



**PATIENT PRESENTING CLINICAL SIGNS**

Olivia Cook recheck after going to emergency- wasn't eating, vomiting, not acting like self, gums and tongue were pale, stomach is hard, discomfort at abdominal palpation, eat small after the visit, not eating today. hx of pancreatitis. small bowel movement yesterday.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: blood work unremarkable, TT4 normal, waiting for fPLi...

Feline **RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED RADIOGRAPHIC FINDINGS**

DSH The surrounding bony structures are within normal limits.

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

**SEX** The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

Female Spayed The liver is appropriate in position, size and presents uniform opacity.

**AGE** The splenic head is in the anticipated position and within normal limits for size and opacity.

9 Years 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.

**INTERPRETED BY** The stomach is in its anticipated position and is mildly distended by fluid and gas.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI 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.

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

St. Catharines Animal Hospital **RADIOGRAPHIC DIAGNOSIS**

- Mild fluid filled stomach

**REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Bekhit The mild fluid distension of the stomach indicates gastric emptying disorder, which can be functional (e.g. underlying pancreatitis or gastritis) or mechanical. Overall, I would consider the odds for functional gastric emptying higher. No radiopaque foreign material is appreciated. However, if clinical signs persistent under empirical therapy or deteriorate, recommend either follow up radiographs or an abdominal ultrasound examination.

**INVOICE**

51847

**DATE**

5-2-22



**PATIENT**

Olivia Cook

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

9 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

St. Catharines Animal  
Hospital

**REFERRING VET**

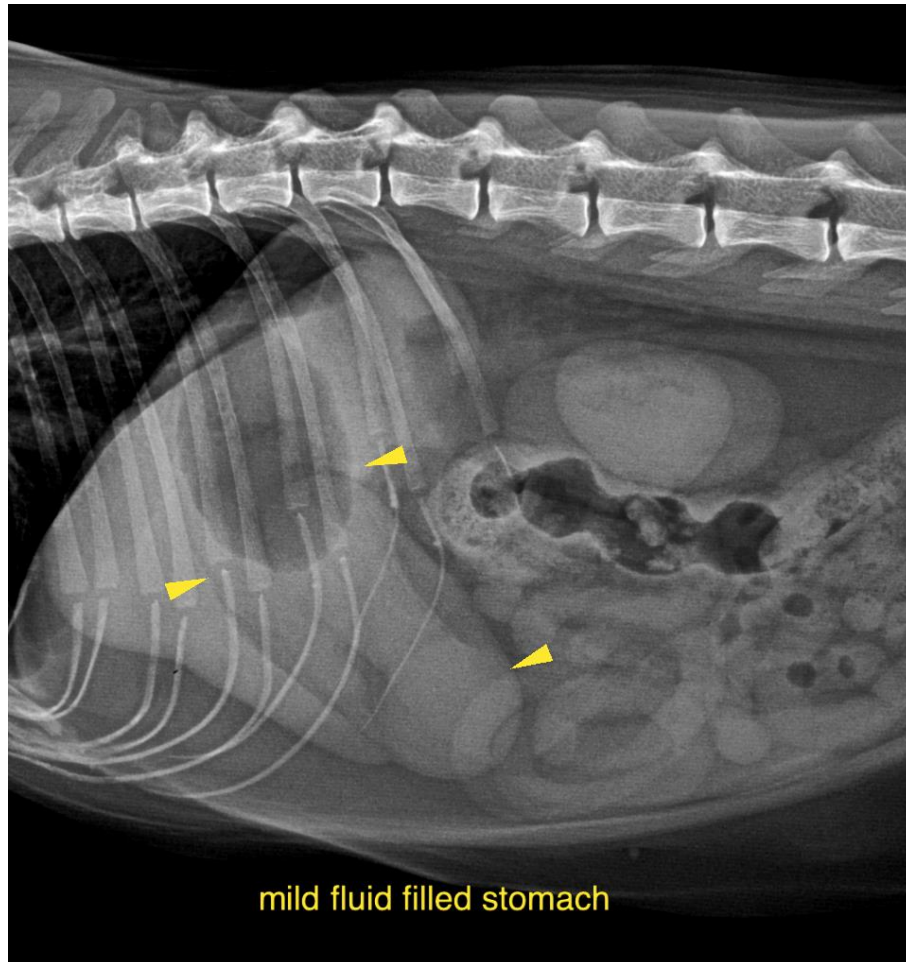
Dr. Bekhit

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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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