



**PATIENT**

Little Miss Michalik

**PRESENTING CLINICAL SIGNS**

straining to pass bowel movement, reduced appetite  
 Abnormal PE/Chem/CBC/UA Results: hard long mass felt on abdominal palpation, no pain noted on PE BW- WNL except creatinine 168 (71-159)

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

The body condition score is 7-8/9.

The surrounding bony structures are within normal limits.

**SEX**

Female Spayed

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.

**AGE**

10 Years

The volume of the kidneys is mildly decreased, and the margins are mildly irregular. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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 loops and considered within normal limits.

The colon is seen in the expected position and is significantly distended by hyperdense fecal material. The colon-L5-length-ratio is 1.8 (normal <1.5).

**HOSPITAL NAME**

St. Catherine's Animal  
 Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Obesity
- Constipation with evidence of megacolon
- Chronic nephropathy

**REFERRING VET**

Dr. Jui Gokhale

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings are consistent with constipation and owing the degree of dilation of the colon, acquired megacolon is likely here

**INVOICE**

52418

The radiographic study reveals no specific underlying cause for the constipation/megacolon formation. The most frequent comorbidities are chronic kidney disease or obesity (like in this patient), however a multifactorial pathomechanism for recurrent constipation is considered and a primary cause may not be found in many cases. Consider a complete abdominal ultrasound examination to check for mural abnormalities of the gastrointestinal tract to rule out IBD/lymphoma.

**DATE**

6-13-22

An enema under general anesthesia is recommended. For long term treatment, dietary management (e.g. soluble fibers and psyllium) with or without oral lactulose may help to support



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digestive transit and soften the stool. Increase water intake may be beneficial as well. If there is recurrent constipation due to megacolon, surgical options (e.g. total colectomy) might be discussed with surgeon/internal medicine.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

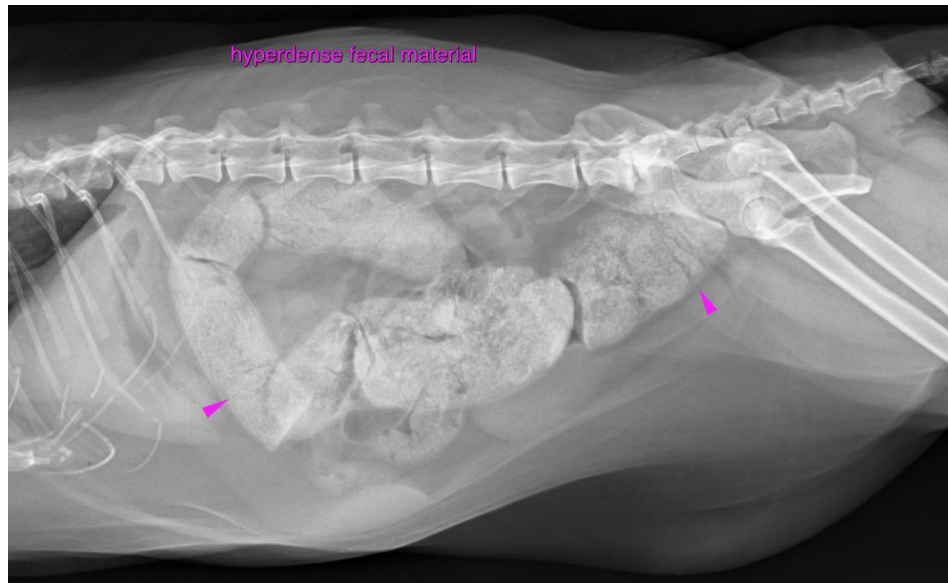
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**REFERRING VET**

Dr. Jui Gokhale

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sebast.schaub@gmail.com

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