



PATIENT

Kipper Hamilton

PRESENTING CLINICAL SIGNS

Reason for Visit: Vomiting History: P is a 2yr old SF I/O DSH presented today for vomiting. This morning P vomited multiple times starting with food in the bile and then progressed to just bile, yellow and clear in color. O recently changed the brand of food - fist was Ultra and then changed to natural chicken breast pattay. P normally does not have pattays. O says he has candles but has not lit them, air fresheners have been used reently and scented soaps are only in the bathroom (P does not go). P has not eaten since but has been drinking water. P goes outside on the balcony but does not socialize with other cats. O has a rabbit at home.

SPECIES

Feline

BREED

DSH

SEX

SF

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: WNL Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate CBC: Eos L [r/o stress], Plt 42 (151-600) [r/o slow draw/ clumping, low production, other] Chem: Glu 201 [r/o stress], Alt 183 (12-130) [r/o secondary to GI upset, hepatopathy], Tbili 1.1 (0-0.9) fPL: abnormal

RADIOGRAPHIC STUDY OF THE ABDOMEN

AGE

2 Years

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

RADIOGRAPHIC FINDINGS

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Mild esophageal aerophagia is noted.

There is a mild amount of gas within the stomach; however, the stomach also appears to contain a mild to moderate amount of fluid.

HOSPITAL NAME

DPC Veterinary
Hospital

The small intestinal loops are evenly distributed throughout the mid abdomen. Signs of peristalsis are seen. There is no evidence of plication, abnormal dilation, or radiopaque foreign material.

A mild amount of inspissated fecal matter is seen within the colon.

The patient has a thoracolumbar and lumbosacral transitional vertebra.

REFERRING VET

Dr. White

RADIOGRAPHIC DIAGNOSIS

- Gastroesophageal.
- Maldigestion pattern.
- No radiographic evidence of small intestinal ileus.
- Congenital thoracolumbar and lumbosacral transitional vertebrae - likely incidental.

INVOICE

51985

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

5-7-22

The mild esophageal aerophagia may be due to swallowing of air at the time of the radiographic exposure, however, gastroesophageal reflux, esophagitis, and other cannot be ruled out entirely.

There is no radiographic evidence for complete small intestinal ileus, yet an abdominal ultrasound could be considered should the patient's clinical signs persist or reoccur.



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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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