



PATIENT

Zephyr Mcgreath

SPECIES

Cat

BREED

Maine Coon

SEX

MN

AGE

4

WEIGHT

22

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Deanna Taub

HOSPITAL NAME

Pine Creek Veterinary
Hospital

REFERRING VET

Cecilia Gustafson

INVOICE

74159

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- History of shoulder tendinopathy and hip dysplasia - seen for stem cell harvest on 3/5/26. Owner reports fever spike the following day Friday and Sunday (104-105 rectal temperatures). Recheck on 3/9/26 owner reports no defecation since surgery, no vomiting, but not eating (temp 102.5) Bloodwork revealed low Ca (7.5), elevated GGT (68), neutrophilia with suspected left shift, thrombocytopenia - started on Cephalexin 150mg, injection (Cerenia, Onsior, Ondansetron, cefazolin). Recheck 3/12 repeat labs no left shift present but increasing neutrophilia, monocytosis, improved GGT, and thrombocytopenia, RBC decreased from 8 to 6.4. owner reports last full meal was Monday 3/9/26 despite mirtazapine, no vomiting and only 1 reported stool. Incision felt firm with no discharge and mild bruising observed over incision. Rectal temperature 101.5

Abnormal PE/Chem/CBC/UA Results: See above.

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

The subcutaneous fat along the ventral abdominal wall presents moderate soft tissue striation and is swollen. The soft tissue shadow of the inguinal lymph nodes is prominent.

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 spleen is prominent.

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 foamy material.

The small intestinal loops are of even diameter and generalized mild to moderately distended by gas.

The colon is seen in the expected position and generalized moderately distended by gas and foamy unstructured to formed fecal material

RADIOGRAPHIC DIAGNOSIS

- Subcutaneous cellulitis
- Lymphadenopathy inguinal lymph nodes
- Gastric emptying disorder
- Gas pattern intestinal tract
- Splenomegaly
- Osteoarthritis coxofemoral joints due to hip dysplasia



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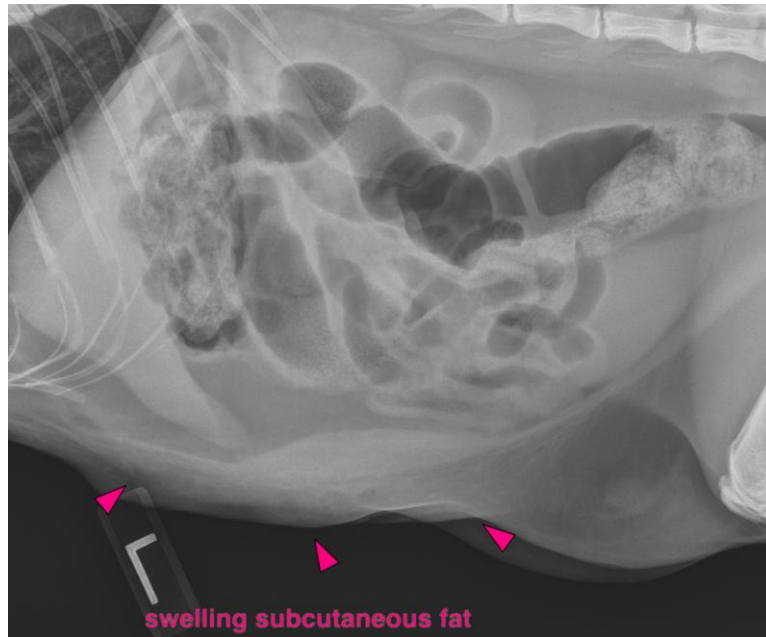
3-12-26

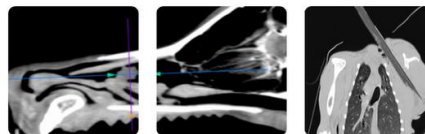
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subcutaneous cellulitis along the ventral abdominal wall may be a sequela to preceding laparotomy, however in combination with the presenting clinical signs rule out possible emerging fatty tissue inflammation/fat necrosis as potential cause for the presenting clinical signs.

