



PATIENT PRESENTING CLINICAL SIGNS

Bryson Mogard
SPECIES History: 5-6 month history of intermittent dry heaving, progressive over past 2-3 months would occas V a little mucous, last week started having some vomiting and more so in past 2-3 days has vomited repeatedly mucous, food, fluid after eating. Still eating but will vomit sometime after. Having normal BM's. Last BM was yesterday. Vomited once last night after eating, and once this AM after getting treats but not sure if patient ate this AM. Most recent diet change was about 3 months ago. Does occasionally chew on things but has not swallowed anything.

Feline

BREED

British Shorthair

Abnormal PE/Chem/CBC/UA Results: PE unremarkable except 7/9 BCS CBC/chems w lytes: sl inc Glu 189 otherwise all WNL FPL: <1 WNL

RADIOGRAPHIC STUDY OF THE ABDOMEN

The body condition score is 8/9 with smooth alternating layers of fat and soft tissue opacity.

SEX

The bony structures are within normal limits.

Neutered Male

The abdominal detail is very good; the diaphragm is rather steep on both lateral views and its cranial outline is slightly undulating. On the VD view an obvious gap is present between cupola of the diaphragm and heart.

AGE

1 Years 3 Months

The liver is located within the costal arch and the caudo-ventral lobe is pointed. On the VD view the right caudal and accessory lobes of the lung are rounded and so not extend completely to the body wall at ribs 11 and 12.

INTERPRETED BY

The spleen is large and plump with rounded edges.

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

The stomach is empty; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of fecal matter.

HOSPITAL NAME

Family Pet VC

The length of both renal shadows is at the lower part of the physiological range and the cranial pole of the left kidney is slightly egg shaped. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

The sublumbar region appears physiological.

REFERRING VET

Ryan Southard

RADIOGRAPHIC DIAGNOSIS

- Splenomegaly
- Possible dyspnea

INVOICE

23748

Incidental findings

- Obesity
- Altered cranial pole right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

8/4/23



PATIENT

Bryson Mogard

Splenomegaly is only physiological if the animal is sedated or under G.A. In cases of a pathological splenomegaly differential diagnoses include

- tumor (e.g. lymphoma, leukaemia, mast cell tumor),
- hypereosinophilic syndrome,
- passive congestion (e.g. portal hypertension, right heart failure, splenic vein thrombosis)
- inflammation (e.g. toxoplasmosis, FIP),
- hyperplasia (e.g. anemia, infection),
- lymphoid hyperplasia.

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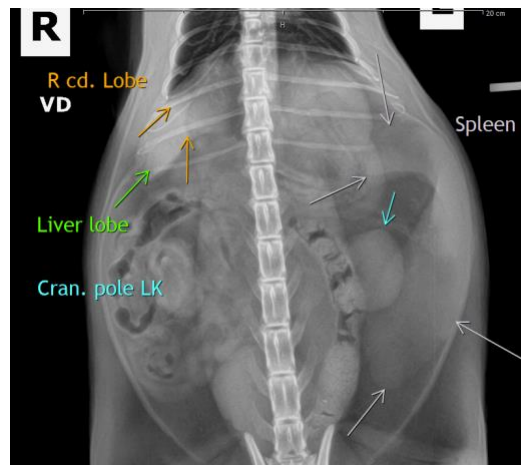
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Abdominal ultrasound and FNAs are recommended. Possible hepatic, gastric wall, renal and/or lymph node involvement can thus also be assessed accurately. Gastritis and gastro-esophageal reflux can be detected during gastroscoposcopy, due to the inflamed mucosa.

The position of the diaphragm is not overtly abnormal but in combination with its surface alteration and the large amount of intra-abdominal fat (which makes caudal movement of the diaphragm difficult), it is highly suggestive of dyspnea. This could be due to feline asthma and eosinophilic infiltrate; doughnuts seem to be present in the caudo-dorsal lobes. Radiographs exposed and centered for the thorax are necessary.



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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com



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