

**PATIENT**

Swissroll Priest

PRESENTING CLINICAL SIGNS

acute onset vomiting, belongs to one of our vet assistants. Vomited food and blood tinged foam 5 x overnight.

Abnormal PE/Chem/CBC/UA Results: pending lab work nothing under his tongue, non painful abdominal palpation

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

DLH

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

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

MN

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

AGE

3 Years

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

Mild gastric aerophagia is seen.

HOSPITAL NAME

Northshore
Veterinary Hospital

There is a multisegmental gas pattern within the small intestine with no evidence of abnormal dilation or radiopaque foreign material. Plication of the small intestine is not directly seen.

A large amount of inspissated fecal matter is seen in the descending colon.

REFERRING VET

Brita Kiffney

RADIOGRAPHIC DIAGNOSIS

- Small intestinal maldigestion pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

56644

The radiographic study reveals no direct signs of mechanical / obstructive ileus. The presentation is suggestive for paralytic / functional ileus. Subileus remains a potential. Further definition by means of abdominal ultrasound should be considered in case of persisting or deteriorating clinical signs in order to obtain more information about the gastrointestinal tract's wall layering, motility, and content as well as other abdominal pathology, especially since the sensitivity of radiographs for detecting linear foreign material is limited.

DATE

2-8-23



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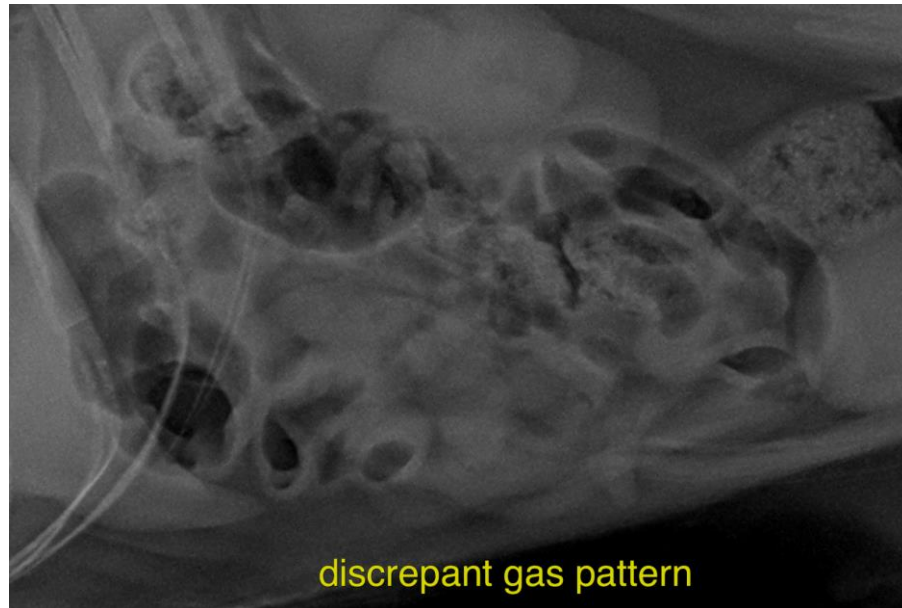
Brita Kiffney

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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.

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.

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