SonoPath Teleradiology

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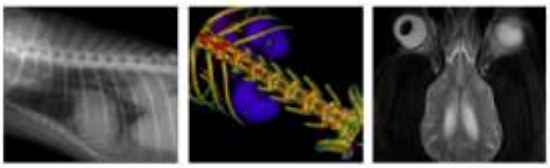

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

ANYA STARKIST WILLIAMS

**SPECIES**

Feline

**BREED**

DLH

**SEX**

NM

**AGE**

5 Years

**INTERPRETED BY**

Nele Eley, DVM
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary Hospital

**REFERRING VET**

Dr. White

**INVOICE**

47031

**DATE**

8-18-21

## PRESENTING CLINICAL SIGNS

Chief Complaint: painful lower body History: Pet dropped off @ 11am this morning for exam. O reports since last night pet appears painful on lower body, only allows her to touch head. indoor/outdoor, no known possible causes for pain. Pet was physically examined here 6 days ago and Dr White suspected possible abdominal hernia - hx says o reported pain on palpation but PE says otherwise.
Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: QAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present, mild gingivitis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. ~4 cm SQ mass R ventral abdomen, irregularly shaped CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen; suspect chronic abdominal hernia Uro/Perineum: N Musculoskeletal: Suspect painful at TL junction on palpation of dorsal spinous processes. Normal ambulation, no lameness noted. BCS 5/9 Neurological: Appropriate

## RADIOGRAPHIC STUDY OF THE ABDOMEN

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

## RADIOGRAPHIC FINDINGS

An asymmetric thoracolumbar transitional vertebra is seen.

The outline of the caudal abdominal wall is unclear. The delineation of the fascial planes is obscured.

Patchy opacity of the inguinal fat is seen.

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

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.

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.

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

One small intestinal loop appears to be ventral of the abdominal wall in the right lateral view.

The colon is seen in the expected position and presents with appropriate content.

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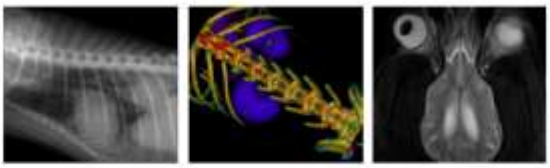

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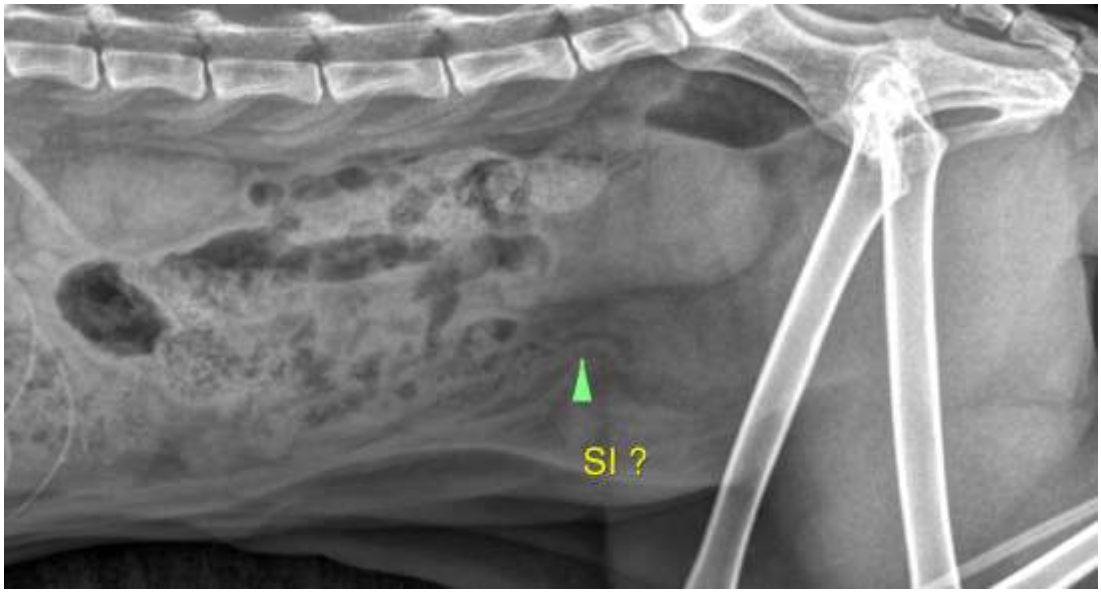
## RADIOGRAPHIC DIAGNOSIS

- Possible caudoventral abdominal hernia.
- Congenital asymmetric transitional thoracolumbar vertebra.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possibility of a defect in the caudoventral abdominal wall should be considered which may either be traumatic and less likely congenital in origin. Intermittent or permanent protrusion of abdominal organs such as the intestine appears to be a potential. The patient may be at risk for incarceration; however, no evidence of incarceration or ileus is seen at this point.

The thoracolumbar transitional vertebra may well be an incidental finding. Clinical significance is uncommon.




**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**, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com