



**PATIENT PRESENTING CLINICAL SIGNS**

Midnight Merse History: Pt jumped out of a three story window. Concern for fracture of left metacarpal, pulmonary contusions and abdominal impact

**SPECIES Abnormal PE/Chem/CBC/UA Results:**

Feline **RADIOGRAPHIC STUDY OF THE ABDOMEN AND LEFT FRONT PAW**

A complete set of radiographs of the abdomen and left front limb is provided for review.

**BREED RADIOGRAPHIC FINDINGS**

DSH

**Left Front Limb**

**SEX** The left front paw presents a circumferential moderate soft tissue swelling.

Neutered Male The distal growth plates of the radius and ulna appear normal.

**AGE** There is palmar subluxation of the metacarpal bones in the carpometacarpal joint. The antebrachiocarpal joint is in a mild flexed position.

7 Months The distal diaphysis of the 3<sup>rd</sup> and 4<sup>th</sup> metacarpal bone presents a serrated transverse fracture with palmar angulation of the distal fragments. The fifth metacarpal bone is superimposed with the 4<sup>th</sup> metacarpal bone, no overt abnormality of the fifth metacarpal bone is appreciated.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**Abdomen**

The dorsal lamina of S1 and S2 are incompletely fused.

**HOSPITAL NAME**

Rockaway AH

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

The serosal detail is moderately decreased and the peritoneal fat presents with a moderate soft tissue striation.

**REFERRING VET**

Dr. Ascot

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

The volume of the left kidney is moderately increased in comparison to the right kidney. Both kidneys present within normal limits for the shape. The urinary bladder can be delineated in the caudal abdomen, is mild to moderately distended and is in its anticipated position.

**INVOICE**

13823

**RADIOGRAPHIC DIAGNOSIS**

- Moderate peritoneal effusion
- Left sided palmar subluxation carpometacarpal joint

**DATE**

10/16/21



**PATIENT**

Midnight Merse

- Acute traumatic transverse fracture distal diaphysis 3<sup>rd</sup>&4<sup>th</sup> left metacarpal bone
- Moderate soft tissue swelling left front paw
- Left sided renomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The peritoneal effusion with the history of preceding traumatic insult can present hemoabdomen commonly due to laceration of the liver or spleen. Uroabdomen is a differential due to laceration of ureter or the urinary bladder is a differential. Tapping the peritoneal effusion would be beneficial for further definition. If the peritoneal tap indicates uroabdomen, a positive contrast cystography in two orthogonal imaging planes is warranted to check for defect of the urinary bladder wall. Excretory urography is warranted if there is concern for ureteral laceration.

**BREED**

DSH

The findings of the left carpal joint are consistent with traumatic hyperextension syndrome with at least palmar subluxation of the carpometacarpal joint and transverse fracture of the 3<sup>rd</sup>&4<sup>th</sup> left metacarpal bone and associated soft tissue swelling. Recommend stressed radiographs under general anesthesia to check for more complex instability of the left carpal joint. Prior to stressed radiographs, a well-positioned dorsopalmar projection of the left front paw is recommended as in the current set of radiographs moderate rotation is present.

**SEX**

Neutered Male

**AGE**

7 Months

The clinical relevance of the unilateral renomegaly is unclear, potentials include renal hematoma (would expect more asymmetric enlargement)/subcapsular hematoma, normal anatomical variant, hyperplasia, hydronephrosis, nephritis, neoplasia. Ultrasound can be used for further definition if applicable.

**INTERPRETED BY**

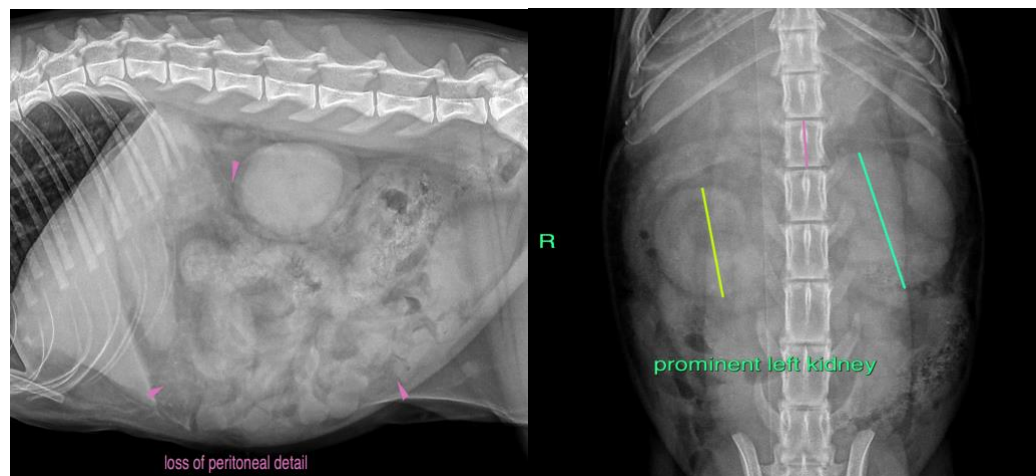
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**PATIENT**

Midnight Merse

**SPECIES**

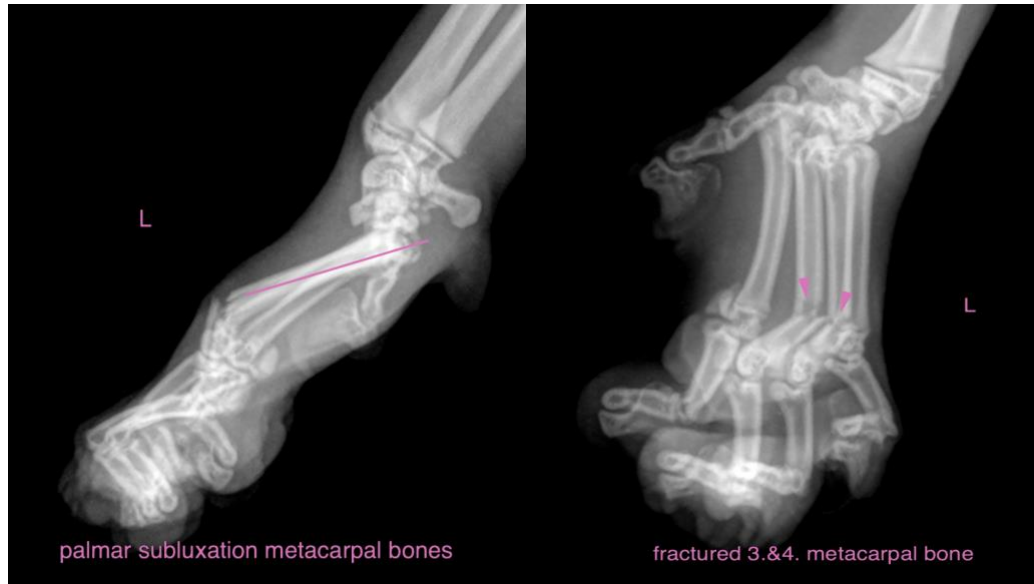
Feline

**BREED**

DSH

**SEX**

Neutered Male



**AGE**

7 Months

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.

**INTERPRETED BY**

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