



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Boots Nash
SPECIES Feline
BREED DSH
SEX Neutered Male

History: History: Cat had a dental cleaning back on 10/11, extraction ; ever since he has defecated 4 times until last saturday, Buprinomorphin, Dorzolamide. Patient HBC approximately 13-14 years ago and left femur fracture repaired by previous veterinarian with IM pin. Now owner notices since Boots's dental procedure, he seems to be stiff and sore on his left pelvic limb.

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: Chronic anterior lens luxation OD/unchanged; AU clear, no debris. No cough on tracheal palpation. Oral cavity: Surgery sites healing well Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, grade 2/6 systolic murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: Rectal--small fecal ball clay-like texture palpable in distal rectum. Cannot remove with finger. No palpable masses. Musculoskeletal: BCS = 5/9. Ambulatory x 4, lameness left pelvic limb/thickened left and right stifles/reduced hip extension left hip Neurological: Alert and appropriate. No deficits noted.

RADIOGRAPHIC STUDY OF THE ABDOMEN

AGE

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

RADIOGRAPHIC FINDINGS

17 Years 11 Months

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The intervertebral disc space L4/L5 & L5/L6 are narrowed and the respective vertebral endplates present moderate spondylosis formation. Both coxofemoral joints present moderate osteophyte new bone formation, R>L. History of left sided femoral fracture and surgical repair by an intramedullary pin.

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
 Hospital

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.

REFERRING VET

Dr. Ward

Both kidneys are seen and present mild irregular margins and mildly decreased volume. 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 presents normal content.

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The small intestinal loops are non-dilated and contain and multiple small intestinal segments contain a small amount of chymus.

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

DATE

11/3/22



PATIENT

Boots Nash

RADIOGRAPHIC DIAGNOSIS

- Chronic nephropathy
- Chronic discopathy L4/L5 & L5/L6
- History of left femoral fracture and surgical management by an intramedullary pin
- Bilateral degenerative osteoarthritis of the coxofemoral joints
- Mild alimentary pattern gastrointestinal tract

SPECIES

Feline

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

The main findings are the chronic renal changes, indicating nephropathy – recommend renal staging. No distinct abnormality of the left hind limb is appreciated but the degenerative joint disease of the coxofemoral joint and remodeling of the left femur due to preceding femoral fracture. Preceding traumatic insult may be a source for pain.

SEX

Neutered Male

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17 Years 11 Months

INTERPRETED BY

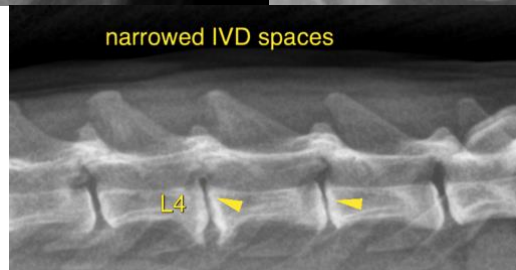
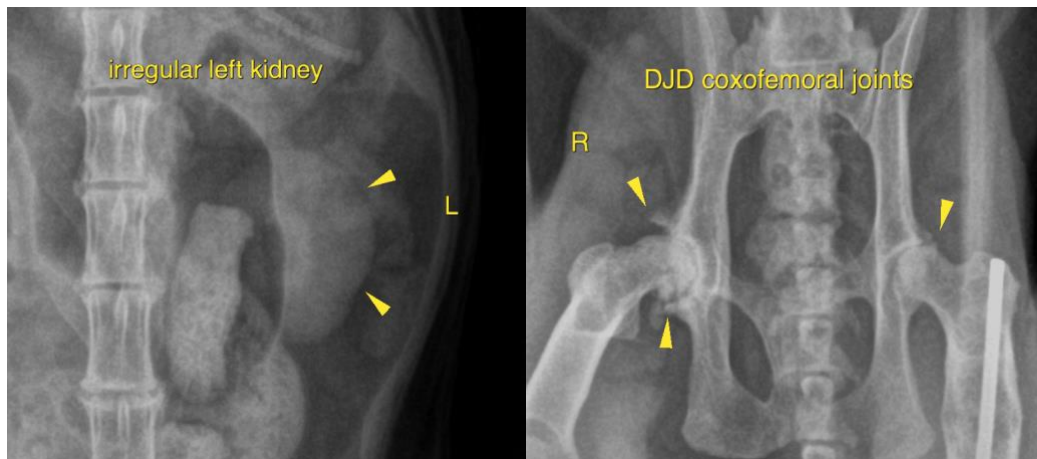
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

11/3/22



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

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