



PATIENT PRESENTING CLINICAL SIGNS

Tangy Colaluca
SPECIES Feline
BREED DSH
SEX SF
AGE 4 Years

Estimated 4yr old F (suspected in-tact) DSH "Tangalang ("Tangy")" presented for concern of bloody stool. O says since Saturday, P has been vomiting hairballs, eating less but drinking water, and bleeding from anus. o found blood in litter box Saturday (Showed picture). P has been hding a lot more, went outside Sunday and was gone for the entire day. O says she has an in-tact male cat at home who sometimes "fights" with P. O is unsure whether or not these cats have mated. Os son broke up a "fight" on Monday. O has not seen P go into heat. P was a stray and taken indoors about 1 year ago.

Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 7% dehydration Mentation: QAR, lethargic EENT: OU clear. Yellow creamy discharge AU with multiple purple circumscribed nodules around opening to ear canal r/o ceruminous gland adenomas vs. other. No cough on tracheal palpation. Oral cavity: Moderate tartar; complicated fracture 104 with suspected tertiary dentin visible Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, grade 2/6 systolic murmur, pulses fair and synchronous, normal bronchovesicular sounds. Abd/GI: Tense and uncomfortable on abdominal palpation, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: Urinary incontinence on treatment table--urinated large volume of bright red urine Musculoskeletal: BCS = 6/9. Weakly ambulatory x 4, mild muscle wasting Neurological: Alert and appropriate. No deficits noted. UA (from tabletop)--USG=1.022 rule-out pre-renal + renal--severe pyuria, hematuria, TNTC rods, occasional crystal, 3+ proteinuria CBC/chem: Crea=4.5 BUN=120mg/dL Phos=8.4mg/dL Glob=5.7 consistent with crhonic inflammation alb=3.0 (WNL) FeLV/FIV/HW--negative x 3

INTERPRETED BY RADIOGRAPHIC STUDY OF THE ABDOMEN

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

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

RADIOGRAPHIC FINDINGS

HOSPITAL NAME

DPC Veterinary
 Hospital

Suture material from prior celiotomy is seen in the ventral abdominal midline.

The urinary bladder is severely distended. The delineation of the urinary bladder neck appears to be obscured.

REFERRING VET

Ward

There appears to be reduced serosal detail and a diffuse mass effect in the caudal abdomen level with the urinary bladder neck which appears to blend with the wall of the descending colon.

Moderate degenerative lumbosacral stenosis and thoracolumbar spondyloses are noted and considered unrelated to the reason of clinical presentation.

INVOICE RADIOGRAPHIC DIAGNOSIS

- 53991 • Suspect steatopathy and mass effect in the caudal abdomen cranial to the pelvic inlet.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9-7-22

The radiographic findings suggest potential for structural changes in the caudal prepelvic abdomen which may involve the wall of the descending colon, urinary bladder neck, and prepelvic urethra as well as the surrounding serosal and fat. Further definition by means of abdominal



PATIENT

ultrasound is strongly recommended.

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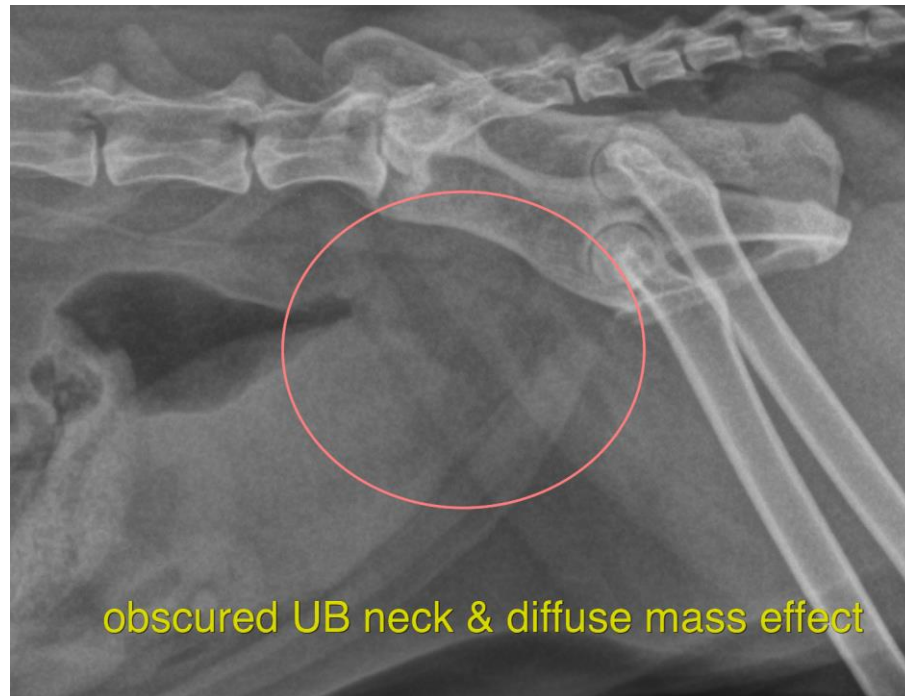
Ward

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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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