



**PATIENT**

Thor Geden

**PRESENTING CLINICAL SIGNS**

Not eating , vomiting lethargic for 2 days , owner noticed that Thor not pooping or peeing last 2 days

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: QAR, moderate abdominal discomfort , urine was collected very dark brown color , BW indicated neutropenia , leukopenia , mild hyperglycemia mild elevated ALT, fPLi WNL , rest is okay

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

**BREED**

Siamese

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

**RADIOGRAPHIC FINDINGS**

**SEX**

Male Neuter

The surrounding bony structures are within normal limits.

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**

4 Years

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. The splenic body and tail are considered normal for position, size, shape and opacity.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**

St. Catherine's Animal  
Hospital

The stomach is in its anticipated position and is 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 presents with appropriate content.

**REFERRING VET**

Dr. Masoud

**RADIOGRAPHIC DIAGNOSIS**

- Empty stomach

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50859

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

3-10-22

The radiographic study presents no abnormality, explaining the history of vomiting. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to empirical management, complementing workup by an abdominal ultrasound examination can be used for further assessment of the mural lining of the gastrointestinal tract – checking for signs of mural infiltrative disease – and evaluation of the organ architecture of the parenchymal organs.



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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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