



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Prissy Caudill Reason for Visit: ADR History: P presents for straining to urinate or defacte, vomiting pink fluid and lethargy. O states P threw up some blood 2 weeks ago. She had vet come in for house call, they treated her wuith convenia, vet saw blood in one of the pre-molars. Couple days later P became lethargic. Yesterday P vomited some pink clear fluid and P did not want to eat. O still unsure if P is defacting with blood, she suspects P is constipated. P did not want to eat yesterday.

SPECIES Feline C/S/V/D: vomiting, possible diarrhea with blood

BREED Siamese Mix Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate gingivitis on upper maxillary molars. Mild to moderate dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. Fleas/flea dirt seen Mentation: BAR Hydration: ~5% dehydration Fecal: Declined Diagnostic Testing Needed: CBC/CHEM/UA, fPL, Abdominal radiographs Declined Diagnostics/Treatments: None Findings: 1) CBC: EOS 0.05 (0.17-1.57) 2) CHEM: PHOS 2.6 (3.1-7.5) 3) UA (cysto): SG > 1.050, PROT 30mg/dL, LEU 500Leu/uL, BLD 250Ery/uL, WBC <1/hpf, RBC >50/hpf, no bacteria or crystals present 4) fPL: Normal

SEX SF

AGE RADIOGRAPHIC STUDY OF THE ABDOMEN

6 Years, 10 Months Radiographs of the thorax in two imaging planes are provided for review.

INTERPRETED BY RADIOGRAPHIC FINDINGS

Sebastian Schaub, DVM The surrounding bony structures are within normal limits.
Dr. med. vet. DipECVDI

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

HOSPITAL NAME The serosal detail is maintained throughout the peritoneal space. The retroperitoneal fat presents a mild marmorated soft tissue opacification.

DPC Veterinary Hospital The liver is appropriate in position, size and presents uniform opacity.

REFERRING VET 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.

Dr. Rivera 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.

INVOICE 51486 The stomach is in its anticipated position and is empty but a mild amount of gas.

DATE 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.

4-12-22 The colon is seen in the expected position and is empty



PATIENT **RADIOGRAPHIC DIAGNOSIS**

- Prissy Caudill
- Empty gastrointestinal tract
 - Equivocal mild retroperitoneal effusion/steatitis

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Feline

The gastrointestinal tract is completely empty which might support the diagnosis of gastroenteritis/enteritis as source for the presenting clinical signs. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. An abdominal ultrasound examination can be used for further assessment of the wall layering of the gastrointestinal tract to rule out diffuse infiltrative disease (e.g. inflammatory, neoplastic).

BREED

Siamese Mix

The mild irregular appearance of the retroperitoneal fat might indicate very mild retroperitoneal effusion/steatitis. Ultrasound would be ideal to rule in/out retroperitoneal effusion entirely. Most common cause is either trauma or renal disease – no history of trauma or evidence of renal disease in blood work/urinalysis.

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AGE

6 Years, 10 Months

INTERPRETED BY

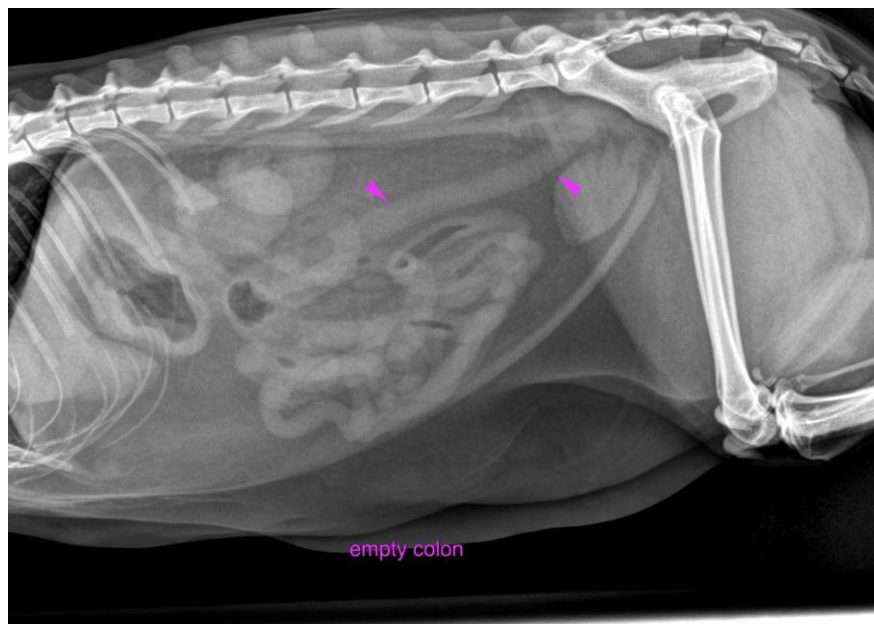
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera



INVOICE

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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.

DATE

4-12-22

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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