

**PATIENT**

Samantha Kazarian

PRESENTING CLINICAL SIGNS

History: Inappropriate urination and defecation in the house.
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Feline

The body condition score is 7/9.

The growth plates on tibiae, femora and vertebrae are still just visible. The bony structures appear physiological.

BREED

DSH

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.

SEX

Spayed Female

The head of the spleen appears physiological.

AGE

1 Year

The stomach is large and contains fluid and air; multiple, mineral specs are present in the region of the gastric shadow. The small intestinal loops occupy the centro-ventral abdomen and vary slightly in size. The larger loops contain air, the others a mixture of air and fluid. The loops just cranial to the bladder have a foamy appearance and some granular, mineral material is also present. The terminal colon contains formed feces.

Both renal shadows appear to be of physiological size and opacity. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.
The region of the sublumbar lymph nodes appears physiological.

INTERPRETED BY

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

RADIOGRAPHIC DIAGNOSIS

- Mineral in region of stomach
- Variation in small intestinal loop size and filling

HOSPITAL NAME

New Bridge VP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineral stipples in the region of the stomach may be superimposed (i.e. on the skin surface) or located in wall and/or lumen. A VD view is necessary to differentiate this. The variable intestinal diameter could be due to stress, enteritis or partial obstruction. The presence of formed fecal matter makes an obstruction less likely. A foamy appearance of the intestinal contents is often due to ingestion of non-food material. I recommend taking 2 orthogonal views more than 24hrs after the initial radiograph, to see if the described appearance has changed, as I expect it will have. Should the gastric opacities still be in this position, urea and creatinine should be checked to rule out chronic renal disease, preferably as part of a full biochemistry examination. Ultrasound of the GIT can help assess motility and GI-wall thickness and layering. Once renal, hepatic and GIT diseases have been ruled out, behavioral problems have to be considered.

REFERRING VET

Dr. Abina Glennon

INVOICE

13638

DATE

10/8/21



PATIENT

Samantha Kazarian

SPECIES

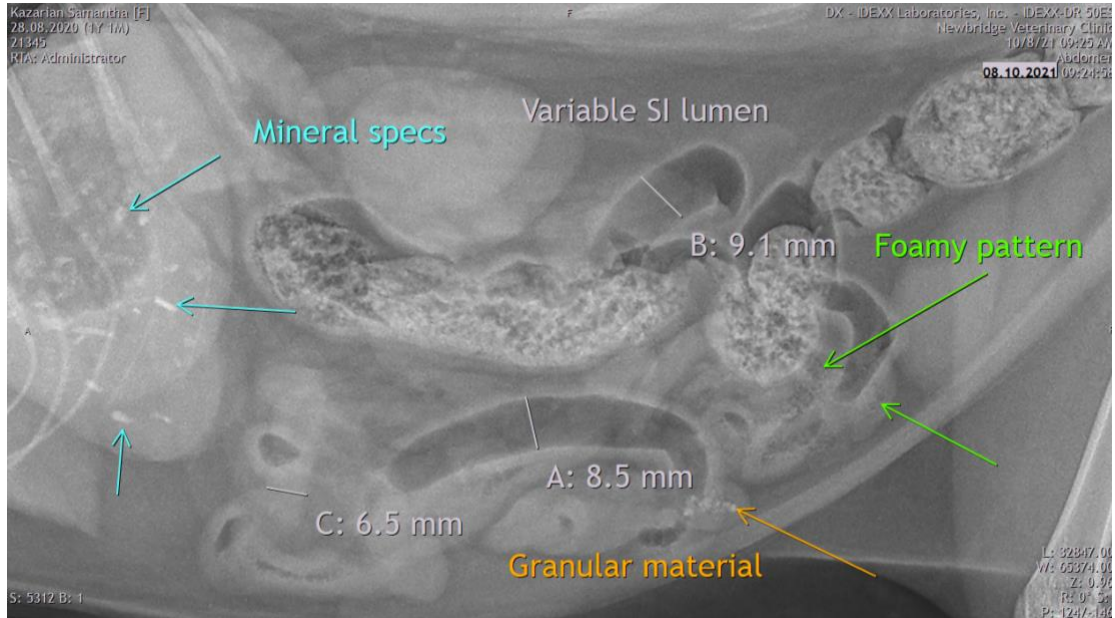
Feline

BREED

DSH

SEX

Spayed Female



AGE

1 Year

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.

INTERPRETED BY

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