



**PATIENT**

Safari Kerrigan

**PRESENTING CLINICAL SIGNS**

Vomited 3 times in the last 24 hours, suspect P's symptoms could be caused by a severe gastritis or pancreatitis; however, I am concerned over possible foreign body obstruction.

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Radiographs of the abdomen in three imaging planes are provided for review. Images are provided in JPEG file format.

**BREED**

Bengal

The surrounding bony structures are within normal limits.

**SEX**

Female

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.

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

**AGE**

1

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 and is empty.

**HOSPITAL NAME**

Incline Veterinary  
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.

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Kevin Oran

- Normal abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to empirical therapy, either follow up radiographs or a complete abdominal ultrasound examination are recommended; in some cases, a high ileus may lack classical radiographic signs of mechanical obstruction.

**DATE**

10-13-21



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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.

**SPECIES**

Feline

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

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Bengal

**SEX**

Female

**AGE**

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