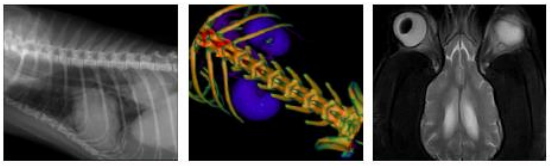

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nacho Libre Ellison

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE

57642

DATE

4-5-23

PRESENTING CLINICAL SIGNS

p presented for senior wellness with hx of chronic vomiting with recent increase in frequency (daily). P also seems deaf, and is very VOCAL. On exam, P is thin/ mod muscle wasting with mild-mod thickened intestines, 2/6 parasternal heart murmur, lots of vocalization throughout exam- not necessarily unhappy or painful but talkative, getting a BP seemed impossible. Senior labs show normal CBC, IRIS stage 2 renal dysfunction with normal phosphorus/potassium, normal thyroid. I suspect increase in vomiting is due to primary GI rather than slight progress in renal disease as we are still solidly in stage 2. Have discussed IBD vs lymphoma as my top two differentials w/o. 8) Diagnostics performed : 04/28/23: -CBC WNL -chem- azotemia (SDMA 16, creat 2.6, BUN 33) -T4 WNL (2.2) -u/a- new near-hyposthenuria (USG 1.015) with quiet stick/sediment- 2-5 WBC/HPF, did not culture Abnormal PE/Chem/CBC/UA Results: starting RC hydrolyzed + renal diet starting cobalequin chews (o's want to try this first before trying B12)

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

The intervertebral disc spaces L1/L2 to L3/L4 are narrowed.

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.

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.

At the caudoventral aspect of the stomach, a prominent intestinal loop, containing foamy soft tissue material is appreciated. In the right lateral projection, the respective small intestinal segment presents a prominent wall.

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

RADIOGRAPHIC DIAGNOSIS

- Prominent intestinal loop cranioventral abdomen with possible segmental mural thickening of the wall
- Chronic discopathy L1/L2 to L3/L4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent intestinal loop in the cranioventral abdomen might present a segment of the colon with adhering fecal material, however segmental dilation of a small intestinal loop is a potential (e.g. segmental subileus due to mural mass or foreign body). Follow up radiographs can be used to check if the finding is stationary, if available and abdominal ultrasound examination would be ideal to rule

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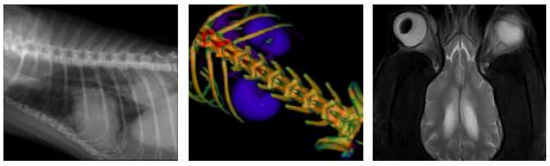

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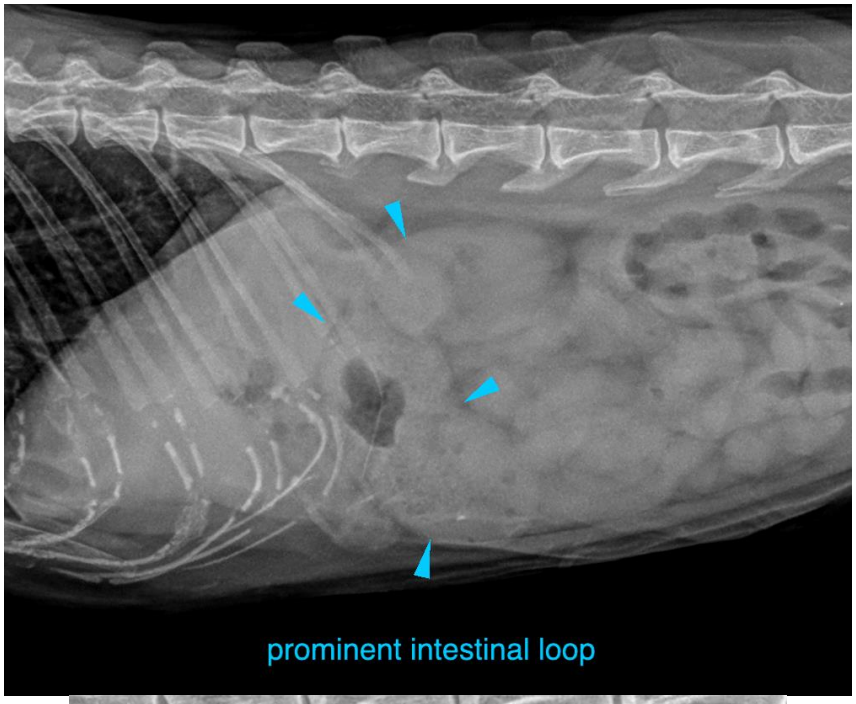
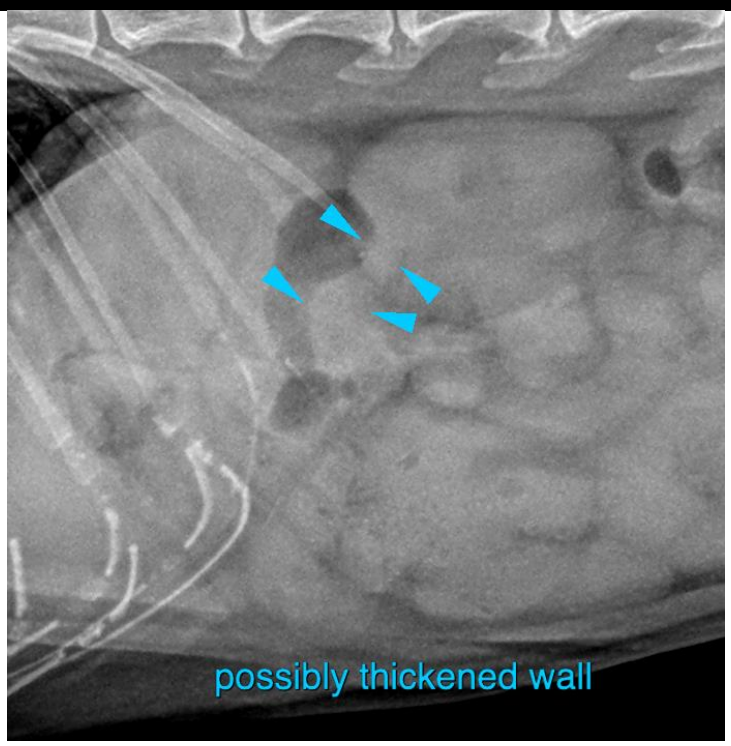
in/out intestinal mural lesion entirely.





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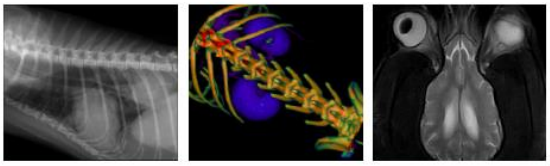

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com