



PATIENT

Seamus Jones

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3Y

WEIGHT

13.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Vet Techs

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Brita Kiffney

INVOICE

74617

DATE

4-15-26

PRESENTING CLINICAL SIGNS

Vomiting twice daily for 10 days, still active, eating well.
Abnormal PE/Chem/CBC/UA Results: Temp 102.2, HR 200 nothing under tongue CBC: low eosinophil, Chem: normal USG 1.070

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

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.

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. 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 presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loop. The wall of the small intestinal loops is subjectively prominent.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Subjective prominent small intestinal loops.

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.



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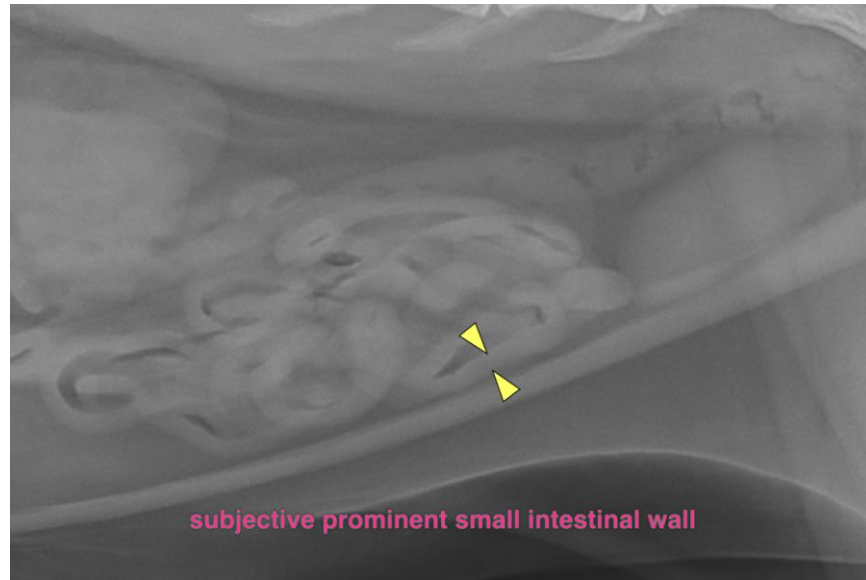
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com