

**PATIENT**

Ernie Rutledge

PRESENTING CLINICAL SIGNS

Persistent urinary tract infection, pollakiuria and hematuria.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

LLR and 2x VD

BREED

English Bulldog

RADIOGRAPHIC FINDINGS

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

A breed related crew tail is present. The bones are well mineralized with good trabecular structure and smooth surfaces. The disc spaces appear homogeneous in width.

SEX

Male

The abdominal detail is reasonable, retroperitoneal detail is good.

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

The spleen appears physiological.

AGE

2 Years, 8 Months

The stomach contains a moderate amount of air and some soft tissue dense material in the pylorus; the small intestinal loops occupy the centro-ventral abdomen and appear of homogeneous and physiological size. Colon and rectum contain a moderate amount of unformed fecal matter.

INTERPRETED BYHeike Rudolf, DVM,
Dr. med. Vet.,
DipECVDI DVR

The left renal shadows appear to have a physiological size, shape and opacity; the location of the right kidney is obscured by intestinal loops. Bladder and prostate are located in the abdominal cavity and of homogeneous soft tissue opacity.

HOSPITAL NAMEElizabeth Animal
Hospital

The region of the sublumbar lymph nodes appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Prostatomegaly

REFERRING VET

Leon Anderson, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic size is physiological for an intact male dog, but abdominal ultrasound should be performed to assess the anatomical structure of the urogenital tract as the cause for hematuria may be due to hematocysts in the prostate, chronic cystitis (radiolucent calculi) or the blood may be coming from a kidney.

INVOICE

47310

DATE

9-1-21



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HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

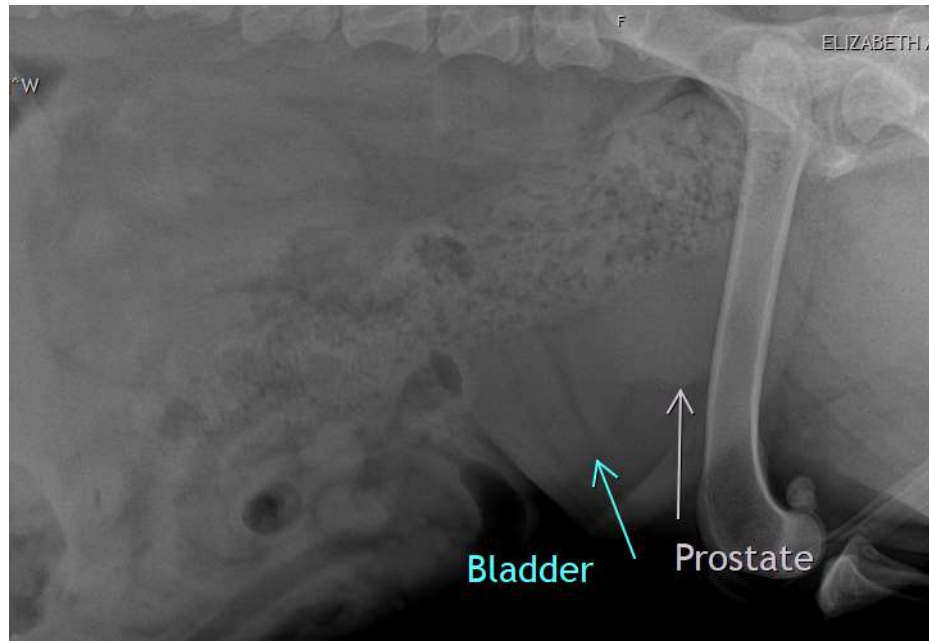
Leon Anderson, DVM

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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.

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., DipECVDI, DVR
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