



PATIENT

Charlie Mccombs

PRESENTING CLINICAL SIGNS

Lethargic and not eating for 4 days
 Abnormal PE/Chem/CBC/UA Results: B/W Elevated BUN Range 5.36 -11.36 Reading 40.63
 Creatinine Range 71 -159 Reading 287 PH Range Range 0.84 - 1.94 Reading 3.68

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

BREED

DSH

RADIOGRAPHIC FINDINGS

Thorax

The vertebral endplates T12/T13 present moderate spondylosis formation.

SEX

Male Neuter

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.

AGE

12 Years

Dorsal to the second and third sternebra, a fusiform shaped soft tissue opacity is seen, extending over 2 intercostal spaces in length.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

St. Catherine's Animal
 Hospital

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

Abdomen

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

REFERRING VET

Dr. Boctor

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

The abdomen is distended, and the abdominal serosal detail is lost and presents a uniform soft tissue opacification, effacing the margins of the abdominal organs. The serosal detail is lost, and the borders of the abdominal organs are effaced. The peritoneal fat can be appreciated as heterogeneous fat opacity multifocal throughout the abdomen interspersed within the peritoneal effusion.

INVOICE

51710

DATE

4-23-22

Both kidneys are seen and present with normal size, shape, delineation and opacity. A roundish heterogeneous mild mineralized body is seen in the imaging plane of the urinary bladder, measuring 17 mm in diameter. In the lateral view, cranial to the kidney a nodular soft tissue opaque structure measuring 5 mm in size is seen.

The stomach is in its anticipated position and presents normal content.



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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.

SPECIES

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RADIOGRAPHIC DIAGNOSIS

- Moderate to marked amount of peritoneal effusion
- Lymphadenopathy sternal lymph node
- Cystolithiasis
- Suspect prominent (left?) adrenal gland
- Chronic discopathy L7/S1
- Spondylosis deformans

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Male Neuter

The main finding is the peritoneal effusion, an underlying cause is not identified in the radiographic study and potentials include exudate or transudate – inflammatory, infectious, hemorrhage or neoplastic in origin. If not done so yet, fluid analysis is mandatory for further definition. An abdominal ultrasound is beneficial for assessment of the abdominal organs as well.

AGE

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The enlarged sternal lymph node might be a sequela of the peritoneal effusion or other pathology of the abdomen, as it is draining the cranial parts of the peritoneal cavity.

INTERPRETED BY

Sebastian Schaub, DVM
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REFERRING VET

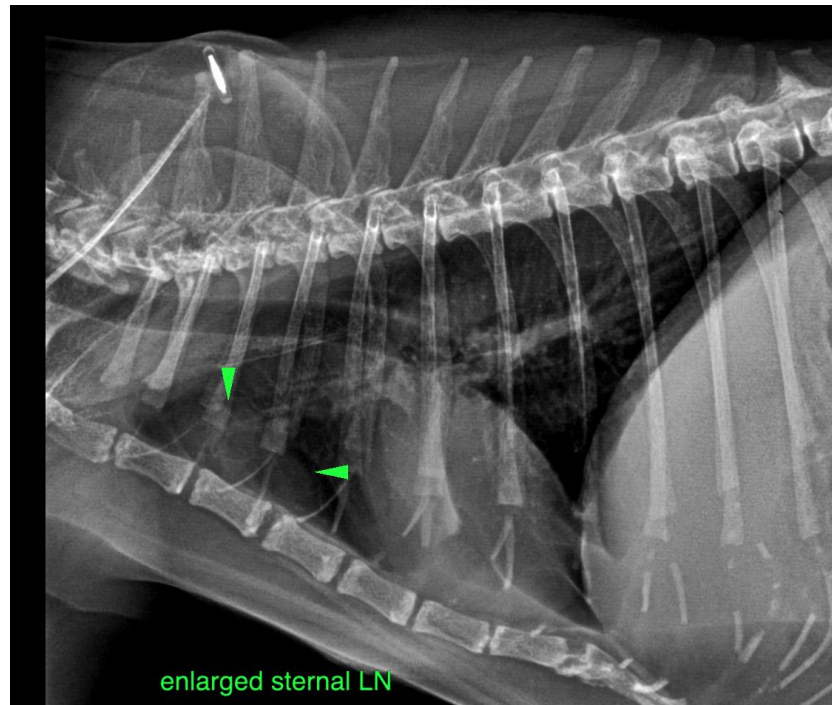
Dr. Boctor

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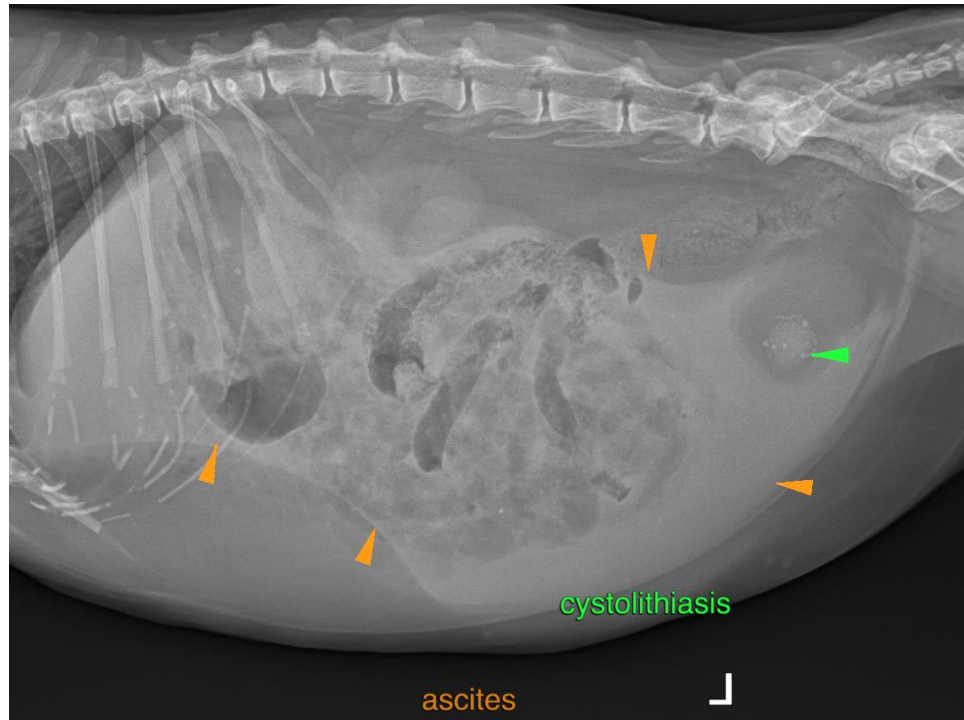
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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