



**PATIENT**

Mittens Amoruso

**PRESENTING CLINICAL SIGNS**

Anorexia for several days. Vomiting (though did hold a small feeding down this morning). Owner has not seen a bowel movement in several days. Normally fed a home-made diet.  
Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: Phos = 2.8 (low) K = 3.2 (low)

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

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

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

The body condition score is 7/9.

**SEX**

Female Spayed

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

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.

**AGE**

12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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

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

Abdomen

The vertebral endplates of the lumbosacral junction present mild spondylosis formation.

**REFERRING VET**

Russell Earl

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.

**INVOICE**

56865

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.

At the medial aspect of the spleen, a fusiform shaped soft tissue opacity is seen – considered as the pancreas accentuated by the surrounding fat.

**DATE**

2-21-23

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 contains a small amount of heterogenous soft



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tissue material.

Mittens Amoruso

The small intestinal loops are of even diameter and non-dilated, a small amount of gas and foamy material is seen within the small intestinal loops.

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

**RADIOGRAPHIC DIAGNOSIS**

- Foamy material throughout the gastrointestinal tract
- Visible pancreas
- Spondylosis deformans lumbosacral junction

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Female Spayed

Foamy soft tissue material is seen throughout the gastrointestinal tract, indicating some chymus. If there was no recent ingestion of food, the foamy material can be a sequela to severely delayed gastrointestinal transit time (e.g. functional ileus secondary to pancreatitis, gastroenteritis) – considered most likely here – or foreign material. The visible pancreas is considered as a normal finding in the obese patient but swelling and focal peritonitis due to pancreatitis need to be ruled out by lab work.

**AGE**

12 Years

If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination.

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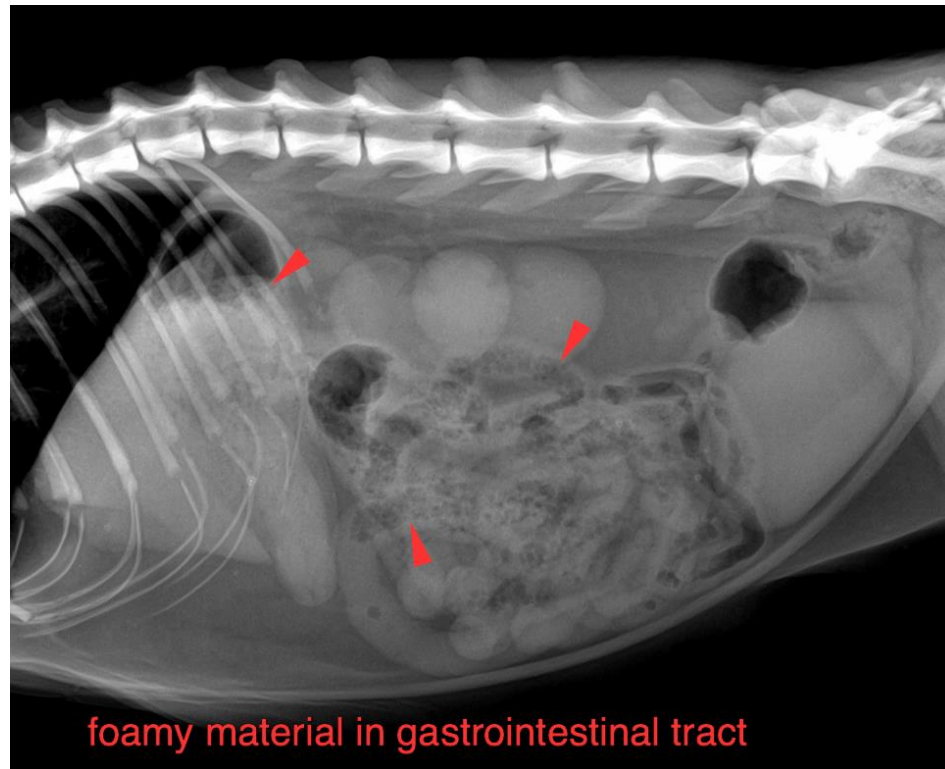
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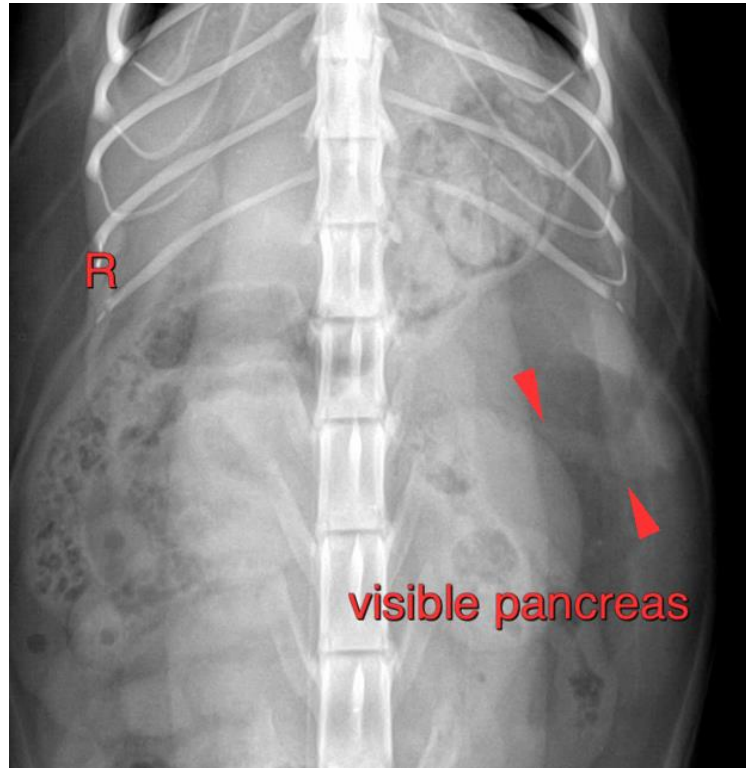
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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