



PATIENT PRESENTING CLINICAL SIGNS

Joe Stokes P presents for vomiting since Friday. P began with diarrhea on Saturday. O believes last time P ate was Friday. P has been very lethargic and down. Upon arrival P was very stiff and weak. P was extremely dehydrated.

SPECIES Abnormal PE/Chem/CBC/UA Results: Hydration: >10% dehydrated Mentation: Slow to respond to stimuli, Quiet, Subdued EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: intact male Musculoskeletal: Laying in sternal recumbency, stiff. BCS 6/9 Neurological: Slow to respond to stimuli CBC - RBC 14.33 H (6.54-12.2), HCT 58.1 H (30.3-52.3), HGB 20.0 H (9.8-16.2), RDW 34.6 H (15.0-27.0), WBC 34.68 H (2.87-17.02), NEU 30.08 H (2.3-10.29), BAND suspected, MONO 1.5 H (0.05-0.67) **unable to collect at morning - clotted immediately; able to collect at 2pm CHEM - GLU 242 H (74-159), BUN 112 H (16-36), PHOS >16.1 H (3.1-7.5), TP 11.7 H (5.7-8.9), ALB 4.2 H (2.2-4.0), GLOB 7.5 H (2.8-5.1), CREA ---, Ca ---- ** Not enough plasma and needed dilution for CREA and Ca Electrolytes - Na 139 L (150-165), Cl 94 L (112-129) UA - SG >1.050 pH 5.0, PRO 500 mg/dL, GLU 50 mg/dL, KET 15 mg/dL, BLD 10 Ery/uL, No bacteria detected with SediVue confirmation kit

Feline

BREED

DSH

SEX

Male

AGE

1 Year, 9 Months

INTERPRETED BY

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

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Duke

INVOICE

47210

DATE

8-30-21

RADIOGRAPHIC STUDY OF THE ABDOMEN

2 orthogonal views

RADIOGRAPHIC FINDINGS

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

The bones are well mineralized with good trabecular structure and smooth surfaces. The disc spaces appear homogeneous in width. The growth plates of the tibial crests are open.

A large amount of intra-abdominal fat surrounds the organs.

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

The spleen is not clearly visible and the region between fundus, left kidney and body wall appears slightly patchy.

A large amount of air is present in the stomach; the small intestinal loops occupy the central abdomen and appear of homogeneous and physiological size. Colon and rectum contain a little gas and fecal matter.

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.

The area between bladder neck and pubic brim appears slightly heterogenous but colon and rectum are in a physiological position.



PATIENT The region of the sublumbar lymph nodes appears physiological.

Joe Stokes

RADIOGRAPHIC DIAGNOSIS

- Indistinct appearance of left cranio-dorsal abdomen
- Gaseous distension of the stomach

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The indistinct increase in opacity of the left abdomen could be the result of pancreatitis. Abdominal ultrasound is recommended to assess wall thickness and layering of the gastrointestinal tract and the pancreatic region.

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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.

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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.

DATE

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