



**PATIENT PRESENTING CLINICAL SIGNS**

Bija Bell History: of difficult defecation , still EDU , no vomiting

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

DLH

**RADIOGRAPHIC FINDINGS**

Generalized mild to moderate decreased radiopacity of the skeletal structures is visible. The intervertebral disc space of the lumbosacral junction is collapsed and the respective vertebral endplates present moderate spondylosis formation.

**SEX**

Spayed Female

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

**AGE**

14 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. The splenic body and tail are considered normal for position, size, shape and opacity.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The volume of the left kidney is moderately decreased and the left kidney presents mild irregular margins. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract. Cranial to the urinary bladder, a well-defined ovoid shaped mineralized body is visible, measuring 19 x 6 mm in size.

**HOSPITAL NAME**

St. Catharine's AH

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.

**REFERRING VET**

Dr. Masoud

The colon is seen in the expected position. The descending colon presents a bilobed segment of moderate gas distension, interrupted by an segmented moderately distended by fecal material.

**RADIOGRAPHIC DIAGNOSIS**

**INVOICE**

13721

- Segmental dilation of the descending colon
- Left sided chronic nephropathy
- Generalized osteopenia
- Nodular fat-necrosis caudal abdomen (Bates body)

**DATE**

10/12/21



**PATIENT** • Degenerative osseous remodeling lumbosacral junction

Bija Bell

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The segmental dilation of the colon is suggestive for segmental altered motility. Radiographically, no specific cause can be appreciated but to rule out a mural mass or stricture. Complementing workup by an abdominal ultrasound examination is considered beneficial. If any mural abnormality can be ruled the most frequent comorbidities in case of intermittent constipation are chronic kidney disease or obesity, however a multifactorial pathomechanism for recurrent constipation is considered and a primary cause may not be found in many cases. Pain originating from the lumbosacral junction may also contribute to constipation.

**BREED**

DLH

For long term treatment, dietary management (e.g. soluble fibers and psyllium) with or without oral lactulose may help to support digestive transit and soften the stool. Increase water intake may be beneficial as well.

**SEX**

Spayed Female

The osteopenia can be age related and secondary to underlying renal disease.

**AGE**

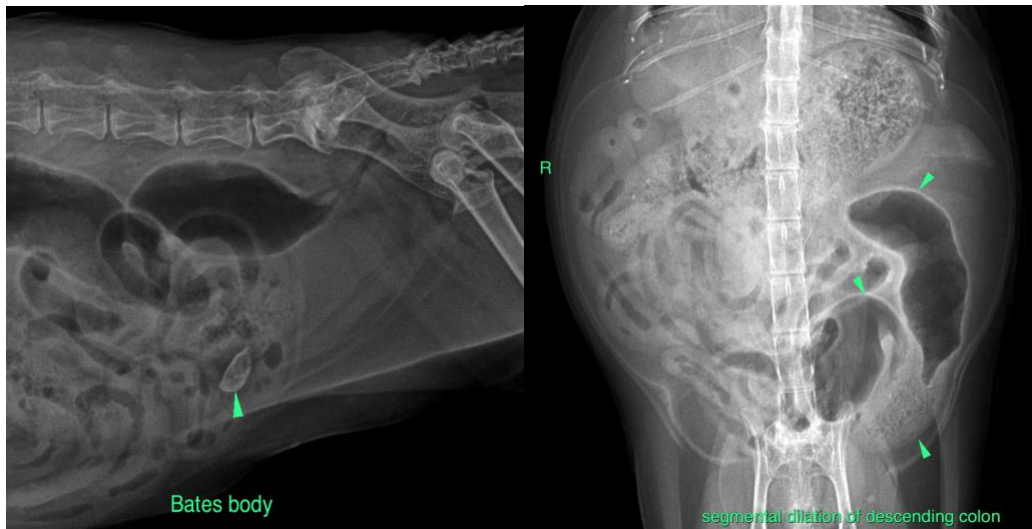
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**REFERRING VET**

Dr. Masoud

**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.**

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.

**INVOICE**

13721

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**DATE**

10/12/21



**PATIENT**

Bija Bell

**SPECIES**

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**BREED**

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**SEX**

Spayed Female

**AGE**

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