



PATIENT PRESENTING CLINICAL SIGNS

Chad Canson
 p presented for worsening vomiting, slight decrease appetite, weight loss. P has history of intermittent stress-induced vomiting that o has prev controlled w/famotidine. Hx IRIS stage 2 renal disease and asthma. P on homemade diet using Balance-It for micronutrient mix.
SPECIES Abnormal PE/Chem/CBC/UA Results: QAR, weight loss (0.3 lbs in 5 months), moderate generalized muscle wasting, ~4 mm ulceration on caudal palate, H/L- mild inc bronchovesicular sounds, mild discomfort with mid-abdominal palpation with no effusion or masses appreciated. Serum icteric (labs pending)
 Feline

BREED RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

SEX RADIOGRAPHIC FINDINGS

Male Neutered
Thorax
 The costal cartilages present moderate degenerative changes.

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

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI
 A generalized mild increased visibility of the bronchial walls is appreciated. The ventral aspects of the lung parenchyma present a moderate unstructured reticular lung pattern.

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

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

Abdomen

REFERRING VET The intervertebral disc space L7/S1 is collapsed and the respective vertebral endplates present moderate spondylosis formation.

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

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

55574
 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.

DATE The volume of the left kidney is moderately decrease. Mineral opaque material is seen in the imaging plane of the renal pelvis bilaterally. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.
 12-13-22



PATIENT

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

Chad Canson

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.

SPECIES

Feline

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

BREED

DSH

RADIOGRAPHIC DIAGNOSIS

- Suspect advanced left sided chronic nephropathy
- Nephrolithiasis bilaterally
- History of feline bronchial disease with broncho-interstitial lung pattern, no evidence of air-trapping
- Chronic discopathy

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A specific cause for the history of vomiting cannot be identified in the current radiographic study, but signs for renal disease fitting the history. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. Complementing workup by an abdominal ultrasound examination appears beneficial to screen for mural changes of the gastrointestinal tract not appreciated by radiography.

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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Veterinary Hospital

REFERRING VET

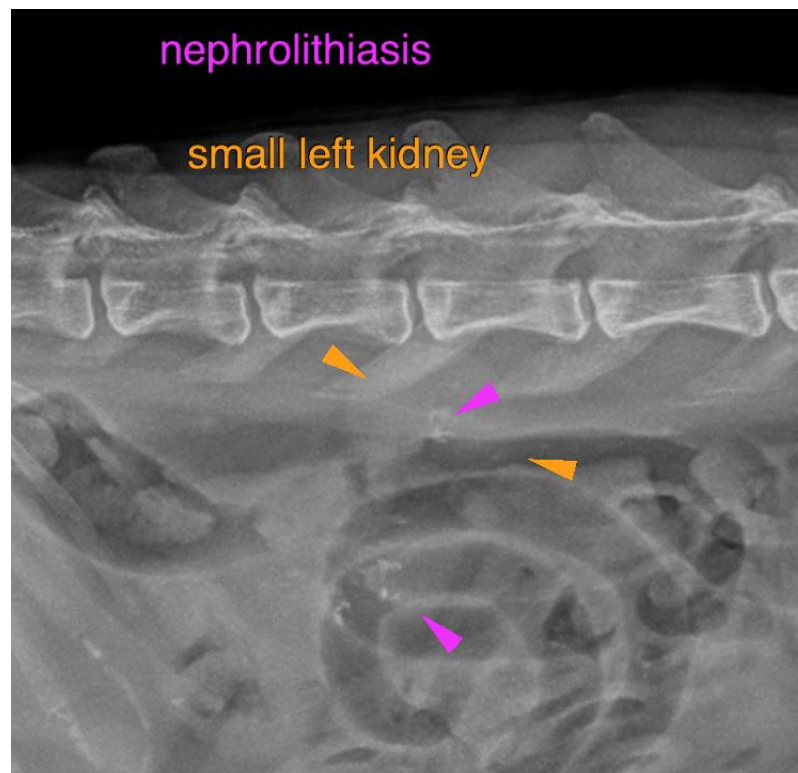
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PATIENT

Chad Canson

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Male Neutered

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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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