



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Suzie Caudill
SPECIES Feline
PRESENTING CLINICAL SIGNS History: PAST 4-5 DAYS STRAINING IN LITTER BOX UNSURE IF URINE/FECES. DECREASED APPETITE TODAY NOT EATING AT ALL. O HAS MOBILE VET. O BEEN GIVING 50ML'S OF RINGERS ONCE A DAY FOR PAST 4 DAYS. GAVE FLUIDS 3-4 HOURS AGO. O GAVE GABAPENTIN 3 HOURS AGO WITH FLUIDS. OTHER CAT WAS HAVING CYSTITIS COUPLE WEEKS AGO SO O GAVE PRAZOSIN FROM OTHER CAT. O STATES P NOT GROOMING HERSELF. O STATES HAD FULL SENIOR BLOODWORK 6 MONTHS AGO. P ALSO BREATHING MORE HEAVILY.

BREED DMH
SEX Spayed Female
AGE 16 Years 4 Months
RESULTS: Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Appropriately hydrated Mentation: QAR EENT: No nasal discharge; clear no discharge OU; heavy brown debris AU; No cough on tracheal palpation. Oral Cavity: heavy dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, two distinct firm fecal balls palpated Uro/Perineum: N, soft bladder Musculoskeletal: Ambulatory x4. Decreased ROM both hips, worse on LH. Arched back in T-L region, painful on palpation initially, but not repeatable. BCS 5/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: abd rads, CBC/Chem, UA Declined Diagnostics/Treatments: Findings: CBC- neutrophilia, lymphocytosis, rest unremarkable Chem- SDMA 26, rest unremarkable TT4- 0.7 (0.7-4.7) r/o euthyroid sick vs other UA-SG1.011, >50 WBC/hpf, 34 RBC/hpf, rods present rads- firm feces in descending colon, large bladder, gas distended stomach and small intestines, kidney margins seem WNL (difficult to see whole R kidney)

RADIOGRAPHIC STUDY OF THE ABDOMEN

INTERPRETED BY Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR
 The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures are within normal limits.

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.

HOSPITAL NAME

DPC Veterinary Hospital

The spleen appears physiological.

The stomach contains a moderate amount of air; distribution and size of the small intestinal loops appear physiological. Unformed fecal matter is present in the ascending colon, two fecal boluses in the descending colon. Terminal colon and rectum contain a small amount of gas.

REFERRING VET

Dr. White

Both renal shadows have a physiological size, shape and opacity on the lateral view. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

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A semicircular soft tissue opacity is present between bladder neck and the more cranially located hemipelvis. It appears to slightly displace the rectum dorsally.

The sublumbar region appears physiological.

DATE

11/17/22



PATIENT RADIOGRAPHIC DIAGNOSIS

Suzie Caudill

- Possible mass in pelvic canal

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

The mass may represent an artefact due to tilting of the pelvis. In case of a pathology, a uterine stump abnormality, such as pyometra or tumour, or mass of different origin are differential diagnoses. Ultrasound is recommended. Alternatively, a pneumocolon or urethrography can help clarify the picture. Care should be taken in positioning the animal in such a way that transverse processes and iliac wings are superimposed.

BREED

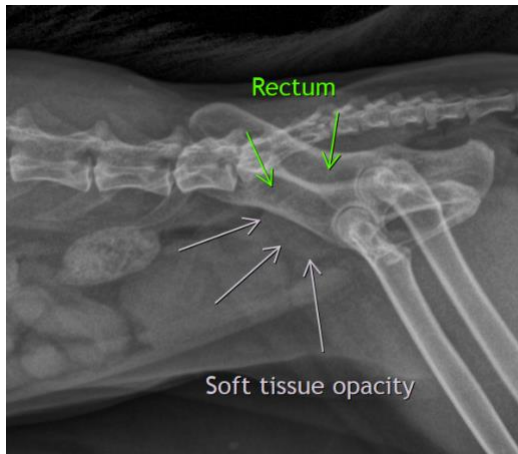
DMH

SEX

Spayed Female

AGE

16 Years 4 Months



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

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.

HOSPITAL NAME

DPC Veterinary
Hospital

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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