



**PATIENT PRESENTING CLINICAL SIGNS**

Alley Lawrence

P IS A 15Y8M OLD F/S DSH PRESENTING TODAY FOR VOMITING AND MAKING CHOKING NOISE GOING ON 3-4 DAYS. O STATES SOUNDS LIKE P HAS SOMETHING STUCK IN THROAT. TODAY DID NOT EAT AT ALL DECREASED APPETITE OVER PAST FEW DAYS. P BEEN CRYING ALOT OVER PAST MONTH. INDOOR/OUTDOOR CAT. O STATES P AGGRESSIVE. INCREASED APPETITE OVER PAST MONTH. VOMITING 4 TIMES A DAY.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Physical Examination - P anesthetized for exam Key -- (N= Normal, A= Abnormal) Hydration: Appropriately hydrated Mentation: BAR, growling EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; N Oral Cavity: heavy dental tartar present on remaining caudal teeth Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Hair growing back in (per O) on lateral abdomen CV/Respiratory: No murmur or crackles/wheezing auscultated. Normal bronchovesicular sounds. Abd/GI: Soft abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4. BCS 5/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: CBC/Chem, T4, UA, rads, feline combo test Declined Diagnostics/Treatments: Findings: CBC: WNL Chem: Glu 248 (71-159), K 3.4 (3.5-5.8) T4: 6.3 (0.8-4.7) UA: SG > 1.050, 30 mg/dL protein rads: consult pending feline combo test: negative

**BREED**

DSH

**SEX**

SF

**AGE**

15 Years, 8 Months

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

A complete set of radiographs of the thorax and abdomen is provided for review.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

Thorax

The vertebral endplates T5/T6 to T7/T8 present mild spondylosis formation and moderate narrowing of the respective intervertebral disc spaces is appreciated.

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.

The esophagus is generalized mildly distended by gas.

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

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.

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

**DATE**

6-3-22

Abdomen

The surrounding bony structures are within normal limits.

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

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**PATIENT**

thin.

Alley Lawrence

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

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

**SPECIES**

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.

Feline

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.

**BREED**

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

DSH

The small intestinal loops are mildly distended by gas.

**SEX**

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

SF

**RADIOGRAPHIC DIAGNOSIS**

- Mild increased gas distension of the small intestinal loops
- Mild gas distended esophagus
- Multifocal chronic discopathy mid segment of thoracic spine
- Spondylosis deformans

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gas distended esophagus can be a sequela to stress related aerophagia, theoretically megaesophagus is a potential – would expect regurgitation.

The gas distended small intestinal loops are not specific and might be a sequela to stress and aerophagia. There is no evidence of radiopaque foreign material. An abdominal ultrasound examination would be ideal to rule out intramural changes of the gastrointestinal tract (e.g. inflammatory versus neoplastic).

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**SPECIES**

Feline

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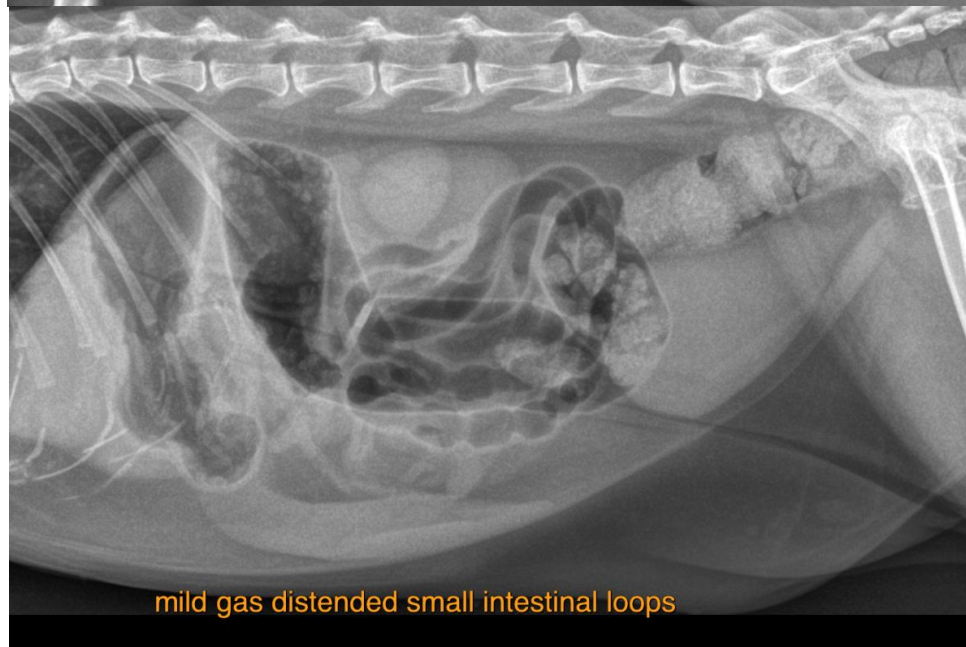
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**PATIENT**

Alley Lawrence

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.

**SPECIES**

Feline

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

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