The supposed gastric emptying disorder and generalized gas pattern are considered as a sequela to systemic disease rather than primary gastrointestinal pathology. There is no evidence of radiopaque foreign material, abnormal gas pattern or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to therapy, recommend follow up radiographs in two orthogonal imaging planes or a complete abdominal ultrasound examination.

Potential causes for splenomegaly include extramedullary hematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia and infectious diseases.





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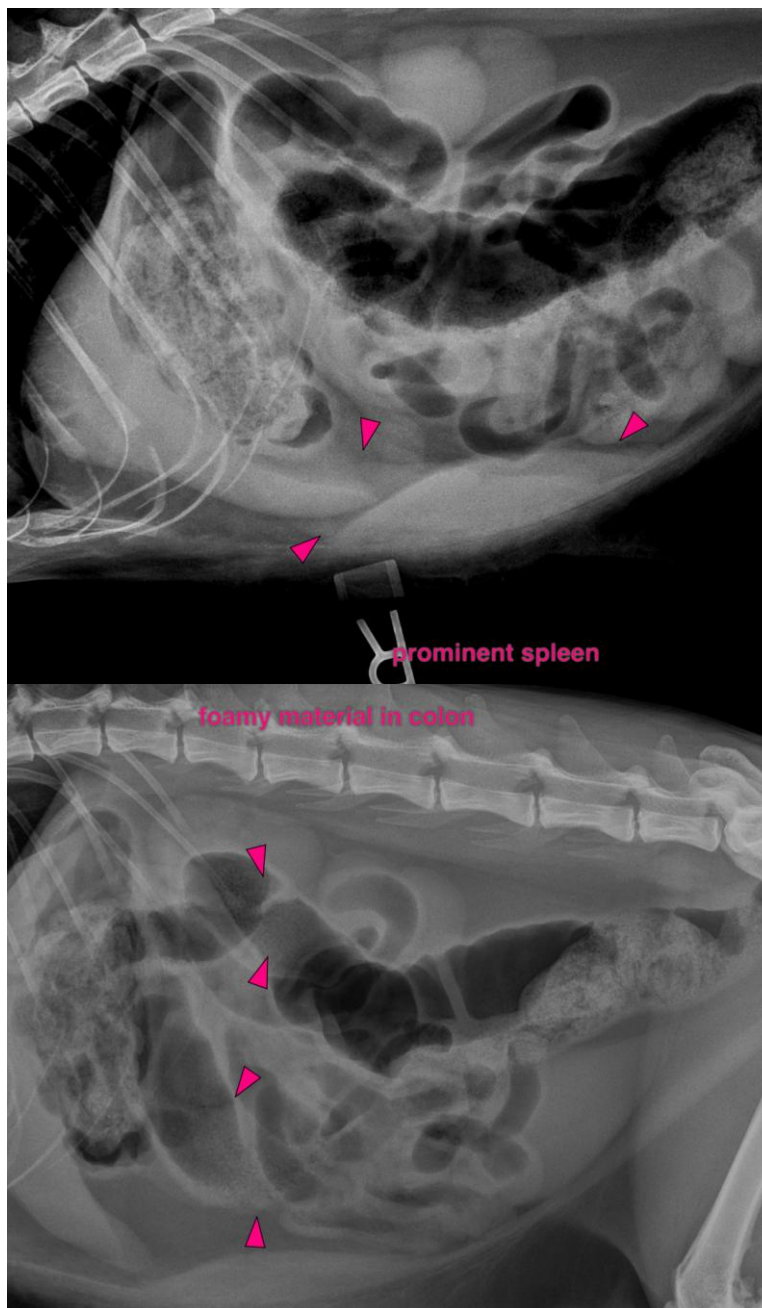
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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