



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Piper Dummigan  
**SPECIES** Feline  
**BREED** DMH  
**SEX** Spayed Female  
**AGE** 12 Years

**PRESENTING CLINICAL SIGNS**  
 History: Presented today for anorexia and significant weight loss. Stopped eating abruptly 3 weeks ago. Has been licking the gravy off of her Fancy Feast for the past few days, but otherwise is not eating. Approximately a year ago had a similar episode, no cause was found and Piper got better. Vomited up some rubber that was ingested about a week ago, and also chewed a hole in a plastic bag which is out of character for patient, owner says that their grandson has been playing with toys in the house so she may have ingested something. No known toxin or plant exposure On PE today, patient has BCS of 3/9 (weight today 2.98kg, previously recorded weight was 3.72kg in February), mildly dehydrated, and possible focal thickening on palpation of small intestines mid abdomen. Treated with SC fluids, mirtazapine, and urgent care food.

**DMH** Abnormal PE/Chem/CBC/UA Results: Severe weight loss over the last 3 weeks, possible focal thickening on palpation of small intestines mid abdomen, slightly dehydrated Bloodwork declined

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

**SEX** The body condition score is 4/9.

Spondylosis is present L1-L4.

**AGE** The abdominal detail is reasonable; diaphragm and abdominal wall are intact.

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

The head of the spleen appears physiological.

**INTERPRETED BY**

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

The stomach contains a moderate amount of ai. The small intestinal (SI) loops appear homogeneously thickened, their distribution appears physiological. Colon and rectum contain a large amount of air; the connection between ascending and descending colon is not clearly visible on the VD view and the cecum is not obvious. A small amount of fecal matter is located in the rectum. Multiple, mineral specks are associated with the gas filled viscus on the lateral views.

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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.

**REFERRING VET**

Dr. Jordan Steedman

**RADIOGRAPHIC DIAGNOSIS**

- Increased diameter SI
- Megacolon

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prominence of the SI loops could be due to wall thickening and ultrasound is recommended to assess wall thickness and layering to rule out lymphoma and IBD. The gas filled intestinal loops most likely represent the colon, even though a transverse colon and cecum are not readily visible. For

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further evaluation ultrasound or a pneumocolonography can be used. Renal failure can only be ruled out with biochemistry.

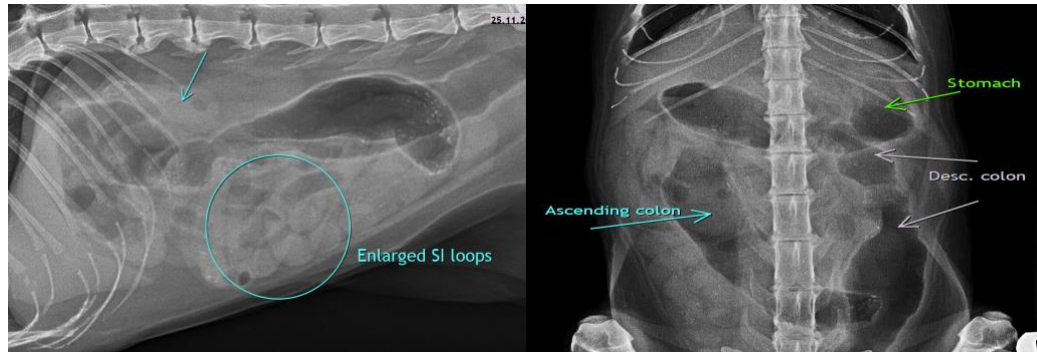
Piper Dummigan

**SPECIES**

Feline

**BREED**

DMH



**SEX**

Spayed Female

**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.**

**AGE**

12 Years

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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