

**PATIENT**

Russell Mondoux

PRESENTING CLINICAL SIGNS

eating less than usual, has a Hx of constipation, ON HIGH FIBRE DIET straining while defecating, lethargic attitude

Abnormal PE/Chem/CBC/UA Results: moderately elevated BUN, glucose, cholesterol. mildly elevated creatinine, FRUCTOSAMINE ELEVATED

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Domestic Shorthair

RADIOGRAPHIC FINDINGS

Note the presence of a moderately gas dilated thoracic esophagus.

SEX

Male Neutered

Both kidneys are small and roundish with multiple surface retractions and mineral opaque foci superimposed onto the kidneys. One of the kidneys is pushed dorsally and superimposed onto the lumbar and sublumbar soft tissues respectively on the right and left lateral views.

AGE

11 Years

The stomach and small intestine present within normal limits. A moderate amount of inspissated fecal matter is seen within the colon with no evidence of abnormal dilation of the colon. There is no evidence of a mass effect in the caudal abdomen.

A pinpoint mineral opaque structure is seen in the caudal abdomen ventral to the urinary bladder neck.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Esophageal dilation.
- Bilateral hypercalcemic chronic nephropathy.
- Constipation.
- Focal mineralization in the periurethral abdominal fat.

HOSPITAL NAME

St. Catherine's Animal
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals inspissated fecal matter within the colon. There is no evidence of abnormal dilation or stenosis of the colon. No extraintestinal mass effect is seen. The visible osseous structures present within normal limits.

REFERRING VET

Dr. Jui Gokhale

Both kidneys reveal signs of chronic hypercalcemic nephropathy / nephritis. Correlate with the laboratory values.

INVOICE

54045

Note the presence of a gas dilated thoracic esophagus which may be due to aerophagia or indicate esophageal dysmotility/megaesophagus. Correlate with the clinical signs and considered radiographic recheck as indicated.

DATE

9-9-22



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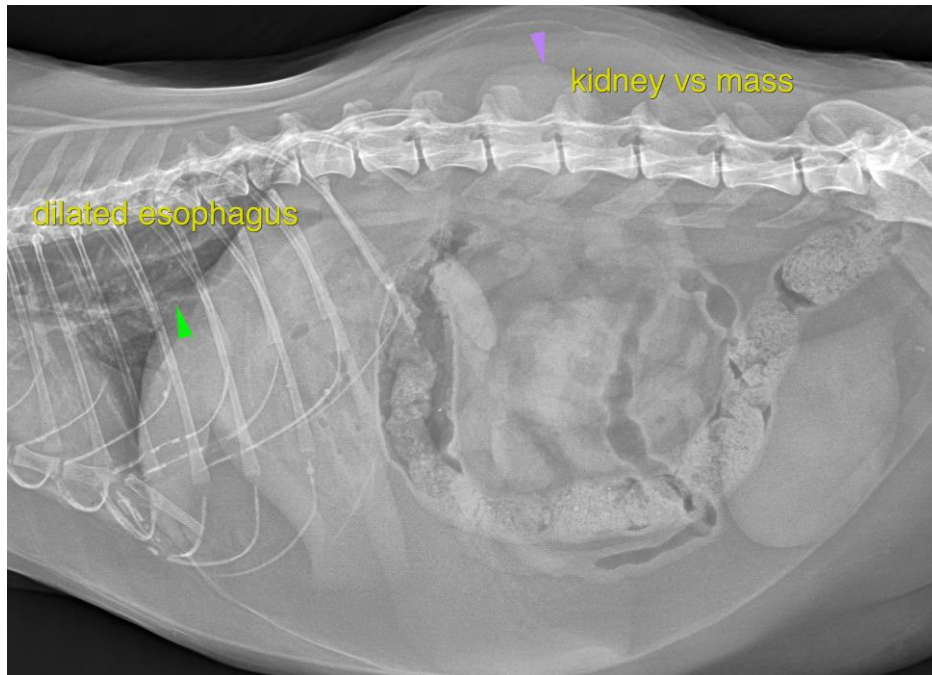
Dr. Jui Gokhale

INVOICE

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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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