



PATIENT

Rebel Henderson

PRESENTING CLINICAL SIGNS

Chronical vomiting for the last few months, mainly after eating, now even more. Had the same problem at May 2022. No abnormality at blood work. Treated with Sulcrate, Prednisolone and vitamin b12 injections once a week for 6 weeks. Normal. Prescribed Sulcrate and Metronidazole. Tomorrow the owner will bring the cat to collect sample of blood (12 hours fasting) and it will be send to IDEXX for TLI, Vit B12 and Folate Feline Test.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Today blood work was normal except Na 159 mmol/l (147-156) high. and slightly increased Glucose 8.3 mmol/l ((3.9 - 7.2) HIGH; fPLI - Negative, Lipase <25.0 U/L ((0.0 - 35.0)

BREED

Siamese Mix

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral and ventrodorsal views of the abdomen totaling 3 images available for review.

SEX

Male Neuter

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

AGE

5 Years

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic tail is not seen.

HOSPITAL NAME

St. Catherine's Animal
Hospital

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

REFERRING VET

Dr Dragan Gunj

The stomach is postprandial and moderately distended with granulated soft tissue opaque material mixed with gas compatible with food.

The small intestinal loops are evenly distributed throughout the mid abdomen with no evidence of plication, abnormal dilation, or radiopaque foreign material. A mildly discrepant gas pattern is seen in occasional small intestinal segments.

INVOICE

56193

The colon presents within normal limits. A moderate amount of inspissated fecal matter is seen in the descending colon.

RADIOGRAPHIC DIAGNOSIS

- Postprandial gastrointestinal tract with no radiographic signs of mechanical ileus.

DATE

1-16-23



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause of the chronic vomiting can be identified radiographically. There is no evidence of mechanical intestinal obstruction. Further definition by means of abdominal ultrasound is recommended in order to further evaluate the gastrointestinal tract's wall architecture, content, and peristalsis as well as the mesenteric lymph nodes, pancreas, and other abdominal structures with greater sensitivity, especially since the patient appears to suffer from a history of longer standing clinical signs.

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.

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