



PATIENT

Peaches Henry

PRESENTING CLINICAL SIGNS

Vomiting bile/foamy liquid for 2 days
 Abnormal PE/Chem/CBC/UA Results: PE- unremarkable, CBC, gen chem, fPL- unremarkable

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

DSH

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

SEX

Male Neutered

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

AGE

7 Years

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.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. Two mineral opaque small bodies, measuring up to 2.8 mm in size are superimposed on the caudal aspect of the urinary bladder & peritoneal space dorsal to the urinary bladder – in the VD view, the mineralized bodies are seen at the right & left lateral aspect of the urinary bladder.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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

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.

HOSPITAL NAME

St. Catherine's Animal
 Hospital

The colon is seen in the expected position and a small irregular shaped mineral opaque body is superimposed on the transverse colon.

RADIOGRAPHIC DIAGNOSIS

- Mineral opaque body in colon
- Dystrophic mineralization caudal abdomen suspect secondary to neutering

REFERRING VET

Dr. Jui Gokhale

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralized body in the colon might be an explanation for the vomiting as it may have resulted in a delayed transit. No additional abnormalities for the vomiting are appreciated and there is no evidence of radiopaque foreign material throughout the small intestinal tract and there are no signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination; in some cases a high ileus may lack classical radiographic signs of mechanical obstruction.

INVOICE

56385

DATE

1-25-23



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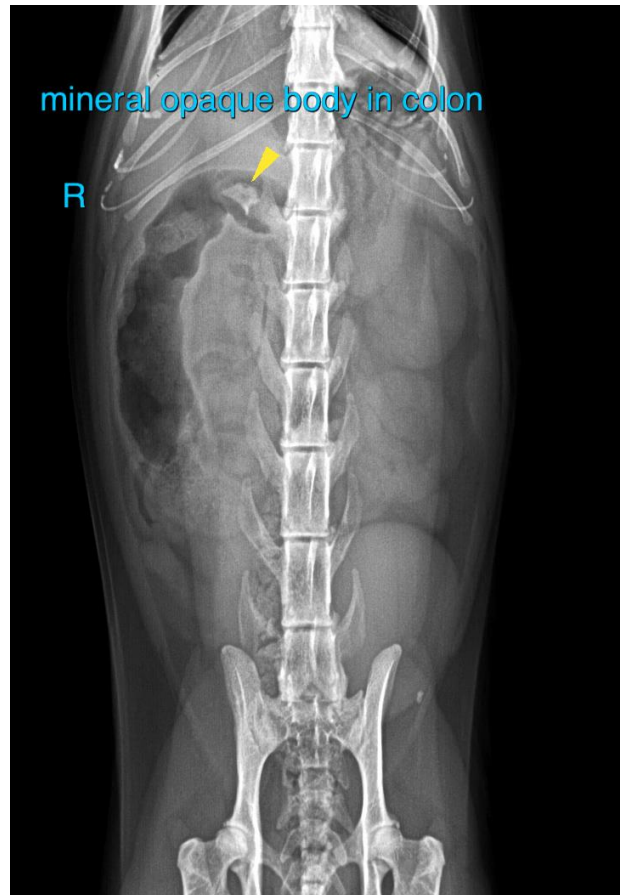
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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