



## PATIENT

Gizmo Mayhew

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

15Y

## WEIGHT

9.3

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Hazel Holman VMD

## HOSPITAL NAME

Blandford Animal  
Hospital

## REFERRING VET

Hazel Holman VMD

## INVOICE

74452

## DATE

4-2-26

## PRESENTING CLINICAL SIGNS

- sorry; these the note from the doctor seeing the cat at that time:
- Has been vomiting all weekend, hasn't been eating either. Did eat a delectable pouch this morning and hasn't vomited it up yet
- \*When did the problem start?\* 4 days ago
- 5% dehydrated.
- M/s owner feels painful joints. Cat pulls himself up instead of jumping. Rh leg was lame for a couple of days last month.
- hx anorexic, lethargic 4 d. vomiting 4 d. vomits 4x a day bile. no bm 4 days.
- cat doing well in 2 days with supportive care of SQ fluids and cerenia

Abnormal PE/Chem/CBC/UA Results: fPLI was 15 proteinuria 100

## RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in two orthogonal imaging planes are provided for review. Radiographs are dated 1/12/26.

## RADIOGRAPHIC FINDINGS

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. 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 is mildly distended by gas and fluid.

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 seen in the expected position and presents with appropriate content.

## RADIOGRAPHIC DIAGNOSIS

- Normal abdomen
- Spondylosis deformans L7/S1

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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; in some cases, a high ileus may lack classical radiographic signs of mechanical obstruction.



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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](mailto:info@sonopath.com)