



**PATIENT**

Callie Berridge

**PRESENTING CLINICAL SIGNS**

lethargic, not eating for 3 days, vomiting- yellow bile for 3 days, owner not sure about diarrhea  
Abnormal PE/Chem/CBC/UA Results: CBC- mild stress leukogram, fPL WNL, rest WNL

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**RADIOGRAPHIC FINDINGS**

**BREED**

DSH

The surrounding bony structures are within normal limits.

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

**SEX**

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**

2 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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 generalized mildly distended by gas.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Empty gastrointestinal tract
- Gas pattern of the colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The empty gastrointestinal tract is considered as a sequela to the presenting clinical signs, but the radiographic study fails to present an underlying cause. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination; in some cases, a high ileus may lack classical radiographic signs of mechanical obstruction.

**REFERRING VET**

Dr. Jui Gokhale

**INVOICE**

54825

**DATE**

10-26-22



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**SEX**

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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.

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