



**PATIENT**

Lola Czerniawska

**PRESENTING CLINICAL SIGNS**

Not eating for 3 days. Vomiting after eating when given food. Experiencing loss of weight in the last couple weeks.  
 Abnormal PE/Chem/CBC/UA Results: Bloodwork was normal with slight elevation in SDMA. Creatinine values were in the higher normal. Other than that all blood parameters and thyroid levels were WNL

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

Ragdoll

**RADIOGRAPHIC FINDINGS**

The vertebral endplates of the lumbosacral junction present mild pointed ventral margins.

**SEX**

Spayed Female

A moderate, mild heterogeneous, subcutaneous swelling is seen along the thoracic wall bilaterally with small gas inclusions – preceding subcutaneous infusion.

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

**AGE**

15 Years

The liver is appropriate in position, size and presents branching mineralization of the parenchyma. Convex shaped mineralized material is superimposed on the ventral aspect of the liver.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

The splenic head is in the anticipated position and within normal limits for size and opacity.

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.

**HOSPITAL NAME**

Truscott Animal Hospital

The stomach is in its anticipated position and empty

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 is moderately distended by gas.

**REFERRING VET**

Mena Abdelsayed

**RADIOGRAPHIC DIAGNOSIS**

- Overall empty gastrointestinal tract
- Suspect mineralized biliary sludge
- Suspect branching mineralization of the intrahepatic biliary tree
- Mild spondylosis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

12-27-21

The empty gastrointestinal tract is a sequela to the presenting clinical signs of hyporexia. A specific underlying cause is not appreciated. The mineralization of the hepatic parenchyma and possible mineralized biliary sludge are likely a sequela to preceding inflammation but may predispose for cholangiohepatitis. Rule out any obstructive event of the biliary tract as well – ultrasound appears to be a beneficial advanced imaging modality.



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If not done so yet, complementing lab work by fpl appears beneficial.

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**REFERRING VET**

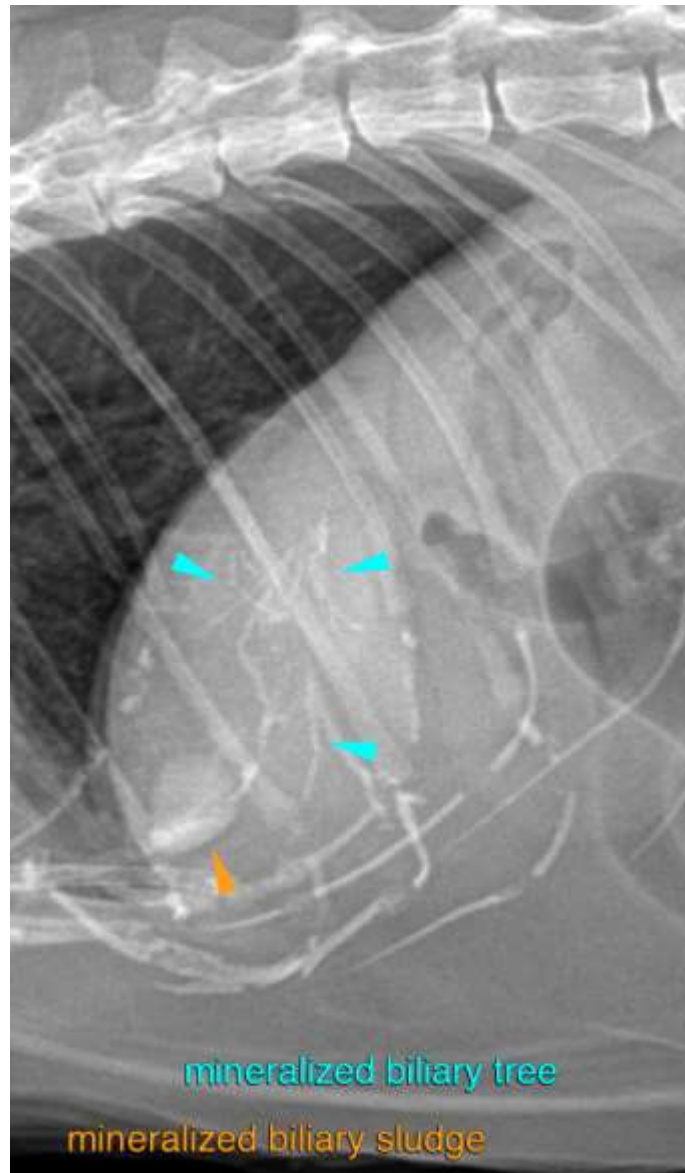
Mena Abdelsayed

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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.

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.

**SPECIES**

Feline

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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