



PATIENT PRESENTING CLINICAL SIGNS

John Paul Applegate

History: has been vomiting for the past 2-3 weeks, sometimes hairball, some blood on vomiting E/D/U/D normally no C/S/V/D no PU/PD eats wellness wet and some dry indoor only, has another cat in the house o is fostering 4 kittens, history of ringworm overdue for vax O:BAR, fractious BCS 6/9 mild nuclear sclerosis non painful on abdominal palpation no fleas or flea dirt dental ds stage II alopecia over ventrum A: dental ds r/o IBD r/o hyperthyroidism r/o FIC lick alopecia r/o FB r/o dietary indiscretion r/o pancreatitis r/o parasites r/o other P: cbc/chem/T4/fpl creat slight increase, otherwise wnl UA cysto 2 view rads with consult cerenia inj 0.6ml SQ cerenia 16mg give 1/2 tab PO SID x 4 days, then stop for 1 day and repeat owner declines gabapentin susp 1ml PO 1 hour before office visit return for vaccines KH

SPECIES

Feline

BREED

DSH

RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures are within normal limits.

SEX

Thorax

Male

The lungs are very well inflated and in contact with the thoracic boundaries; the tips are pointed. The lobar vessels are just visible.

AGE

11 Years

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T6.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. No chamber or outflow tract enlargement is obvious.

INTERPRETED BY

Abdomen

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

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

Animal Paradise
Hospital

The spleen appears physiological.

The stomach is on all images distended and contains a mixture of air, liquid and some granular material. A comma shaped, tubular structure containing gas, fluid and granular material is partially superimposed onto the pyloric region on the VD and in left lateral recumbency. In right lateral recumbency granular matter is located caudal to the pyloric region. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of fecal matter.

REFERRING VET

Dr. Hellwarth

The left renal shadow has a length of less than 2x L2 and appears narrow in the medio-lateral direction.

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The right kidney is obscured by intestinal loops and on the lateral views both kidneys have a similar size.

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PATIENT The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

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The sublumbar region appears physiological.

SPECIES **RADIOGRAPHIC DIAGNOSIS**

- Feline
- Suggestion of pyloric outflow obstruction
 - Hyperlucent lung field

Incidental finding

BREED

- Obesity

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Male

AGE

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The size of the stomach is abnormal for a cat and the comma shaped, tubular structure does not change position on the various views. The structure does not obviously connect to the colon and thus likely represents a dilatation of the pylorus and or proximal duodenum. The images suggest a partial pyloric or duodenal obstruction which could be due to wall thickening (e.g. tumor), radiolucent foreign object, partial duodenal torsion or pancreatic pathology. Further examinations are indicated, especially as blood has been observed on the vomit. An ultrasound examination is necessary to assess gastro-intestinal wall thickness and layering, foreign material will also be visible. Alternatively, a Barium follow through can be performed; this, however, takes rather long and is stressful for the animal as sedation cannot be given as to prevent a reduction of gastro-intestinal motility. Another option is gastroscopy; entering the duodenum is difficult in cats. Therefore, gastroscopy may have to be followed by surgical exploration if the C-shaped viscus is still present on follow up radiographs. The hyperlucent lung field can be due to dehydration or feline asthma.

INTERPRETED BY

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Dr. med. Vet.,
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TECHNICAL COMMENTS

Human fingers in primary beam on lateral thoracic view.

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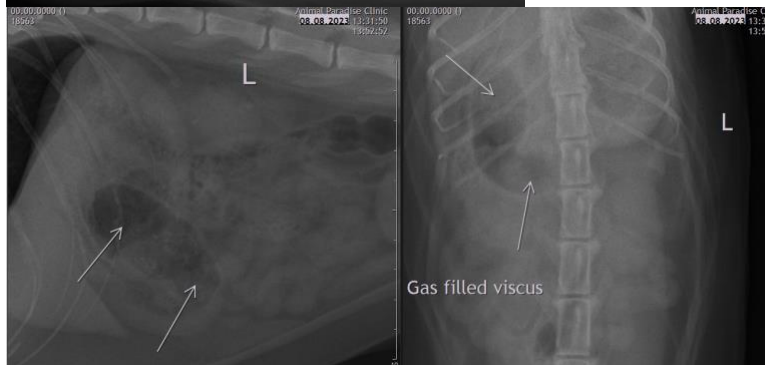
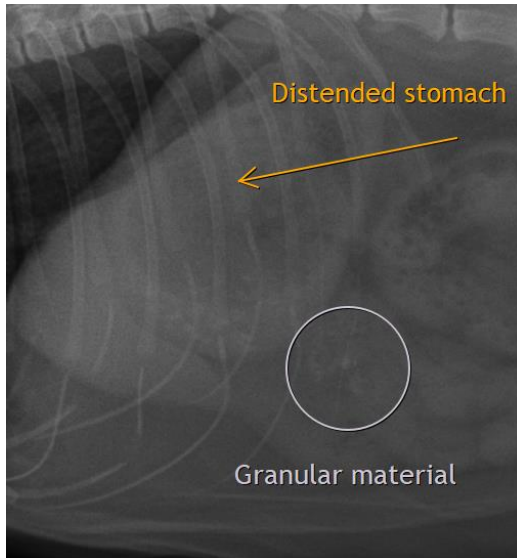
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com



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