



**PATIENT**

Pumpkin Romanova

**PRESENTING CLINICAL SIGNS**

P presents for vomiting. O states P vomited 4-5x yesterday and 1x today. Started off as foamy, but the last one was bile and it looked like there was a piece of plastic in it. P is eating treats and chicken. Some diarrhea. O took P to Rhode Island with them when P was vaccinated a few days ago and friends who they stayed with had children who possibly may have given her something (unsure).

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits, the growth plates are age related open.

**SEX**

Female

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.

**AGE**

18 Weeks

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.

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The stomach is in its anticipated position and contains a small amount of fluid and foamy material.

The small intestinal loops are generalized prominent and appear rigid.

The colon is seen in the expected position and contains gas and unformed fecal material.

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**RADIOGRAPHIC DIAGNOSIS**

- Mild fluid filled small intestinal loops
- Unformed fecal material in colon

**REFERRING VET**

Dr. Claudia Giuliani,  
DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pattern of the gastrointestinal tract in combination with the presenting clinical signs is suggestive for enteritis/gastroenteritis. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. 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.

**INVOICE**

56937

**DATE**

2-24-23



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18 Weeks

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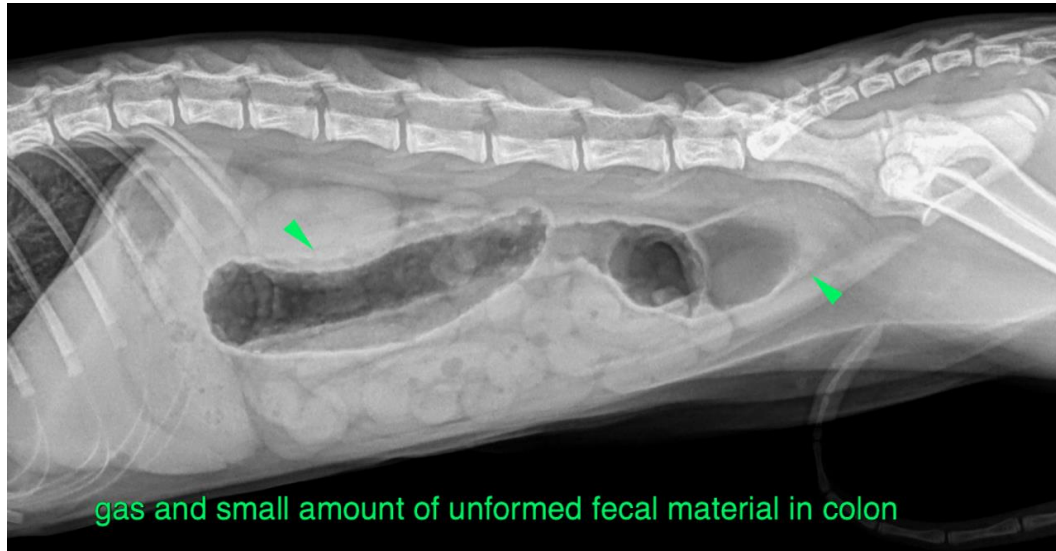
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com