



PATIENT

Squat Lynch

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

12Y

WEIGHT

10lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gianni

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

73037

DATE

12-17-25

PRESENTING CLINICAL SIGNS

Straining to defecate

Abnormal PE/Chem/CBC/UA Results: tense abdomen

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right lateral and ventrodorsal views of the abdomen totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

Suture material from prior celiotomy is seen in the ventral midline.

The abdominal serosal detail is preserved.

Within the stomach there is a small amount of fine granular mineral opaque material. The stomach is normal in size and position with no evidence of gastric outflow obstruction or abnormal distension.

The small intestinal loops are normal in diameter and distribution without evidence of obstruction, plication, or abnormal content.

The colon is normal in diameter and contains a normal amount of fecal material. There is no radiographic evidence of constipation, mega colon, deviation, compression, or mass effects.

The lumbosacral junction shows moderate degenerative changes characterized by spondylosis deformans at L6/7 and L7/S1. The spondylosis at L7/S1 appears to be lateralized.

RADIOGRAPHIC DIAGNOSIS

- No radiographic evidence of colonic obstruction, constipation, or mega colon to explain the reported straining to defecate.
- Moderate degenerative disease of the lumbosacral spine.
- Evidence of prior abdominal surgery.
- Mild accumulation of gravel within the stomach without evidence of gastrointestinal obstruction.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Overall, no primary gastrointestinal cause for tenesmus is identified radiographically. The lumbosacral degenerative changes should be considered as one potential contributing factor to the clinical signs. Clinical correlation with neurologic examination, rectal palpation, and perineal examination is recommended. Advanced imaging such as MRI of the lumbosacral spine could be considered if neurologic deficits or pain are suspected clinically.



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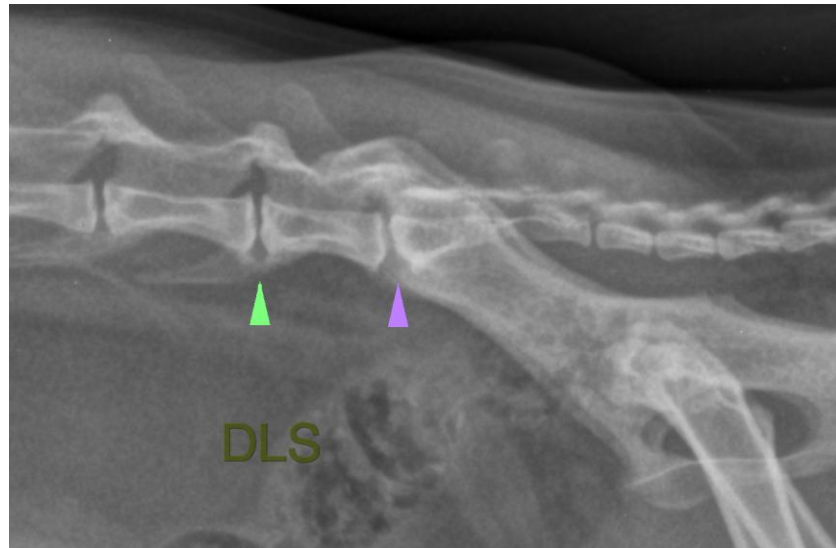
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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