



PATIENT PRESENTING CLINICAL SIGNS

BUSYA SMANTSAR P has occasionally been sitting and leaning to the side whining like he is in pain and 30 min later acts perfectly fine. P likes to eat random things around the house (hair ties) A couple days ago P did vomit blood and bile.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork: Chem 18/Lytes/CBC/cPL: No abnormalities. Urinalysis/Fecal: Free-catch for UA w/BW: USG 1.020, pH 8.0, BLD 25 Ery/uL or 2 RBC/HPF, NOSF. Assessment:R Hip pain and reduced ROM: Fracture vs luxation vs OA vs soft tissue trauma vs aseptic femoral head necrosis vs OCD lesion vs open. Vomiting: FB/obstruction vs dietary indiscretion vs food intolerance vs pancreatitis (primary vs secondary) vs infectious (parasitic vs viral vs bacterial vs fungal) vs open.

BREED

Mini Poodle

RADIOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

SEX

Ventrodorsal and right/left lateral views totaling 3 images available for review.

MN

RADIOGRAPHIC FINDINGS

PELVIS/HIPS

AGE

5yr

The hip joint conformation is normal with no radiographic evidence of significant dysplasia, fracture, luxation osteoarthritis or femoral head necrosis.

The lumbar spine presents within normal limits as well.

INTERPRETED BY

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

Serosal detail and soft tissue detail are normal and maintained throughout the abdomen.

Small intestines appear non-dilated but turgid with thin luminal gas columns being present. The descending duodenum appears especially straight and rigid in appearance. The large intestine presents within normal limits. Subjectively, the small intestinal wall appears relatively thick, even though the radiographic assessment of which is limited.

HOSPITAL NAME

DPC Veterinary
Hospital

The spleen, liver, kidneys and urinary bladder present within normal radiographic limits.

There is no radiographic evidence of intestinal foreign material, obstruction or mass.

REFERRING VET

Courtney

RADIOGRAPHIC DIAGNOSIS

- Normal radiographic presentation of the pelvis and coxofemoral joints.
- Small intestinal maldigestion pattern with subjectively thick appearance of the small intestinal wall.

INVOICE

23863

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

DATE

02/11/2026

The small intestinal changes are subtle and may be transient. However, they may also reflect primary gastrointestinal disease, including inflammatory bowel disease, infectious enteritis, dietary intolerance or other. Hepatobiliary and pancreatic disease as well as systemic illness may also



PATIENT contribute to the small intestinal changes.

BUSYA SMANTSAR Consider abdominal ultrasound for precise investigation of intestinal wall thickness and layering, detection of potential regional lymphadenopathy or abnormality in intestinal motility, pancreas or hepatobiliary system.

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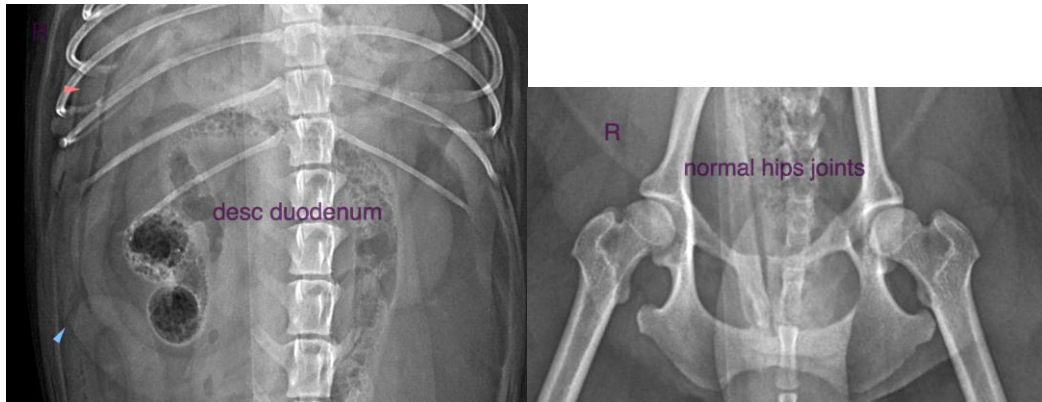
Courtney

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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.

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