



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sadie Tyrrell
SPECIES Feline
BREED DSH
SEX SF
AGE 1 Year, 9 Months

Rechecking: radiographs & bloodwork depending on if P is doing better or not. History: Patient is presented today for a progress to see how P is doing from previous visit with x-rays. O states that from previous apt. P started getting better eating good with the feline I/D mixed with the regular food P eats. But O states that yesterday P threw up twice it was clear liquid & P started to eat a little less but O says that P will do that on & off but O does states that over the last 24 hours P has seemed a little less playful & O thinks she is noticing P drinking water more then normal. Owner also mentions that O noticed P's bowel movements over the last day or 2 P seems to be taking little poops but P is not straining to urinate or poop.

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Abnormal PE/Chem/CBC/UA Results: Exam Notes: Pet is BAR. Clear OU and AU. Normal on cardiothoracic auscultation. Soft but seems painful on abdominal palpation. No obvious FB palpated. Skin: WNL Diagnostics & Testing: 1) CBC: NEU 2.25 (2.30-10.29) 2) CHEM: ALKP < 10 (14-111), TBIL 1.5 (0.0-0.9) 3) fPL: Normal

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.
 No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

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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 empty.

REFERRING VET

Dr. Rivera

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 contains a small amount of

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- Empty gastrointestinal tract

RADIOGRAPHIC DIAGNOSIS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-2-23

The empty gastrointestinal tract is considered as a sequela to the presenting clinical signs. No abnormalities are appreciated, explaining the vomiting. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. The presumptive diagnosis is gastritis/gastroenteritis. 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.



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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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