



PATIENT PRESENTING CLINICAL SIGNS

Kitty Chou
SPECIES History: kitty came into b/c 2 days ago O came home from thanksgiving outtings to find that kitty had threw up in different places on O's bed but when O looked more she saw worm looking things in with P's vommit and some are long like a worm. O has had P since august and she had been a perfect. O also states that P hasn't thrown up again since but has stopped eating like normal, P has really only been eating some treats and nibbling at food. P is still drinking okay and we are not lethargic but we do seem slightly down.

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no debris 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. Few crusts behind ears. CV/Respiratory: No murmur. Purring. Abd/GI: Soft suspect painful abdomen, mildly distended Uro/Perineum: N Musculoskeletal: Ambulatory x3 (P only has 3 legs). No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate Fecal:

SEX

Female

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

AGE

8 Years

RADIOGRAPHIC FINDINGS

Patient appears to have a history of high amputation of the left hind limb.

The surrounding bony structures are within normal limits.

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.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

REFERRING VET

Dr. White

The stomach is postprandial. No foreign material, malpositioning, or dilation of the stomach is seen.

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The small intestinal loops present mild even dilation. There is the subjective impression of mild generalized wall thickening of the small intestine. A discrepant gas pattern and turgid appearance of the small intestinal loops are noted as well.

DATE

11-26-22

The colon contains a mild amount of fecal matter and gas and presents within normal radiographic limits.



PATIENT

Kitty Chou

RADIOGRAPHIC DIAGNOSIS

- Small intestinal maldigestion pattern with suspect functional ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

The radiographic findings suggest functional small intestinal ileus. Mechanical, subileus, and diffuse enteropathy with mild wall thickening cannot be ruled out entirely and further definition by means of abdominal ultrasound should be considered to allow for assessment of the gastrointestinal motility, content, and wall architecture as well as potential mesenteric lymphadenopathy in case of persisting clinical signs.

BREED

DSH

SEX

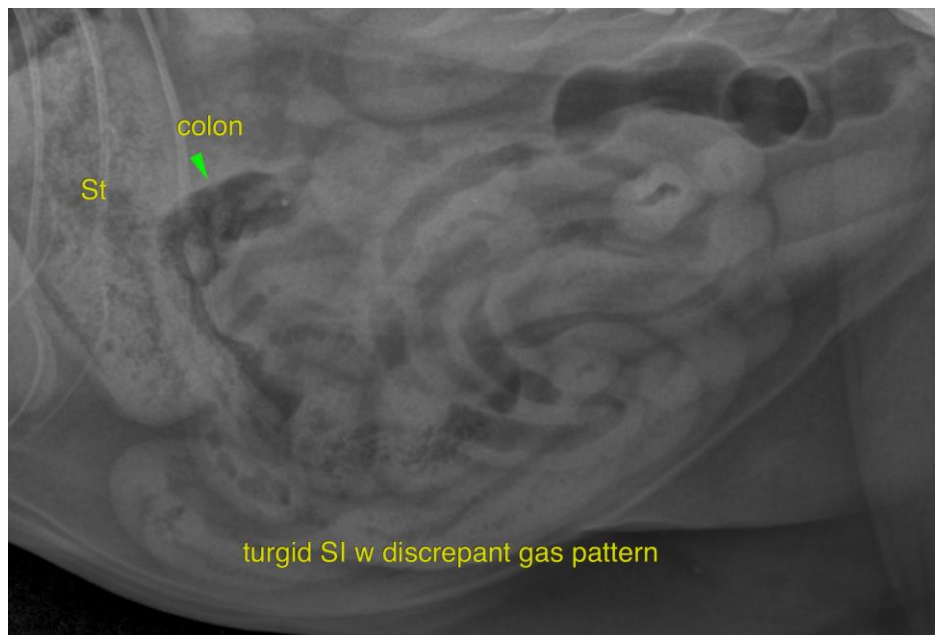
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. White

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.

INVOICE

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