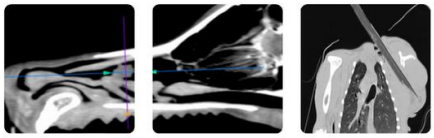


PATIENT

Ginger Hiczewski

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17Y, 4M

WEIGHT

5.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Noah Seward, DVM

HOSPITAL NAME

Fetch the Vet Mobile Veterinary Practice

REFERRING VET

Noah Seward, DVM

INVOICE

74149

DATE

3-11-26

PRESENTING CLINICAL SIGNS

- P has a history of CKD.
- P had her LHL removed several years ago, but had been getting around fine on 3 legs until recently.
- P had been eating, drinking and doing well until this past Friday evening when she started to not be able to get around well and was dragging herself on her stump.
- P has been hyporexic, has vomited once, and is quite dehydrated.
- P can barely use her remaining hind limb at all and P has been knuckling on her HL. P is very tender on her anus and it is very inflamed. P's back is contorted like one side of her epaxials are contracted.

Abnormal PE/Chem/CBC/UA Results: -Temp: 99.2F -P had firm fecal balls and the abdomen felt dough. There seems to be some thicker-feeling intestines. -1-2/9 BCS - A soft murmur was noted. - Femoral pulses were assessed in her remaining limb and were WNLs (possibly a bit thready?). - Generalized marked muscle atrophy. - There is chronic arthritic changes on P's R stifle. P is stiff on hip manipulation. - P seems to not know where her limb is. She constantly knuckles. Deep pain is present when toes are pinched. FLs have normal paw replacement, but RFL does knuckle a small amount. - Anal tone seems WNLs. - P is able to move tail without issue. - P's caudal dorsum seems to be contracted in one direction. - Mucous membranes are pale pink and tacky. - P was anemic on previous BW. - Stage 2 CKD - Previous UTI

RADIOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

Radiographs of the abdomen in three image planes are provided for review. Radiographs are provided in PNG file format and compression artefacts are present.

RADIOGRAPHIC FINDINGS

The body condition score is 2-3/9.

The osseous and surrounding soft tissue structures of the lumbar spine reveal no abnormalities.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

The left hind limb is absent – but the most proximal segment of the left femur and the femoral head.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is lost, due to the lack of peritoneal fat.

The liver is appropriate in position, size and presents uniform opacity – the margins of the abdominal organs are effaced.

The stomach is in its anticipated position and is mild to moderately distended by fluid and gas.

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 presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Gas and fluid distended stomach
- Lean body condition with secondary decreased abdominal serosal detail

PATIENT

Ginger Hiczewski

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17Y, 4M

WEIGHT

5.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Noah Seward, DVM

HOSPITAL NAME

Fetch the Vet Mobile Veterinary Practice

REFERRING VET

Noah Seward, DVM

INVOICE

74149

DATE

3-11-26

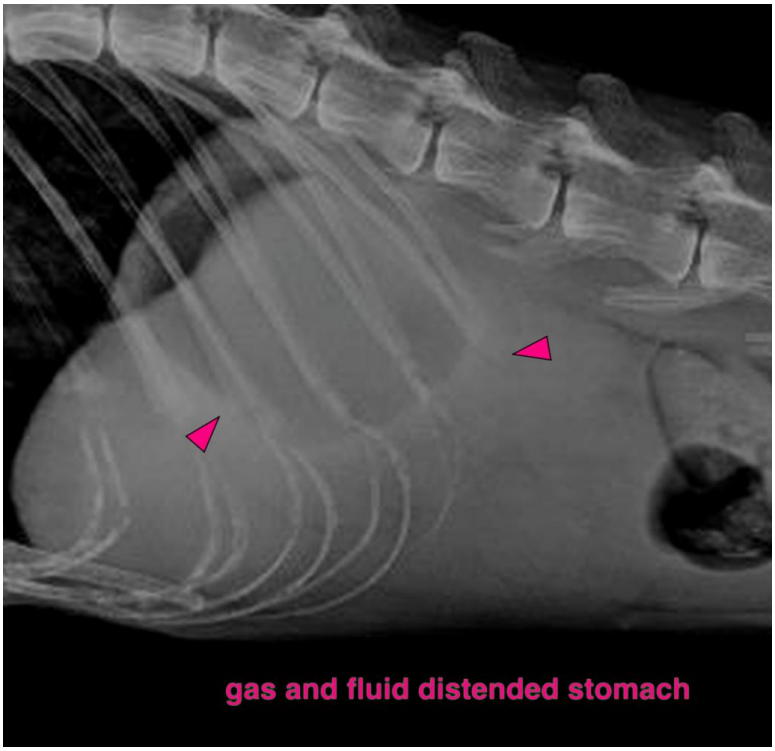
- History of amputation left hind limb
- Normal lumbar spine
- Normal pelvis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lean body condition limiting assessment of the abdominal organs.

The gas and fluid distended stomach can be related to stress or indicative for gastric emptying disorder – mechanical versus functional (e.g. gastritis, pancreatitis). Complementing workup by an abdominal ultrasound examination may be beneficial for assessing the abdominal organs.

No abnormalities are appreciated that do explain the neurological deficits in the hind limb.



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
info@sonopath.com