20ml of warm water with sterile lube rectally. Removed large amount of dried fecal material from L side of rectum.

**BREED**

**Boston Terrier**

**SEX**

**Male**

**AGE**

**6 Years**

**RADIOGRAPH OF THE ABDOMEN**

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

T11 is a wedge vertebra. The tail is short with multiple congenital vertebral deformations.

**INTERPRETED BY**

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

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

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

The head of the spleen appears physiological.

**HOSPITAL NAME**

**DPC Veterinary H**

The stomach moderately distended with air; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of gas. A round fecal bolus of approx. 4cm diameter is located on the left side of the anus and just dorsal to the ischia.

**REFERRING VET**

**Dr. Rivera**

Both renal shadows appear of physiological size. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

The prostatic shadow is visible just cranial to the pubic brim.

The sublumbar region appears physiological.

**INVOICE**

**16752**

**RADIOGRAPHIC DIAGNOSIS**

- Perineal hernia
- Congenital vertebral anomalies (incidental finding)

**DATE**

**8/5/22**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Glock Acosta

The perineal hernia appears to be located on the left side and contains feces. Bladder and prostate are in a physiological position. Perineal hernia results from failure of the levator ani and coccygeal muscles, leading to herniation of pelvic or abdominal viscera. Boston Terriers have a breed predisposition. Rectal examination will reveal unilateral or bilateral weakness of the pelvic diaphragm with deviation of the rectal wall toward the side of herniation. Surgical correction is indicated, and concurrent castration to reduce recurrence is recommended.

**SPECIES**

Canine

**TECHNICAL COMMENTS**

The DV is tilted and rotated, no side marker is present. The position of the fundus indicates the left side.

**BREED**

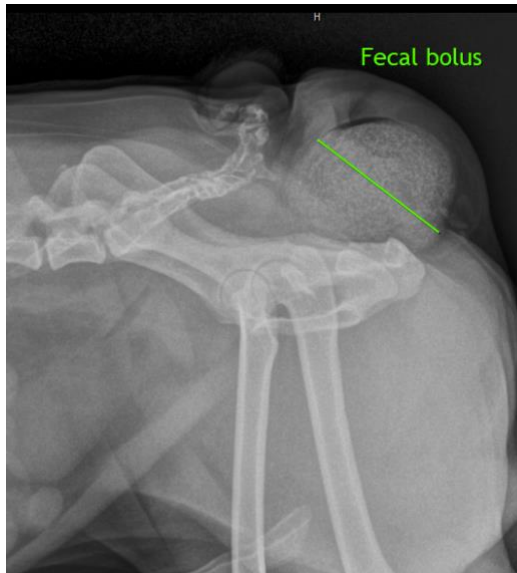
Boston Terrier

**SEX**

Male

**AGE**

6 Years



**INTERPRETED BY**

Heike Rudorf, DVM,  
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**

DPC Veterinary H

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**

Dr. Rivera

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

**INVOICE**

16752

**DATE**

8/5/22



**PATIENT**

Glock Acosta

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male

**AGE**

6 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. Rivera

**INVOICE**

16752

**DATE**

8/5/22