



PATIENT PRESENTING CLINICAL SIGNS

Bonnie Roberts
Reason for Visit: vocalizing to defecate ~5 days "stool is small and dry". takes a long time to chew & swallow. Vomited food yesterday. brown ocular discharge (reoccurrence) History: 15y fs indoor cat (multi cat house)... has HX: OU ALLERGIES, PERIODONTAL DZ, OTITIS EXTERNA, CERUMINOUS CYSTS, RENAL DZ, SUSPECTED FOCAL OA, FLEAS
SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 3-5% dehydration Mentation: BAR
BREED
DSH
EENT: Nuclear sclerosis OU. ceruminous gland hyperplasia AU. No cough on tracheal palpation. Oral cavity: Severe periodontal disease with halitosis and hyperemic mucus membranes Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Tachycardia with intermittent gallop, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly, do not palpate hard stool in distal colon Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 4/9. Ambulatory x 4, normal gait, thickened stifles/elbwos Neurological: Alert and appropriate. No deficits noted

SEX RADIOGRAPHIC STUDY OF THE ABDOMEN

SF
Right lateral and ventrodorsal views totaling 2 images available for review.

AGE RADIOGRAPHIC FINDINGS

15 Years, 4 Months
Multiple spondyloses are present within the thoracic and lumbar spine.

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI
There appears to be reduced bone opacity of the vertebral arch of the 1st lumbar vertebra with focal interruption of the dorsal cortical outline of the vertebral body. Severe narrowing of the lumbosacral intervertebral disc space with vertebral end plate sclerosis, step formation, and severe spondylosis is seen. The lumbosacral neuroforaminal area appears to be reduced.

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

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

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

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

One pinpoint mineral opaque focus is seen superimposed onto the kidneys which is likely to represent an artifact.

INVOICE
The urinary bladder is in its anticipated position.

48901
The stomach is in its anticipated position and presents normal content.

DATE
The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

12-8-21
The colon is seen in the expected position and presents with a mild amount of inspissated fecal material with no evidence of large intestinal dilation or obstruction.



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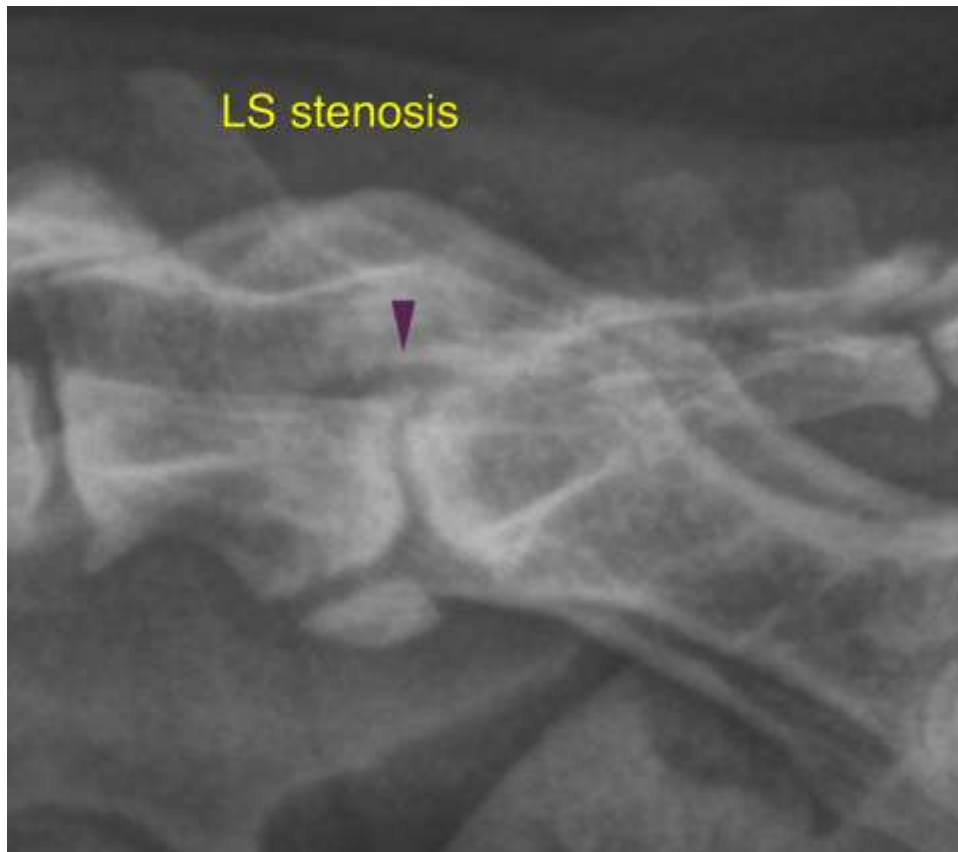
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RADIOGRAPHIC DIAGNOSIS

- Severe degenerative lumbosacral stenosis.
- Multiple spondyloses.
- Osteopenia versus aggressive lysis of the 1st lumbar vertebra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest potential for severe lumbosacral stenosis with compression of the cauda equina which may correlate with the patient's clinical signs. The findings of the 1st lumbar vertebra are equivocal between osteopenia and early aggressive bone lesion. Correlate with the clinical signs and consider further definition by means of CT or MRI to include the further workup of the lumbosacral disease as available.





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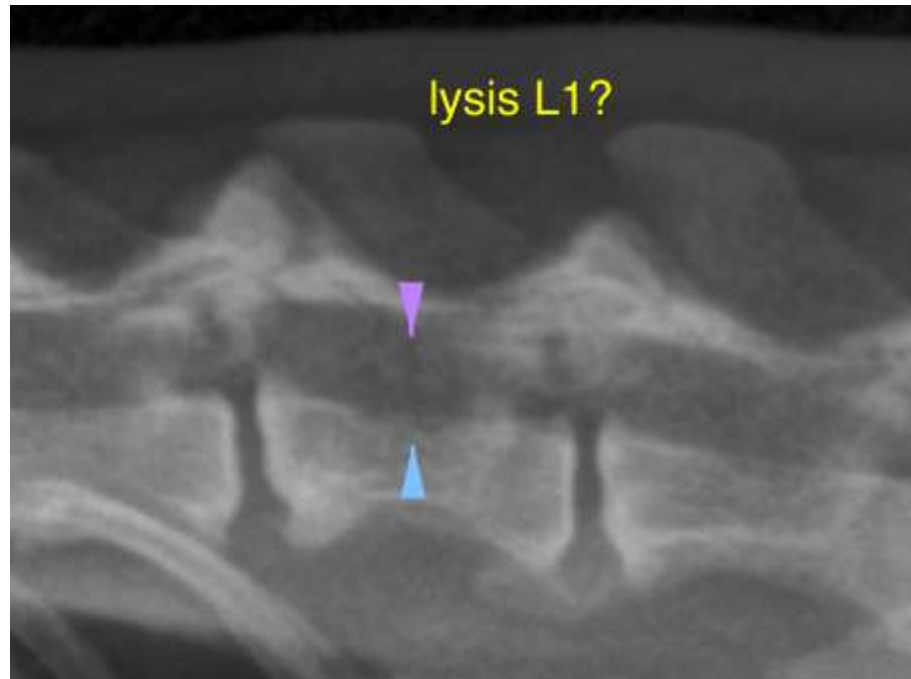
DSH

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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.

HOSPITAL NAME

DPC Veterinary
Hospital

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