



**PATIENT**

Scoter Dziewulski

**PRESENTING CLINICAL SIGNS**

reduced appetite for one week , had a history of pancreatitis  
Abnormal PE/Chem/CBC/UA Results: elevated BUN , CREA

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Radiographs of the abdomen in three imaging planes are provided for review.

**BREED**

DMH

**RADIOGRAPHIC FINDINGS**

The vertebral endplates L5/L6 present moderate ventral spondylosis formation.

**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**

13 Years

The liver is appropriate in position, size and presents uniform opacity.

The spleen is prominent and extending far ventrally up to the ventral abdominal wall in the right lateral projection.

**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 and presents normal content.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

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

**REFERRING VET**

Dr. Boctor

- Splenomegaly
- Spondylosis deformans

**RADIOGRAPHIC DIAGNOSIS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

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The splenomegaly is not specific and can represent a normal anatomical variant or is a sequela to extramedullary hematopoiesis, nodular hyperplasia, splenitis or diffuse neoplastic disease (e.g. round cell tumor). Ultrasound guided FNA sampling can be performed for further definition.

**DATE**

1-21-22

No additional abnormalities, are appreciated, explaining the acute clinical signs.



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**REFERRING VET**

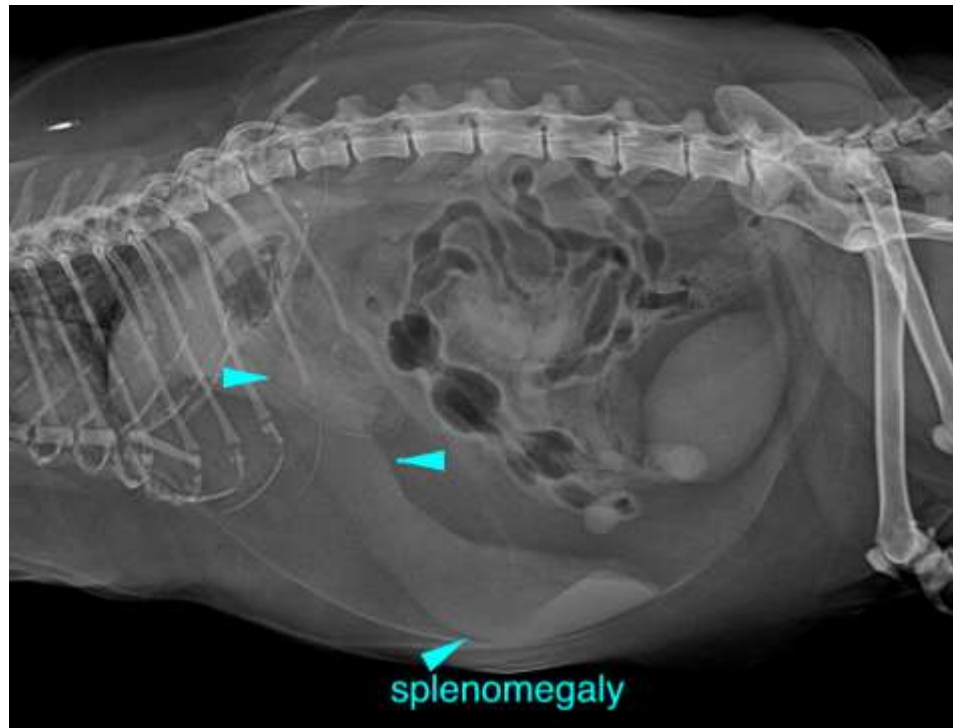
Dr. Boctor

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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.

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