



PATIENT PRESENTING CLINICAL SIGNS

Willie Wannop
not eating and vomiting for 2 days
Abnormal PE/Chem/CBC/UA Results: unremarkable

SPECIES RADIOGRAPHIC STUDY OF THE ABDOMEN

Feline Radiographs of the abdomen in two orthogonal imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

BREED

DSH

The left femoral head is luxated cranially and there is evidence of nearthroses formation between the left femoral head and the left iliac wing. The left acetabular groove is markedly shallow. The axis of the left femoral head is nearly continuous with the axis of the femur.

SEX

Male Neuter

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

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

AGE

6 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.

INTERPRETED BY

Sebastian Schaub, 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.

The stomach is in its anticipated position. A roundish perforated washer like mild radiopaque body is visible in the pylorus, measuring approximately 1.9 cm in diameter.

HOSPITAL NAME

St. Catharine's Animal
Hospital

Multiple small intestinal segments are moderately distended by gas and parallel to each other. There is a second population of small intestinal loops presenting a normal diameter.

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

REFERRING VET

Dr. Boctor

RADIOGRAPHIC DIAGNOSIS

- Gastric foreign body with mechanical obstruction
- Dilated small intestinal loops
- Chronic left sided luxation of the femoral head with nearthroses formation

INVOICE

49587

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with gastric foreign body – suspect plastic material – with evidence of outflow obstruction. The finding is a plausible explanation for the described clinical signs.

DATE

1-13-22

There is evidence of two populations of small intestinal loops, that can indicate mechanical obstruction of the small intestinal tract or is secondary to segmental reflexive relaxation of the small intestinal loops due to the gastric foreign body.



PATIENT

Willie Wannop

If endoscopic removal of the gastric foreign body is an option, consider an abdominal ultrasound examination prior to the procedure to rule out second intestinal foreign body. Otherwise laparotomy is recommended including inspection of the entire small intestinal tract.

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PATIENT

Willie Wannop

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.

SPECIES

Feline

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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