



**PATIENT PRESENTING CLINICAL SIGNS**

Ian Schumacher History: Chronic constipations. Has lost 2 kg in last 2 months. Drooling, inappetence. Blood work pending, has developed jaundice.  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES RADIOGRAPHIC STUDY OF THORAX AND ABDOMEN**

Feline The body condition score is 9/9.

**BREED** The bony structures and pelvic canal appear physiological.

Russian Blue **Thorax:**

**SEX** The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are difficult to follow, some bronchi are highlighted.

Neutered Male

**AGE** The cranial mediastinum is of physiological size and opacity A moderate amount of air is present in the esophagus level with the terminal trachea. The trachea diverges from the thoracic vertebrae and the carina is located at T5.

11 Years

On the DV view the cardiac outline is surrounded by fat which is blurred, especially in the left hemithorax. The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. No chamber or outflow tract enlargement is obvious.

**INTERPRETED BY**

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

**Abdomen:**

Due to a large amount of intraabdominal fat the abdominal detail is good; diaphragm and abdominal wall are intact.

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

The stomach contains a small amount of air; the small intestinal loops occupy the central abdomen and appear of homogeneous and physiological size. The descending colon is distended and contains a large amount of formed fecal boluses. The pelvic part of the rectum is also widened, contains gas and terminates in a concave fashion. This is followed by a gap of soft tissue opacity and followed by a small amount of gas.

**REFERRING VET**

Dr. Barry Magill

The other abdominal structures appear to be physiological.

**INVOICE RADIOGRAPHIC DIAGNOSIS**

- 12616
- Obesity
  - Obstipation and megacolon

**DATE**

8/19/21



**PATIENT**

- Possible rectal narrowing

Ian Schumacher

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The gap between the rectal gas compartments could be physiological or due to a circumferential rectal wall tumor; manual examination or proctoscopy are recommended.

Feline

Causes for jaundice a varied and include hepatitis, cholangiohepatitis, pancreatic disorders, ingestion of toxins (e.g. plants), parasites, FIV, FeLV, immune mediated diseases, tumor (e.g. intestinal masses), and sepsis. Abdominal ultrasound in obese animals is difficult and thus contrast CT may be a better method for imaging liver and biliary system.

**BREED**

Russian Blue

Air in the esophagus could be stress related or, in association with the megalcolon, could be due to feline dysautonomia. However, this is a rare disease nowadays.

**SEX**

The generalized interstitial lung pattern is a non-specific finding and accentuated by the reduced expansion of the lung field and the obesity. Possible differential diagnoses for a true infiltrate include:

Neutered Male

- Infection (bacterial, fungal e.g. candida, viral, parasitic)
- Inflammation (allergic e.g. eosinophilic bronchitis)
- Fibrosis
- Tumor (e.g. lymphoma)

**AGE**

11 Years

Further evaluation by means of tracheobronchoscopy with bronchoalveolar lavage would have to be considered. Obesity is a known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended.

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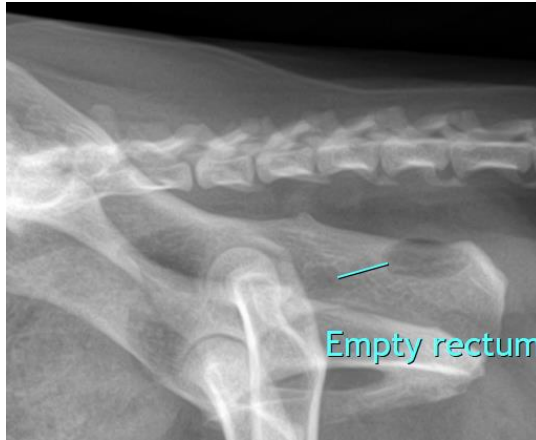
Ian Schumacher

**SPECIES**

Feline

**BREED**

Russian Blue



**SEX**

Neutered Male

**AGE**

11 Years

**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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