



PATIENT

Biscuit Higgins

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Neutered Male

AGE

1 Year, 3 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

47652

DATE

10-4-21

PRESENTING CLINICAL SIGNS

Biscuit presented 2 days ago for lethargy, inappetence, vomiting, and discharge from rear. Biscuit was sent home on metronidazole and cerenia. Bobby stated that when they got home Biscuit drank a lot of water but on Saturday was very lethargic and wouldn't lift his head when Bobbi opened the crate but would after a few minutes of her speaking to him. Bobby stated yesterday he was sitting at the edge of the crate but still seemed lethargic. Bobbi mentioned Biscuit is drinking and using the litter box but still isn't eating and still has mucus diarrhea. Abnormal PE/Chem/CBC/UA Results: abdomen: PAINFUL. LINEAR 1CM DIAMETER TUBE OF FIRM INTESTINE ON PALPATION.

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral, ventrodorsal, and lateral compression view and single right lateral recheck radiograph approximately 40 minutes later totaling 5 images available for review.

RADIOGRAPHIC FINDINGS

An asymmetric thoracolumbar transitional vertebra is seen and considered an incidental congenital vertebral anomaly.

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

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

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.

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.

The stomach is in its anticipated position and presents normal content.

One small intestinal loop in the cranial and ventral abdomen appears to be mildly thickened. However, this finding is not repeated in all the views. The initial right lateral and compression view show mild segmental thickening of the small intestine in the cranial and ventral abdomen. The remainder of the images do not. There is no evidence of small intestinal plication.

The colon contains a mild amount of fecal material in its transverse and ascending sections. The descending colon is largely empty which correlates with the history of diarrhea.

RADIOGRAPHIC DIAGNOSIS

- No definitive mechanical ileus.
- Possible small intestinal sentinel loop.



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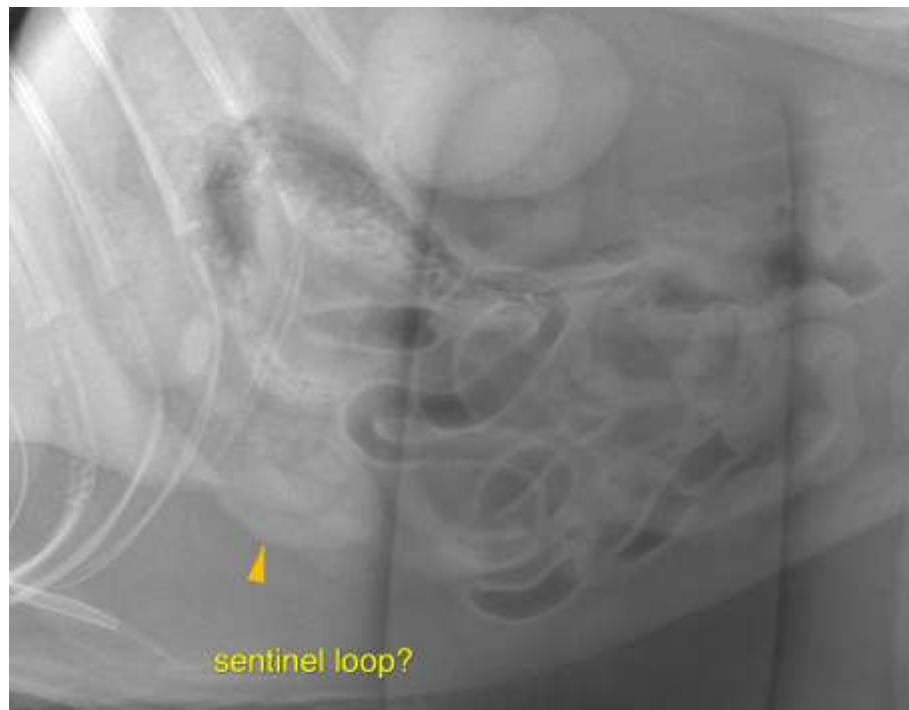
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the clinical history of this patient suggests potential for mechanical ileus such as intussusception or foreign material including linear foreign material, the radiographs do not definitively confirm the clinical suspicion here. Unfortunately, the radiographic findings are unspecific and not finally conclusive. No definitive mechanical ileus is seen. Depending on the patient's response to the initiated treatment, recheck radiographs or if available, abdominal ultrasound, could be considered for further definition.



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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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