



PATIENT

Khava Khisaeva

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

36542

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: vomiting daily for the past 2-3 weeks, has picked up in frequency to happening daily and sometimes 2-3 times a day. mostly bringing up food, hairballs. no change in diet, indoor cat, no diarrhea, no weight loss, no PU/PD.

Abnormal PE/Chem/CBC/UA Results: CBC and chem and pancreatic lipase WNL U/A wnl PE no significant findings POCUS did not reveal any free fluid, no obvious abdominal mass

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

A supernumerous vertebra is located at the thoraco-lumbar junction and shows small vestigial ribs. Spondylosis is present ventral to the LS junction. Calcified disc material is present in various disc spaces.

The abdominal organs are surrounded by fat; diaphragm and abdominal wall are intact.

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

The spleen is not clearly outlined but no mass effects is apparent in its region.

The stomach is moderately distended with air and some food. The pyloric region appears prominent and is located caudal to the ventral liver lobe. Distribution and size of the small intestinal loops appear physiological. Between T13 and L4 the colonic diameter is on the upper limit of the normal range. It contains gas and relatively formed feces.

Both renal shadows have a physiological size, shape and opacity. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Variable colonic diameter
- Prominent pylorus

Incidental finding

- Pectus excavatum, mild
- Supernumerous, transitional vertebra T/L junction
- LS spondylosis
- Disc calcification in situ

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no explanation for the vomiting. Megacolon has been found to cause vomiting, I thus suggest observing the cat for problems defecating and possible increase in size of the currently marginally large colon. It is possible that a pathology is located at the gastro-duodenal junction, thus gastroscopy is recommended after fasting and biopsies should be obtained. In case of a normal histopathological result ultrasound of the intestinal tract is recommended to assess wall thickness and layering.



PATIENT

Khava Khisaeva

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

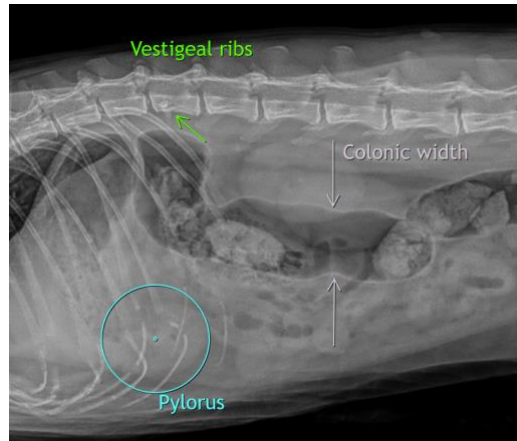
Dr. Singh

INVOICE

36542

DATE

4/10/26



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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com