



## PATIENT

Faddy Bear Montalto

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

15Y

## WEIGHT

6.9lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Dr. Mucera

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

72803

## DATE

12-1-25

## PRESENTING CLINICAL SIGNS

Pt not eating for 5 days, losing weight. Lethargic. Bloodwork WNL

## RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right/left lateral whole body views and ventrodorsal views of the thorax and abdomen totaling 4 images available for review in jpg format.

## RADIOGRAPHIC FINDINGS

### Thorax

The cardiac silhouette is normal in size and shape. The VHS is approximately 7.3.

The pulmonary parenchyma is within age related normal limits and unremarkable with no evidence of infiltrates, nodules, masses, or consolidations.

The mediastinum, pleural space, and other thoracic structures are within normal limits. There is no evidence of thoracic lymphadenopathy.

### Abdomen

Marked soft tissue mass effect is noted in the caudal abdomen extending into the pelvic canal. The mass effect appears associated with or arising from the descending colon cranial to the mass. The descending colon is mildly dilated and contains highly inspissated rounded fecal material consistent with obstructive constipation.

The urinary bladder is ventrally and cranially displaced, likely secondary to the caudal abdominal mass effect.

There is no evidence of free abdominal gas or fluid.

Other abdominal organs are unremarkable and within normal radiographic limits.

The patient is overall in thin body condition.

## RADIOGRAPHIC DIAGNOSIS

- Caudal abdominal/pelvic canal soft tissue mass effect most likely arising from the descending colon.
- Secondary constipation and obstruction of the colon.
- No thoracic abnormalities detected.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings strongly suggest presence of intraluminal or mural mass of the descending colon. Severe fecal impaction with marked colitis and stricture/stenosis cannot be ruled out entirely but is considered by far less likely. Colorectal neoplasia such as adenocarcinoma, lymphoma, polyp or other appear to be major differential diagnoses. Abdominal ultrasound is strongly recommended to further characterize the caudal abdominal/pelvic canal mass, assess colon wall, regional lymph nodes, and other abdominal viscera. Ultrasound guided sampling may be considered depending on the ultrasonographic findings as well. CT of the abdomen and pelvis for pre-site staging and surgical planning could be considered alternatively depending on the availability.



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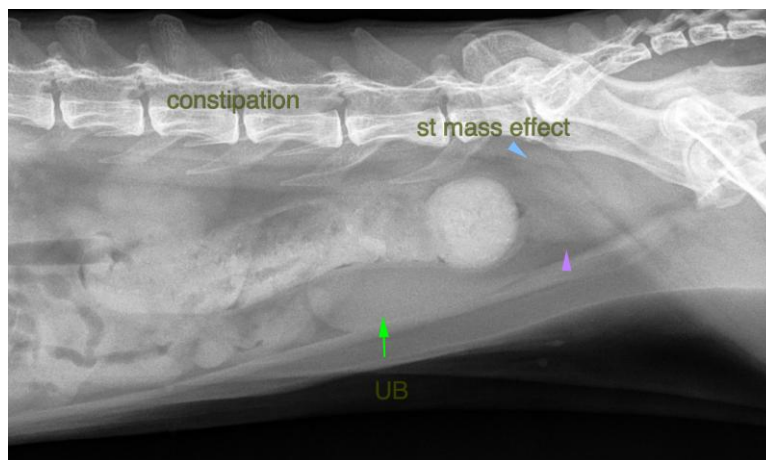
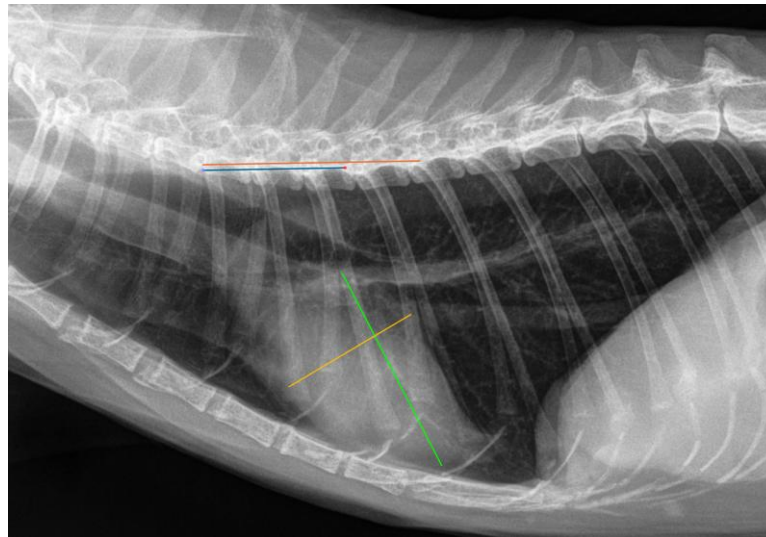
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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