



PATIENT PRESENTING CLINICAL SIGNS

Skippy Jon Jones
Barney

History: O IS CONCERNED PT IS CONSTIPATED, ONLY PRODUCING SMALL HARD STOOLS FOR THE PAST WEEK

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; Oral Cavity: Mild dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen - difficult for deep palpation due to size - firm fecal material palpated in descending colon Uro/Perineum: N Musculoskeletal: Abnormal ambulation, RH lameness. Pet sits in the carrier with the RH extended out - stiff but able to gently flex. BCS 6/9 Neurological: Alert

BREED

DSH

RADIOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

SEX

Neutered Male

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

RADIOGRAPHIC FINDINGS

AGE

7 Years

The patient presents with obese body condition.

The hind limbs are superimposed on the caudal abdomen in the lateral projection.

Multifocal mild spondylosis formation is seen along the lumbar spine. The pelvis presents without abnormalities.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

DPC Veterinary H

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

The urinary bladder is in its anticipated position. No radiopaque calculi are noted.

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

REFERRING VET

Duke

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.

INVOICE

13534

The colon is seen in the expected position and is moderately to markedly distended by hyperdense fecal material – presenting the nearly the same density like the lumbar vertebra.

RADIOGRAPHIC DIAGNOSIS

DATE

10/4/21



PATIENT

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- Obesity
- Constipation
- Mild spondylosis deformans lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

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The findings fit the history of constipation, but unfortunately reveals no specific underlying cause. The most frequent comorbidities are chronic kidney disease or obesity (like in this patient), however, a multifactorial pathomechanism for recurrent constipation is considered and a primary cause may not be found in many cases.

BREED

DSH

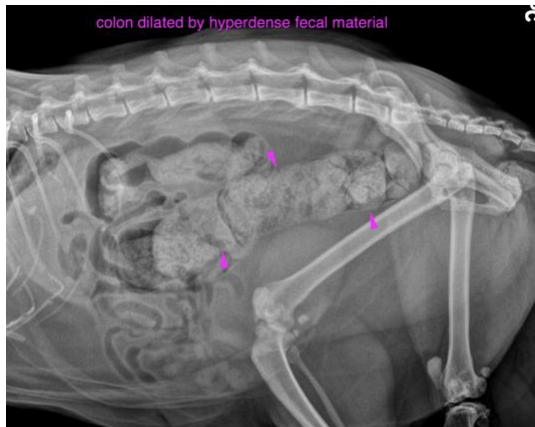
At this point a rectal tube with lubricant and treatment with Cisapride support peristalsis of the colon. An enema under general anesthesia is recommended if the patient does not defecate. Increase water intake may be beneficial as well.

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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.

HOSPITAL NAME

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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.

REFERRING VET

Duke

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

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