



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Pele Reneer
SPECIES History: vomits watery substance about twice weekly , for about 1 month vey aggressive about food - hers and other pets in house , past few days appetite declined and vomiting , vomited clear liquid this morning , energy level same , plays with toys , O thinks water consumption is normal indoor only weight loss not vocal O thinks about 14 lb in October O weighed at home , thinks 14 lb for the last year or so , now weighs 9.7 pounds

SPECIES Feline
 Abnormal PE/Chem/CBC/UA Results: tt4 / free t4 nl abdominal palpation- mass mid abdomen suspect IBD versus intestinal lymphoma

BREED RADIOGRAPHIC STUDY OF THE ABDOMEN

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

Spondylosis is present ventral to L5-S1. S2 and 3 show a small disc space.

SEX

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

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

AGE

AGE 10 Years The spleen appears to small and only visible on the VD views, with a question mark shape.

The stomach contains a small amount of gas; distribution and size of the small intestinal loops appear physiological. However, the small intestinal loops appear rather plump. Colon and rectum contain a small amount of fecal matter and the ventral outline of the terminal colon is undulating.

INTERPRETED BY

INTERPRETED BY Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR
 Both renal shadows have a physiological size, shape and opacity; the surfaces are smooth. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.
 The sublumbar region appears physiological.

HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME Northshore VH
 • Possible wall thickening colon
 • Alteration in splenic shape

REFERRING VET

REFERRING VET Dr. Brita Kiffney
 Incidental findings
 • Congenital non-fusion of sacral vertebrae
 • Spondylosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

INVOICE 20798
 Apart from the potential wall thickness variation of the terminal colon (DDx: tumour, colitis, artefact), I can see not abnormalities that would explain the clinical signs. However, a physiological distribution of the small intestinal loops on the radiographs does not rule out mesenteric lymphadenomegaly. Wall thickens and layering of the GIT can only be assessed ultrasonographically. Should a mass be palpable, it can be manually fixed in position and the transducer placed onto it. If ultrasound has not shown GIT

DATE

DATE 1/26/23



PATIENT

changes, pancreatic disease should be ruled out and gastroscopy may be performed to obtain a sample from stomach and proximal duodenum. Splenic shape most likely represents a physiological variation.

Pele Reneer

SPECIES

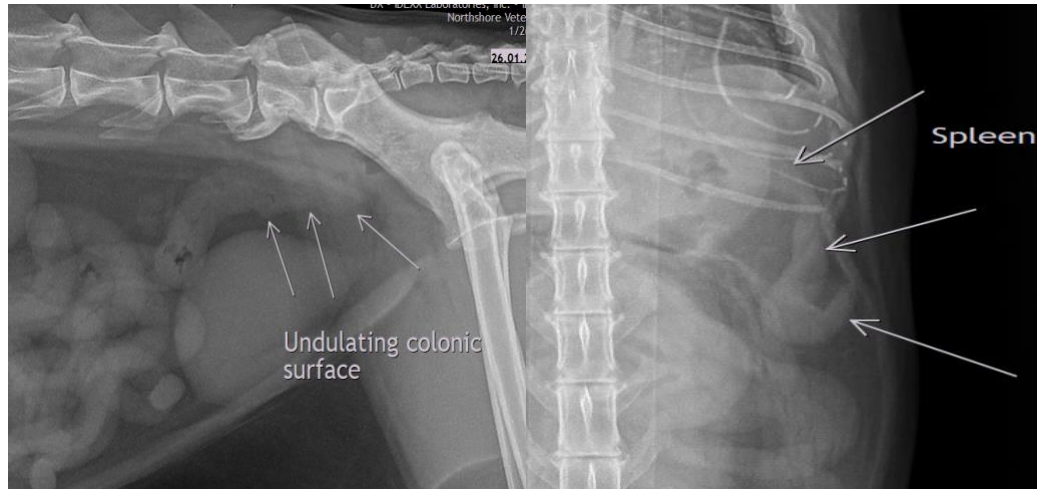
Feline

BREED

DSH

SEX

Spayed Female



AGE

10 Years

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.

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.

INTERPRETED BY

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