



**PATIENT**

Jojo (Gina) Dechiaro

**PRESENTING CLINICAL SIGNS**

P has been straining when producing bowel movements for about a month. Per O, goes but it's very small pieces or very hard pieces and hard. Has not gone to the bathroom today, but did eat this morning and vomit afterwards. Vomiting 2x a week. Water intake has increased in the past few weeks.

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

The vertebral endplates L7/S1 present mild spondylosis formation.

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

**SEX**

Spayed Female

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.

**AGE**

15 Years

Both kidneys present mild irregular margins and a subjective mild decreased volume. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

**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.

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The colon is seen in the expected position and is moderately distended by fecal material – presenting an increased radiopacity.

**RADIOGRAPHIC DIAGNOSIS**

- Constipation
- Suspect chronic nephropathy
- At this point there are no signs for megacolon

**REFERRING VET**

Dr. Claudia Giuliani,  
DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings fit the history of constipation, but unfortunately reveals no specific underlying cause. The most frequent comorbidities are chronic kidney disease or obesity (like in this patient), however a multifactorial pathomechanism for recurrent constipation is considered and a primary cause may not be found in many cases. Consider a complete abdominal ultrasound examination to check for mural abnormalities of the gastrointestinal tract to rule out IBD/lymphoma.

**INVOICE**

56051

At this point a rectal tube with lubricant and treatment with Cisapride support peristalsis of the colon. An enema under general anesthesia is recommended if the patient does not defecate. For long term treatment, dietary management (e.g. soluble fibers and psyllium) with or without oral

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1-9-23



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lactulose may help to support digestive transit and soften the stool. Increase water intake would be beneficial as well.

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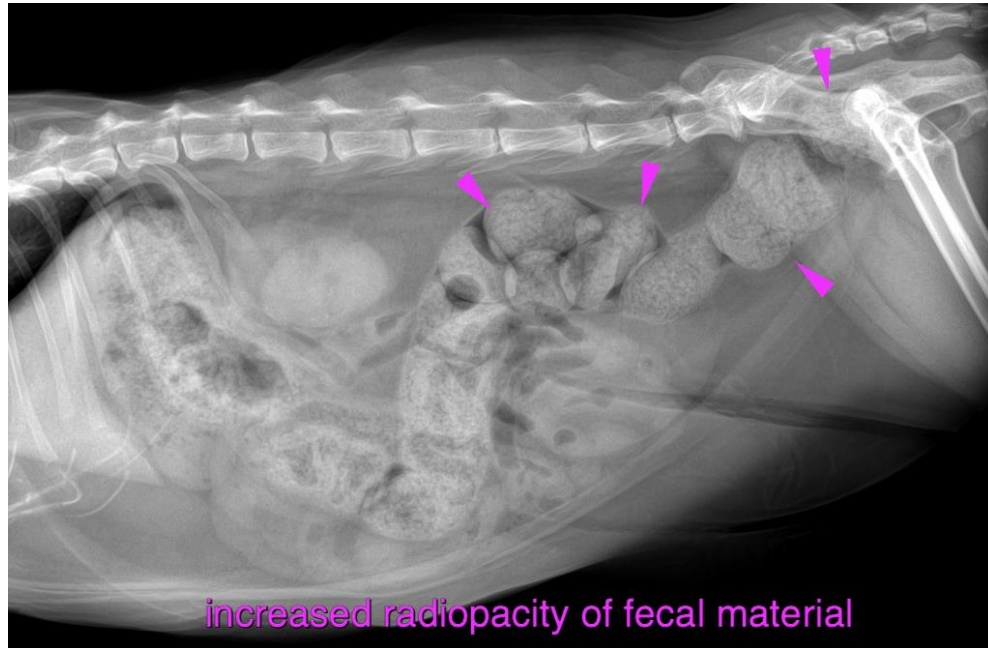
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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