



PATIENT

Jackie Bear
MacDonald

PRESENTING CLINICAL SIGNS

lethargic + drooling + inappetant since Thursday, Not had a bowel movement for 3 days, vomiting clear foamy liquid for 2 days

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE- 8% DEHYDRATION Eyes: YELLOW/GREENISH DISCHARGE FROM BOTH EYES nose: BROWN DISCHARGE FROM BOTH NOSTRILS Oral: SEVERE DENTAL TARTAR + HALITOSIS + DROOLING EXCESSIVELY HR 130/min ABDOMINAL BREATHING Abdominal Palpation = DISTENDED ABDOMEN + UNCOMFORTABLE ON ABDOMINAL PALPATION Msk: NOT ABLE TO STAND UP BW- bilirubin 43 (0-9), BUN 26.8 (5.3-11), Na/k- 47.2, severe leukopenia, thrombocytopenia, decreased RBC. Hgb, HCT

BREED

Domestic Shorthair

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three imaging planes is provided for review.

SEX

Male Neuter

RADIOGRAPHIC FINDINGS

The body condition score is 9/9.

AGE

9 Years

Thorax

The surrounding bony structures are within normal limits.

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 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.

Abdomen

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. The splenic body and tail are considered normal for position, size, shape and opacity.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

St. Catherine's Animal
Hospital

REFERRING VET

Dr. Boctor

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**PATIENT**Jackie Bear
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Both kidneys are seen and present with normal size, shape, delineation and opacity. Ventral to L4, a pinpoint mineralized body is superimposed on the retroperitoneal space. The urinary bladder is in its anticipated position.

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

SPECIES

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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 unformed fecal material.

BREED

Domestic Shorthair

Ventral to the descending colon, level with L7, a small irregular mineralized body is seen.

RADIOGRAPHIC DIAGNOSIS

- Obesity
- Punctuate mineralization retroperitoneal space
- Small nodular fat necrosis caudal abdomen
- Empty colon
- Normal thorax

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study presents without abnormalities, explaining the presenting clinical signs. There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction. If not done so yet, recommend complementing workup by fpli to screen for underlying pancreatitis.

The small pinpoint mineralized body superimposed on the retroperitoneal space can present dystrophic mineralization or a small ureterolith.

An abdominal ultrasound examination can be used for evaluation of the architecture of the parenchymal organs and ruling out obstructive ureterolithiasis organs.

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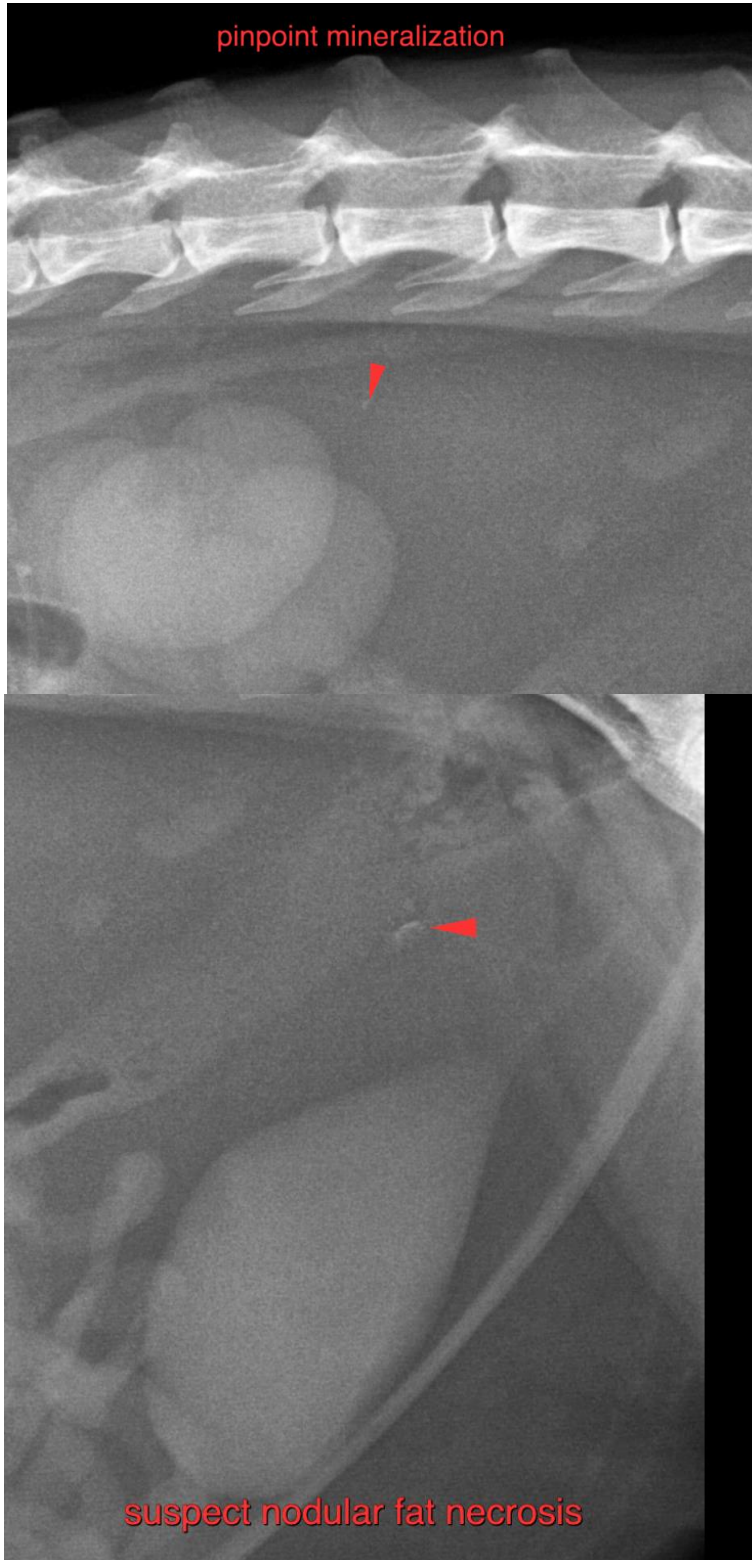
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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