



PATIENT

Popit Weiss

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

5

WEIGHT

17.6

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Cheyenne F.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Russel Fugazzi

INVOICE

73022

DATE

12-17-25

PRESENTING CLINICAL SIGNS

Owner reports sudden onset Monday 12/01/2025 of frequent regurgitation episodes of white foam without blood or food particles. Each episode is typically preceded by a soft cough and lip licking and is often precipitated by jumping up or down, standing from recumbency, or excitement/activity. Wednesday night (12/03/2025) at ~10:30 PM she regurgitated 8-9 times. No true vomiting and no diarrhea reported this week. Appetite is present and she is hungry; currently receiving very small puree meals about every 4 hours to avoid triggering events. She stopped drinking water on Monday and refuses plain water; owner is providing no-fat, no-salt chicken broth for fluids. Energy is lower than usual but she is not described as lethargic; demeanor/friendliness unchanged. Urination timing is as usual with clear urine. New hard yellow stool noted the day before yesterday, with pieces approximately 2 cm long by 0.5 cm diameter. No known dietary indiscretion or toxin exposure; goes to the park daily.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The visualized hepatic parenchyma appears uniform with no focal lesions. The gallbladder is not fully assessable.

An approximately 8mm nodular soft tissue structure is present adjacent to the cranial aspect of the splenic head consistent with accessory spleen. The remainder of the spleen appears normal in size and attenuation.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The gastrointestinal tract is normally positioned throughout the abdomen.

The stomach contains a small amount of fluid. Gastric wall thickness is within normal limits. No focal mural lesions are identified.

The small intestinal loops are normal in diameter and wall thickness with no evidence of obstruction, plication, or foreign material.

The colon contains formed fecal material without abnormal distension or mural thickening.

The mesenteric lymph nodes present within normal limits.

The uterine stump is seen in the caudal abdomen with no evidence of mass effect or inflammation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Incidental accessory splenic tissue adjacent to splenic head.
- No CT evidence of gastrointestinal obstruction, mass, or other structural changes.
- Unremarkable uterine stump.



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- No significant abdominal abnormalities identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

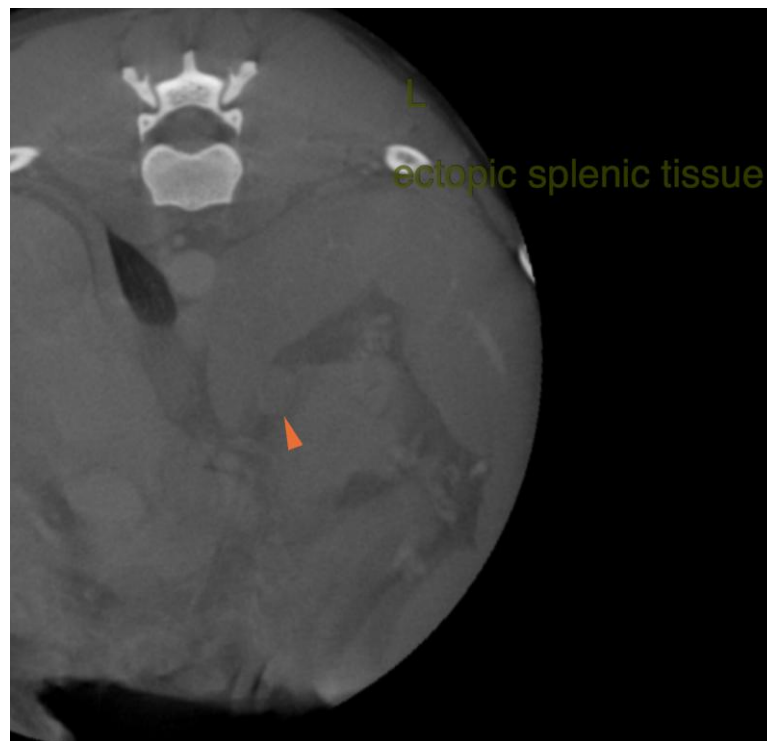
No structural abdominal abnormality is identified that would explain the reported episodes of frequent regurgitation. The gastrointestinal tract appears normal on CT without evidence of obstruction, mural disease, or foreign material.

The accessory splenic tissue is considered an incidental finding without clinical significance.

Esophageal or extraabdominal cause of regurgitation could be considered. Consider thoracic imaging if not performed already such as static imaging (radiographs or CT) or fluoroscopy if esophageal dysfunction is suspected.

TECHNICAL COMMENTS

Incomplete inclusion of the cranioventral abdomen with portions of the liver and gallbladder excluded from the collimated field of view.





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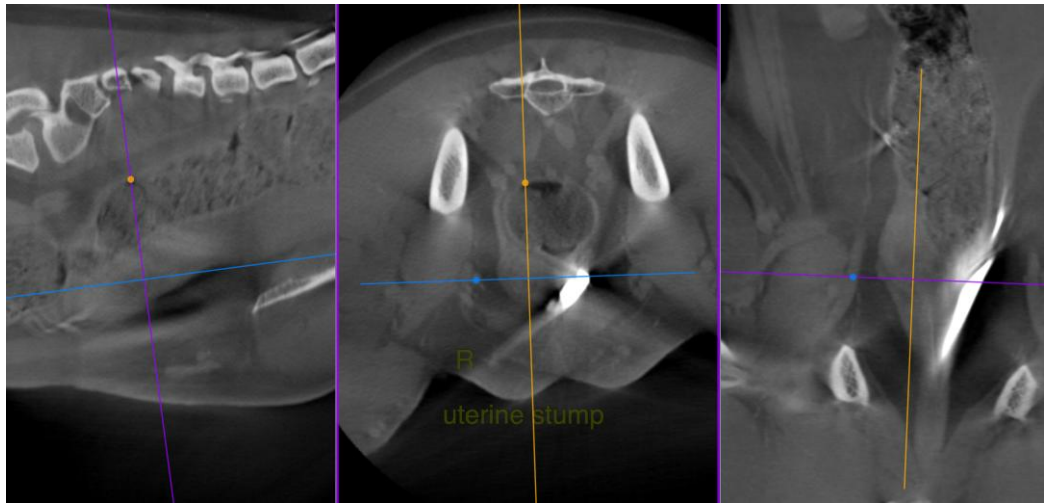
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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