



PATIENT PRESENTING CLINICAL SIGNS

Cheeto Ward
Reason for Visit: ADR History: p is a 1 yr old indoor only dsh presenting adr. o states yesterday when she got home from work p was very lethargic and was drooling. This morning p did not want to eat and vomited 2x (food & a piece of lemon grass). p using litter box normally as far as o could tell.

SPECIES

Feline

BREED

DSH

SEX

Male Intact

Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 5% dehydration Mentation: QAR
EENT: OD--superficial brown pinpoint opacity on surface of cornea with thin brown linear opacity trailing from lateral edge towards limbus (straight). no blepharospasm, episcleral injection, ocular discharge. OS clear.. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar. Ptyalism. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Uncomfortable on palpation. Urinary bladder small, fluctuant, non-painful. No obvious mass or fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: CBC/chem/FelV/FIV--all WNL/negative Unable to obtain UA

AGE

1 Year

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

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.

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 moderate amount of fluid.

There are multiple moderately dilated, gas and fluid filled intestinal loops visible, positioned in a hair-clamp like manner, as well as intestinal loops presenting a physiological diameter – resulting in two populations of intestinal loops. A significantly dilated small intestinal loop contains is filled with mild heterogeneous soft tissue material and a fluid filled intestinal loop presents with a Gravel-sign with sedimented granular mineralized material.

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

RADIOGRAPHIC DIAGNOSIS

- Segmental small intestinal obstruction

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Ward

INVOICE

52757

DATE

7-7-22



PATIENT

Cheeto Ward

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes are consistent with small intestinal mechanical obstruction, such as intestinal foreign body, intussusception, extramural intestinal obstruction, other. Surgical intervention is indicated.

SPECIES

Feline

BREED

DSH

SEX

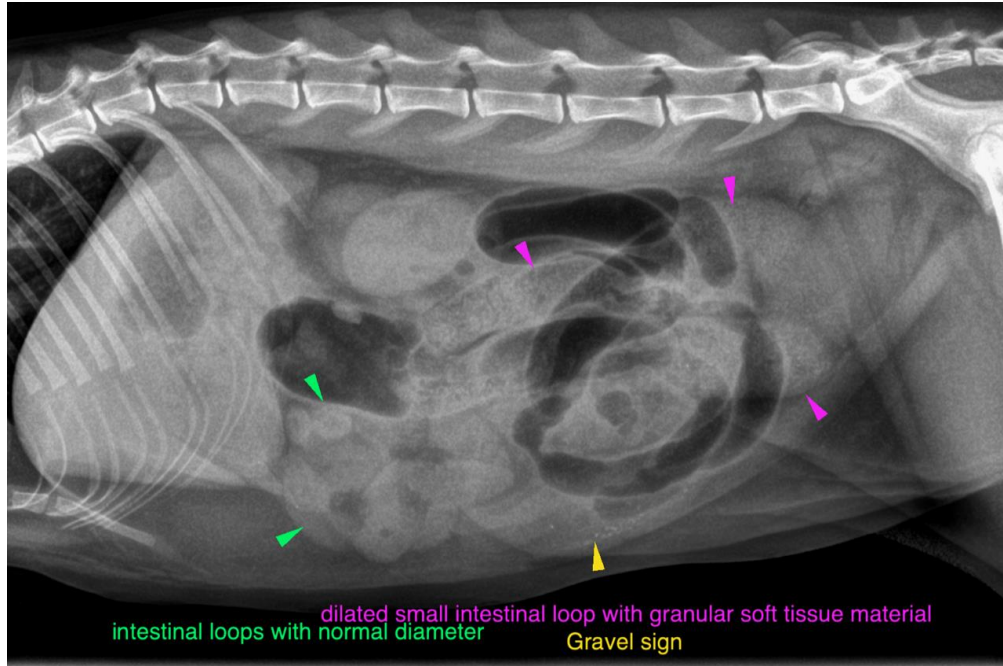
Male Intact

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI



HOSPITAL NAME

DPC Veterinary
Hospital

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.

REFERRING VET

Ward

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

INVOICE

52757

DATE

7-7-22