



PATIENT

Bruno Fournier

PRESENTING CLINICAL SIGNS

acute onset of vomiting 5 times during the last 24 hours , not eating
Abnormal PE/Chem/CBC/UA Results: moderate Abd distension with pain during palpation , BW unremarkable including SNAP fpl.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Ragdoll

RADIOGRAPHIC FINDINGS

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

Neutered Male

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

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

AGE

2 Years

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.

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The stomach is in its anticipated position and empty.

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

Lakeshore Woods
Animal Hospital

The colon is seen in the expected position and is empty, but a small amount of gas.

RADIOGRAPHIC DIAGNOSIS

- Empty gastrointestinal tract

REFERRING VET

Dr. Masoud

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The empty gastrointestinal tract in combination with the presenting clinical signs is suggestive for underlying gastritis/gastroenteritis. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If clinical signs are refractory to empirical therapy, recommend follow up radiographs or a complete abdominal ultrasound examination; in some cases, a high ileus may lack classical radiographic signs of mechanical obstruction.

INVOICE

52333

DATE

6-6-22



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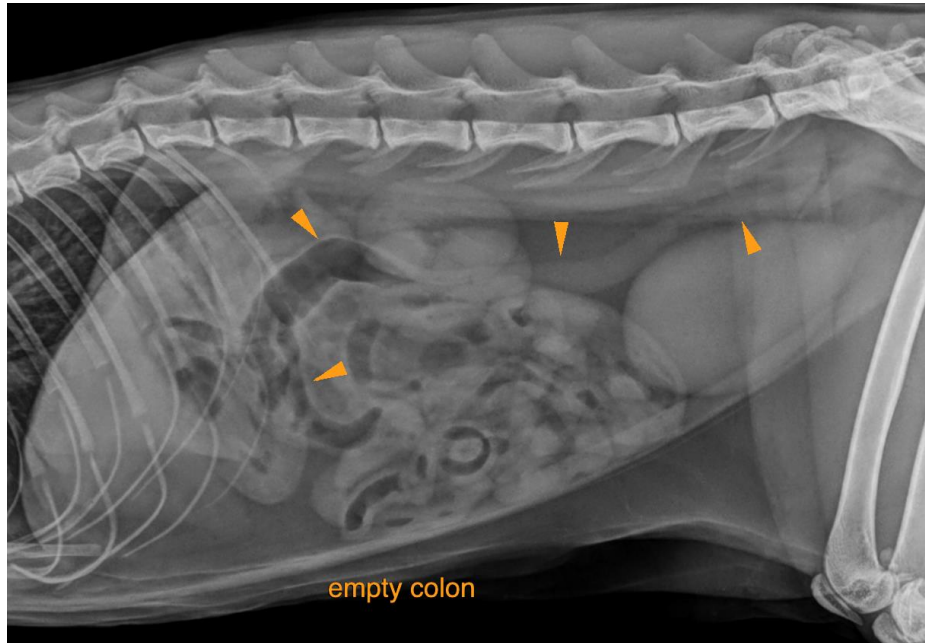
Dr. Masoud

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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