



PATIENT

Shredder Claffey

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14Y

WEIGHT

14.75lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Brita Kiffney

INVOICE

74142

DATE

3-11-26

PRESENTING CLINICAL SIGNS

- Shredder is a delightful senior cat who does not show his age on exam, but owners are now reporting daily vomiting- variable hairballs, undigested food, partially digested food. P has good appetite and energy. Exam unremarkable other than mild dental disease and mild weight loss. I am concerned for SCL vs IBD, I have not spelled this out for O's as they take info in small bits at a time best. Shredder was treated with I131 therapy for hyperthyroidism in 2023, thyroid has stayed normal after an initial transient dip.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF. Chem: mild inc BUN 39 with high-NL SDMA (11) and creat (1.9). Ca, Phos, Lytes WNL; LEZ low-WNL. T4: WNL, static (2.0 prev 2.1 last year) u/a: USG 1.020, pH 6.5, trace protein (UPC not performed) FeLV/FIV neg x 2

RADIOGRAPHIC FINDINGS

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.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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

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.

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

Abdomen

The vertebral endplates L7/S1 present mild spondylosis formation.

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.

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.

Both kidneys are seen and present with normal size, shape, delineation and opacity. A small amount of mineral opaque material is appreciated in the image plane of the renal pelvis bilaterally. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the lower urinary tract.

The stomach is in its anticipated position and empty.



PATIENT

Shredder Claffey

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14Y

WEIGHT

14.75lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Brita Kiffney

INVOICE

74142

DATE

3-11-26

The small intestinal loops are of even diameter, generalized mildly distended by gas and the wall of the small intestinal tract is subjectively prominent.

The colon is seen in the expected position, empty and collapsed.

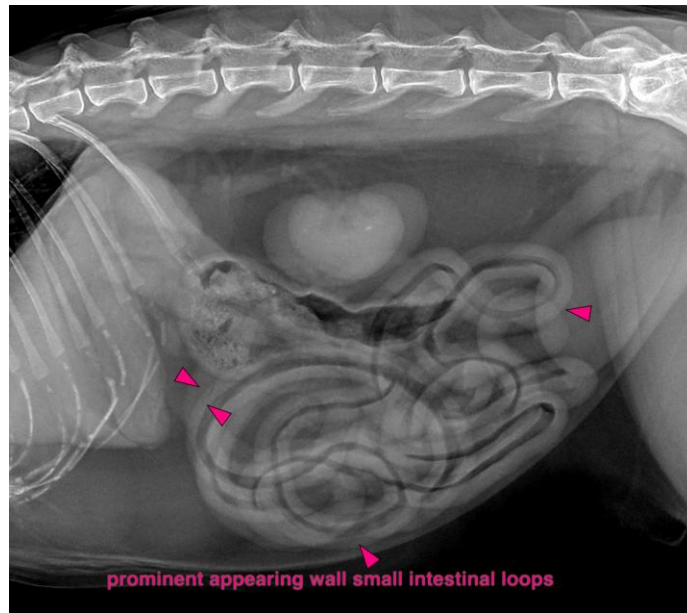
RADIOGRAPHIC DIAGNOSIS

- Subjective prominent wall small intestinal tract with mild gas pattern
- Overall empty gastrointestinal tract
- Nephrolithiasis versus mild nephrocalcinosis
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the wall of the gastrointestinal tract in plain radiography is limited, anyway the wall of the small intestinal loops appears generalized thickened – can be indicative for chronic inflammation (e.g. lymphoplasmacytic, eosinophilic), neoplastic infiltration, hyperthyroidism, idiopathic. Ultrasound is warranted for confirmation.

There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction.



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