



PATIENT PRESENTING CLINICAL SIGNS

Echo Starling History: chronic vomiting kitty with unremarkable labwork. P has been an intermittent vomiter her whole life, frequency has increased to daily vomiting. Often in am, but does occur at all time points. Vomitus is variable- bile, partially digested food, undigested food. P has good appetite and energy, no other concerning clinical signs at home. PE is unremarkable- slightly overweight, no palpable abdominal masses or SI thickening. O's prefer imaging rather than starting with food trial.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: BC: mild neutropenia (2.3K) with decreased platelet count, clumping, and moderate decreased estimate on film chem: WNL T4: WNL (2.1) u/a: USG 1.041, borderline proteinuria (0.2) Fecal pending

BREED RADIOGRAPHIC STUDY OF THE ABDOMEN

DSH The body condition score is 6/9 with a moderately large amount of abdominal fat. In both lateral recumbencies a small, soft tissue opaque nodule is located in the fat immediately ventral to the body wall, level with L6. Opaque lines, some irregular, some straight cross the abdomen in both lateral recumbencies.

SEX

Spayed Female Only six fully formed vertebrae are present. L1 shows a fully formed floating rib on the L and a partially calcified rib on the R.

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

3 The liver is located well within the costal arch; the caudo-ventral lobe is clearly detectable but located within the costal arch.

INTERPRETED BY The head of the spleen appears physiological.

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR The stomach is distended with gas. The diameter of the duodenum is approx. 1cm at its punctum maximum and only detectable on the left lateral recumbent view; distribution and size of the rest of the intestinal loops appear physiological. Gas is present in the proximal small intestine.

HOSPITAL NAME 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.

Northshore VH Small, nodular soft tissue opacities are located in the sublumbar fat.

REFERRING VET RADIOGRAPHIC DIAGNOSIS

- Dr. Brita Kiffney**
- Nodular opacities in the fat
 - Air distended stomach, gas in cranial small intestinal loops
 - Smallish liver
 - Congenital vertebral anomaly (incidental finding)

INVOICE

22190

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

The nodular opacities in the dorsal abdomen could represent lymph nodes. In combination with the extra-abdominal masses differential diagnoses include granuloma, tumor and abscess. Gas in stomach

4/27/23



PATIENT

Echo Starling

and intestine suggest persistent aerophagia. Abdominal ultrasound is recommended to assess the nodular structures and obtain samples. Gastro-intestinal wall layering and thickens should be assessed. Measuring of B12 and folate levels will help in intestinal diseases such as IBD. In case hepatic enzymes are normal, a porto-systemic shunt is unlikely. Should they be elevated, pre- and post- prandial bile acids will be helpful.

SPECIES

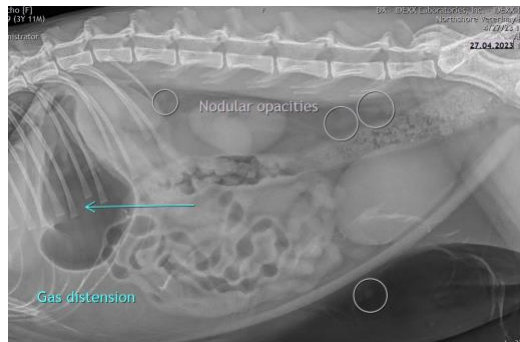
Feline

BREED

DSH

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

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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
dr.h.rudorf@gmail.com

INTERPRETED BY

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

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

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