



**PATIENT PRESENTING CLINICAL SIGNS**

**Zoey Murtaugh** History: Owner noticed in the last few week Zoey loosing weight, eating less than usual, lethargic, urinating outside the litter box / in bed. No history of V/D/C/S. Mucous membrane slightly icteric. Urine collected dark yellow. Tachycardia, possible heart murmur grade 1-2/6

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: Blood work indicate increase in ALT 215 (100), ALP 798 (90), Total bilirubin 70 (9), increase in Cholesterol 6.9 (5.1), otherwise unremarkable normal. Normal T4 12.01 U/A result pending.

**BREED RADIOGRAPHIC STUDY OF THE THORAX AND ABODMEN**

**DSH** An overview study including the thorax and abdomen in three imaging planes is provided for review

**RADIOGRAPHIC FINDINGS**

**SEX**

**Thorax**

**Spayed Female**

Multifocal mild spondylosis formation is present along the thoracic spine. The ribs are diverging.

**AGE**

The extrathoracic soft tissues present homogeneous without abnormalities.

**11 Years**

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

**INTERPRETED BY**

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

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

**St. Catharine's AH**

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**REFERRING VET**

**Dr. Bekhit**

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**Abdomen**

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The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. In the VD projection, the right iliac wing presents a mild fuzzy appearance of the lateral aspect – due to superimposed fecal material.

**DATE**

**10/14/21**



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

Zoey Murtaugh The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The hepatic volume is mild to moderately increased.

**SPECIES** The splenic head is in the anticipated position and within normal limits for size and opacity.

Feline

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.

**BREED**

DSH

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

**SEX**

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.

Spayed Female

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

**AGE**

11 Years

**RADIOGRAPHIC DIAGNOSIS**

- Hepatomegaly
- Spondylosis deformans
- Normal thorax

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

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No additional relevant abnormalities are appreciated.

**REFERRING VET**

Dr. Bekhit

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**PATIENT**

Zoey Murtaugh

**SPECIES**

Feline

**BREED**

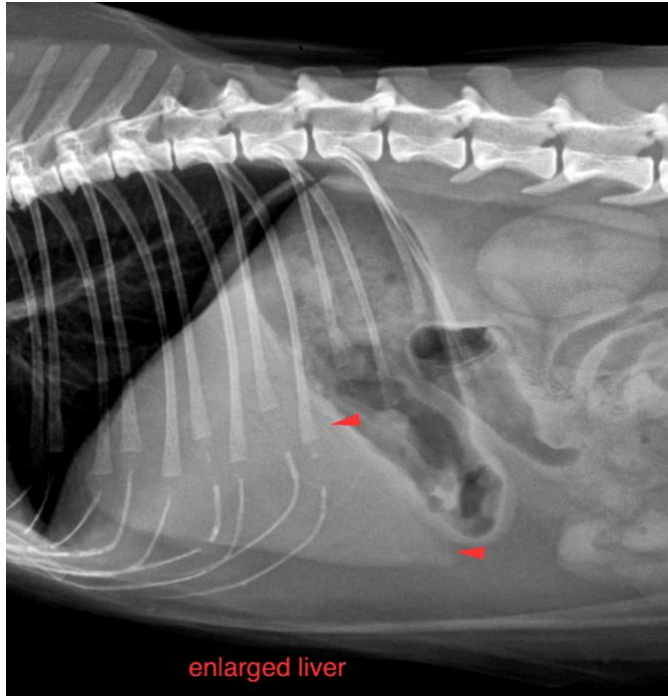
DSH

**SEX**

Spayed Female

**AGE**

11 Years



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DVM Dr. med. vet.  
DipECVDI

**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.

**HOSPITAL NAME**

St. Catharine's AH

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

**REFERRING VET**

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