



## PATIENT

Atlas Barker

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

20W

## WEIGHT

2.55kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

RVTs

## HOSPITAL NAME

Woodridge Veterinary  
Clinic

## REFERRING VET

Dr. Breanne  
Couperthwaite

## INVOICE

73791

## DATE

2-17-26

## PRESENTING CLINICAL SIGNS

- Sunday/Monday only eating canned food, not dry (abnormal for Atlas)
- Sunday vomited up bile with a short piece of green string in it (O's not sure where from), then ate his dinner, and vomited that up at 11 PM.
- This morning he ate his kibble and vomited it up twice
- O saw him drink small amount yesterday and he thinks it stayed down
- Had BM overnight but smaller than normal; no diarrhea
- Nothing O's can think of that he got into but their toddler nephew was over on the weekend so its possible he gave him something
- Atlas is lethargic at home and not wanting to play

Abnormal PE/Chem/CBC/UA Results: PE: BAR, mildly dehydrated, non-febrile. Uncomfortable on cranial abdominal palpation (trying to wiggle free) - No obvious FB or masses on palpation. No linear FB stuck underneath tongue. Rest of PE unremarkable. 1) CBC - unremarkable 2) Chemistry panel - mildly decreased CRE (decreased muscle mass/neonate?), mildly elevated lipase (GI disease, decreased clearance by kidneys, pancreatic ds), mild hypochloremia (vomiting/GI loss). Otherwise unremarkable. 3) Pancreatic lipase - WNL

## RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral and ventrodorsal views of the abdomen totaling 4 images available for review.

## RADIOGRAPHIC FINDINGS

The abdominal serosal detail is maintained.

The gastrointestinal tract is predominantly empty containing only a small amount of ingesta and gas. No evidence of small intestinal dilation, plication, or stacking to suggest radiographically visible linear or other foreign body. No discrete radiopaque foreign material is identified within the stomach or intestines. A mild amount of granular gravel like material is present within the large intestine consistent with ingesta or litter material.

The gallbladder silhouette appears subjectively distended which may be physiologic due to fasting or anorexia but is nonspecific on radiographs.

A small focal mineral opacity is projected over the region of the urinary bladder neck and most consistent with summation artifact. A true urolith is considered unlikely given its appearance and location.

No abdominal mass effect or effusion is detected.

## RADIOGRAPHIC DIAGNOSIS

- No radiographic evidence of an obstructive gastrointestinal foreign body at this time.
- Gastrointestinal tract largely empty.
- Subjectively distended gallbladder.
- Incidental granular material within the colon: likely ingested nonfood material or litter.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Absence of dilation or plication of the small intestine makes a clinically significant linear foreign body



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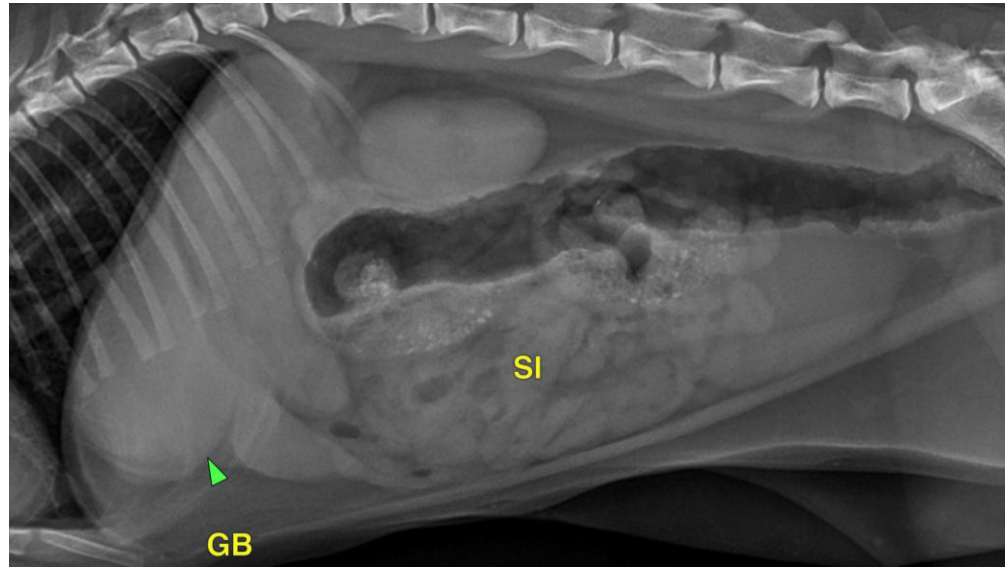
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unlikely on this study. However, early or nonobstructive linear material cannot be completely excluded radiographically.

The subjectively distended gallbladder is nonspecific and commonly physiologic in a young patient with reduced food intake. Abdominal ultrasound is recommended if clinical signs persist or worsen since ultrasound is more sensitive for linear foreign bodies, early obstruction, gastric, or pancreatic disease.



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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