



**PATIENT**

Cleo Barrios

**PRESENTING CLINICAL SIGNS**

reduced appetite and vomiting for few days  
Abnormal PE/Chem/CBC/UA Results: only elevated WBCs

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

DSH

The surrounding bony structures are within normal limits.

**SEX**

Female

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

**AGE**

20 Weeks

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 contains a small amount of gas.

**INTERPRETED BY**

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.

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

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Empty gastrointestinal tract

**REFERRING VET**

Dr. Boctor

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The empty gastrointestinal tract is considered as a sequela to the presenting clinical signs. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. The presumptive diagnosis is gastritis/gastroenteritis. A fecal exam might be considered to screen for underlying parasitic infection. If clinical signs are refractory to 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**

53075

**DATE**

7-25-22



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**REFERRING VET**

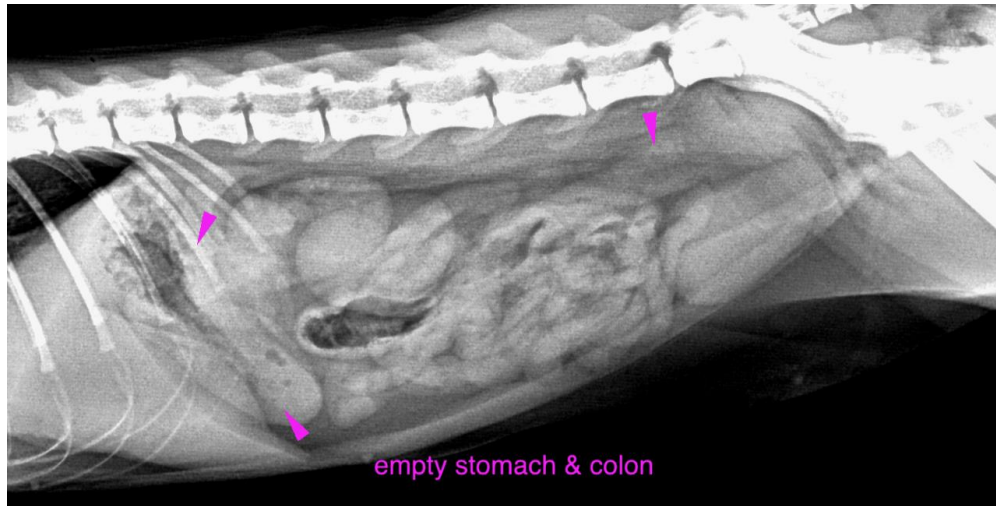
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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