



**PATIENT PRESENTING CLINICAL SIGNS**

Walter Anderson

Reason for Visit: VOMITING WITH BLOOD History: Walter is a 2y10mo old nm dsh presenting today with bloody vomit. P has lower energy, vomiting 2 days, vomiting with blood 36hrs. indoor feline, tries to escape, got out recently and was out for about an hour, unsure what p got into during that time. Ate yesterday but vomited all food after eating

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)

**BREED**

DSH

CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: N, no FB under tongue Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: < 5% dehydration Fecal: Not performed today Diagnostic Testing Needed: CBC/CHEM/fPL,

**SEX**

NM

Abdominal radiographs Declined Diagnostics/Treatments: None Findings: 1) CBC: HCT 52.4 (30.3-52.3), HGB 16.9 (9.8-16.2) 2) CHEM: WNL 3) fPL: NORMAL 4) Abdominal radiographs: Suspected gastric material (food vs. FB vs. other), rest of GI WNL. Final consult pending

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**AGE**

2 Years, 10 Months

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

The serosal fat at the medial aspect of the spleen presents a mild fuzzy soft tissue opacification.

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

**HOSPITAL NAME**

DPC Veterinary  
Hospital

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.

**REFERRING VET**

Dr. Rivera

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.

**INVOICE**

53072

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

**RADIOGRAPHIC DIAGNOSIS**

- Suspect peritonitis medial aspect of the spleen – region of left limb of pancreas

**DATE**

7-25-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The fuzziness of the peritoneal fat at the medial aspect of the spleen is suggestive for focal peritonitis, as this is the region of the left limb of the pancreas underlying pancreatitis is a consideration here – but fpl is negative. There is no evidence of radiopaque foreign material or



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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.

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Feline

**BREED**

DSH

**SEX**

NM

**AGE**

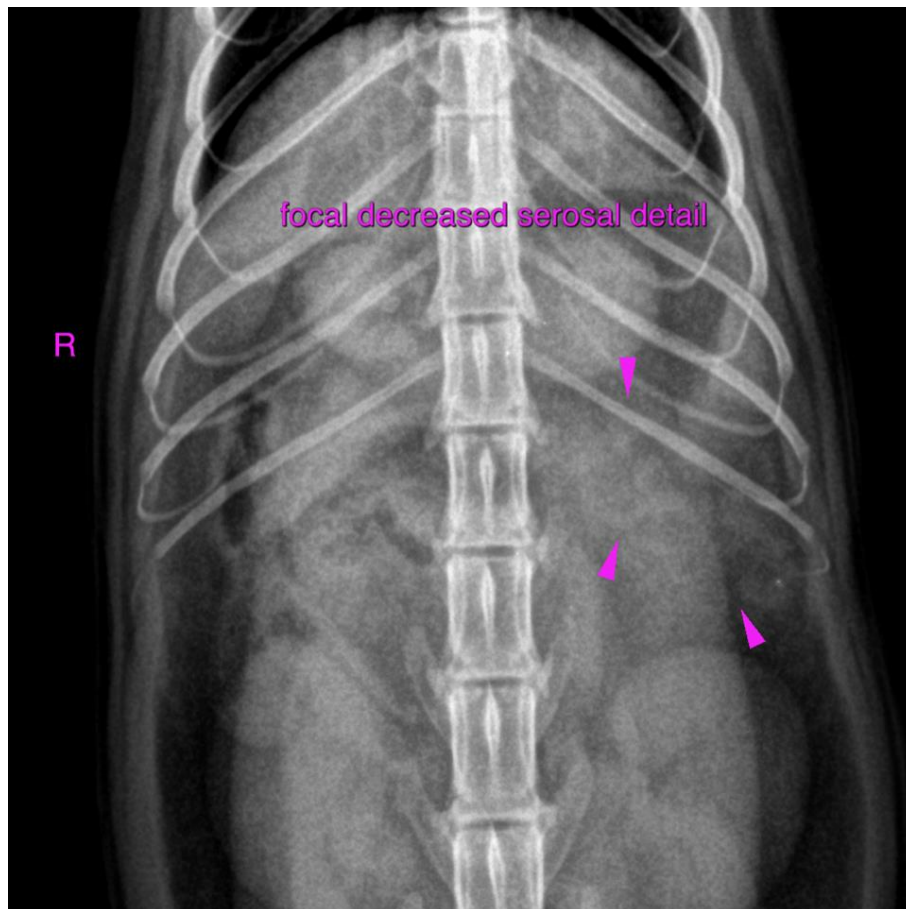
2 Years, 10 Months

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**REFERRING VET**

Dr. Rivera

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.

**INVOICE**

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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

**DATE**

7-25-22