

PATIENT

Tokyo Barden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

5.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Russ Lapierre

HOSPITAL NAME

Blandford AH

REFERRING VET

Dr. Russ Lapierre

INVOICE

36800

DATE

4/25/26

PRESENTING CLINICAL SIGNS

History: Chronic constipation cat eating GI Fiber Response, seen 4/6/26 treated with enema, added lactulose to mgmt plan, later BW results SDMA 16 and sl neutrophilia (22.7b K/uL), Now is anorexic, not eating RC GI Fiber Response nor K/D, drinks tuna water, Lethargic sleeping but not hiding., Is losing weight

Abnormal PE/Chem/CBC/UA Results: SDMA 16 and sl neutrophilia (22.7b K/uL)

RADIOGRAPHIC STUDY OF THE ABDOMEN

The body condition score is 4/9. The skin outlines the dorsal spinous processes.

Only six lumbar vertebrae are present. The LS disc space is reduced, and ventral spondylosis is present. Most of the tail is missing and the last tail vertebrae have an altered shape with scoIiosis. Arthrosis is present on the right hip joint.

The abdominal detail is reduced; the abdominal wall is pendulous.

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

A physiological head of the spleen is just visible on the lateral view dated 04.04.2026.

The stomach is empty. Colon and rectum are moderately distended with gas and fecal matter. The lateral view dated 04.04.2026 shows enlarged, fluid filled intestinal loops which occupy the ventral abdomen and displace gas containing small intestinal loops dorsally. Cecum and ascending colon are not discernable. On the images dated 25.04.2026, formed fecal matter is present in the descending colon on the left. Fecal matter is also present on the right in a slightly distended intestinal loop between L3 and L6 which turns to the left at L5/6. On the lateral view fecal matter is present in the ventral intestinal loops as well as in the descending colon. Cecum and ascending colon are not clearly outlined.

Both renal shadows have a physiological opacity. The bladder is moderately full.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

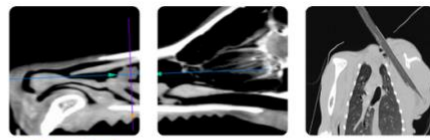
- Cachexia
- Megacolon, mild
- Intestinal distension

Incidental findings

- Congenital vertebral changes
- LS disc disease
- LS spondylosis
- Arthrosis right hip join, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are highly suggestive of a partial intestinal obstruction. In association with the cachexia, an intestinal tumor is likely. The absence of a visible cecum could be caused by an intussusception. Further imaging is necessary. Abdominal ultrasound is recommended. A Barium enema may be sufficient; all fecal matter has to be removed.



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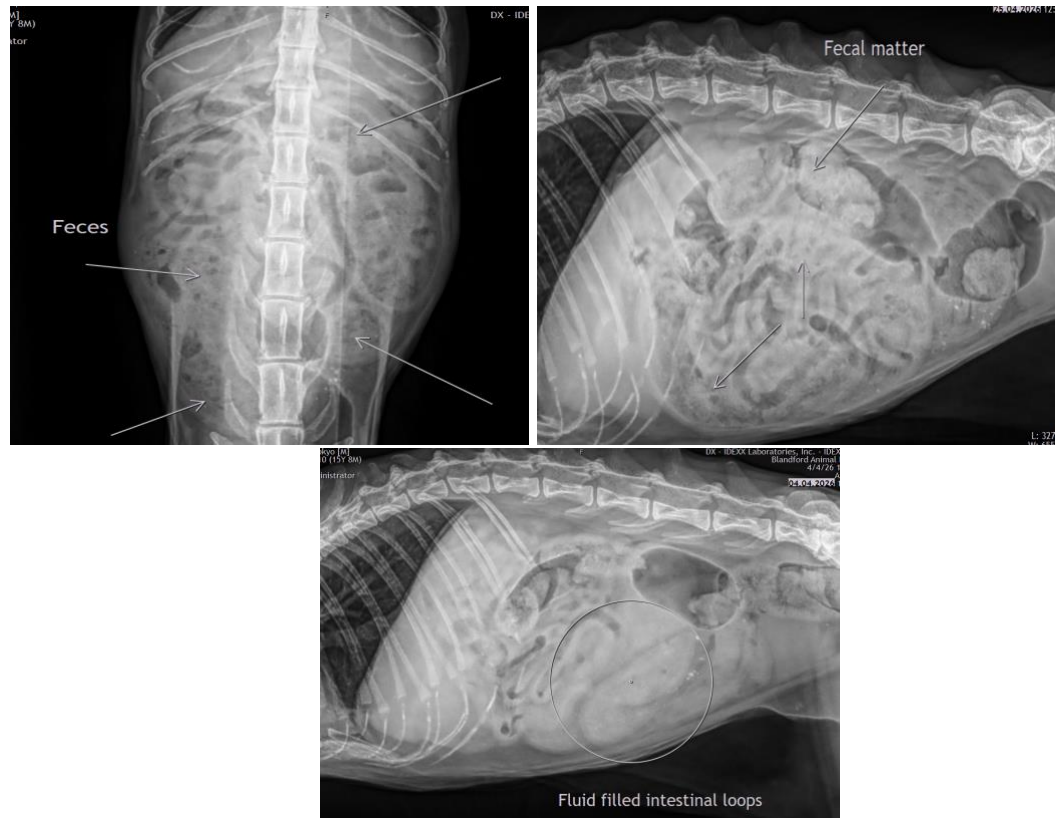
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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