



**PATIENT**

Elsie Rotino

**PRESENTING CLINICAL SIGNS**

intermittent vomiting

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN**

Thorax: R+LLR  
Abdomen: 2 orthogonal views

**BREED**

Heeler Mix

**RADIOGRAPHIC FINDINGS**

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

The bony structures appear physiological.

**SEX**

Female

Thorax

The degree of pulmonary expansion is good. 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.

**AGE**

2

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T6.

**INTERPRETED BY**

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

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident.

Abdomen

The abdominal detail is reasonable for the BCS; diaphragm and abdominal wall are intact.

**HOSPITAL NAME**

Rockaway Animal  
Hospital

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

The spleen appears physiological.

**REFERRING VET**

Dr. Maniar

A moderate amount of food is present in the stomach and a fine, metal structure is located within it on the lateral view ; 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.

Both renal shadows are not enlarged. The bladder is just visible at the edge of the lateral view.

**INVOICE**

47355

The region of the sublumbar lymph nodes appears physiological.

**RADIOGRAPHIC DIAGNOSIS**

**DATE**

9-7-21

- Small wire in stomach



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**INVOICE**

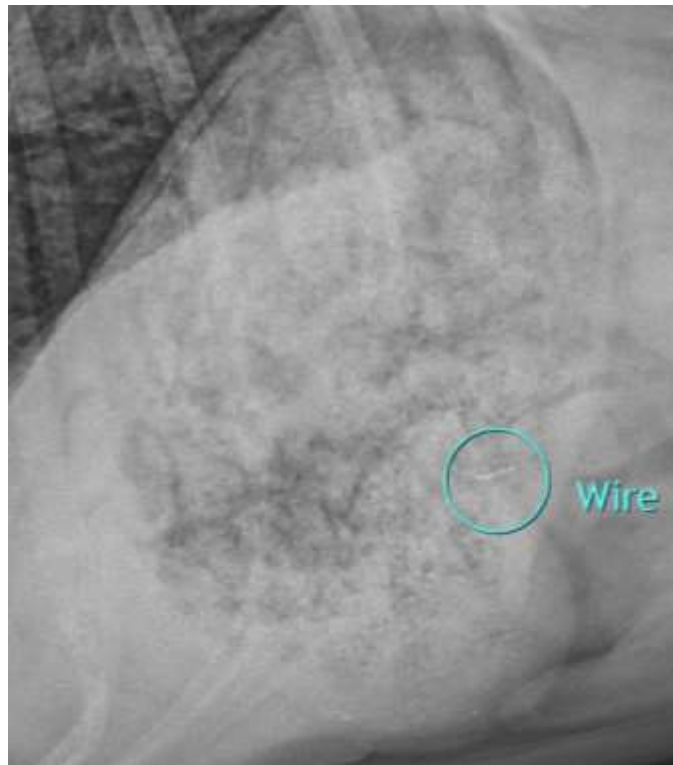
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The wire will probably pass the intestine unimpeded. A follow up radiograph is necessary to see if it has been passed with the feces. The most common explanations for persistent vomiting are tumor, inflammation +/- ulceration, food intolerance and renal disease. Abdominal ultrasound will help assess wall thickness and layering, this may have to be followed by gastroscopy if the clinical signs persist after a trial of omeprazole. Creatinine and urea should be checked.



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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