



PATIENT PRESENTING CLINICAL SIGNS

Fatness Deville Patient presented for concerns about possible melena. Patient had been frequently visiting the litterbox over the last 24 hours and acting more affectionate than normal.

SPECIES RADIOGRAPHIC STUDY OF THE ABDOMEN

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

RADIOGRAPHIC FINDINGS

BREED The surrounding bony structures are within normal limits.

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

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

SF The liver is appropriate in position, size and presents uniform opacity. A tubular granulated mineralized structured is superimposed on the ventrocaudal aspect of the right aspect of the liver, region of the gallbladder, presenting a small, mild tortuous branches in the dorsal aspect. A granular mineral opaque ovoidal shaped body is superimposed on the pyloric region of the stomach/most proximal segment of the duodenum

AGE The splenic head is in the anticipated position and within normal limits for size and opacity. In the VD view, at the caudal aspect of the spleen, multiple small tortuous tubular soft tissue structures are seen, 'spaghetti sign' – superimposing with the transverse process of L6 in the rotated lateral view of the abdomen resulting

13 Years, 4 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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

GROVE VETERINARY CLINIC 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 presents with appropriate content.

REFERRING VET RADIOGRAPHIC DIAGNOSIS

- Dr. Marci Witczak**
- Suspect cholecystolithiasis including the gallbladder and intraparenchymal biliary vessels
 - Suspect inspissated mineralized material within the common bile duct level with the major duodenal papilla
 - Potential 'Spaghetti-sign'

INVOICE

53690

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

8-24-22

The mineralized material in the right cranial abdomen is highly suggestive for mineralized material in the gallbladder and the intrahepatic biliary tree – can be a sequela to cholecystitis. There is a granular mineral opaque body visible in the imaging plane of the region of the major duodenal papilla and obstruction of the common bile duct is a potential here. If not done so yet, recommend complementing workup by complete blood work to screen for signs of biliary stasis. An abdominal ultrasound examination would be ideal to rule in/out obstruction of the common



PATIENT

bile duct entirely.

Fatness Deville

Rule out urinary issues as source for the described clinical signs as well, as the mineralized material throughout the biliary tract might be an incidental finding at this point.

SPECIES

The spaghetti sign is suggestive for incidental acquired portosystemic shunting – which is considered as a sequela to neutering and is commonly not associated with clinical signs.

Feline

The roundish hyperdense structure superimposed on the transverse process of L6 in the lateral projection can present an end-on view of the suspected acquired shunts, differentials are superimposed dystrophic mineralization or less likely ureterolith.

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GROVE VETERINARY
CLINIC

REFERRING VET

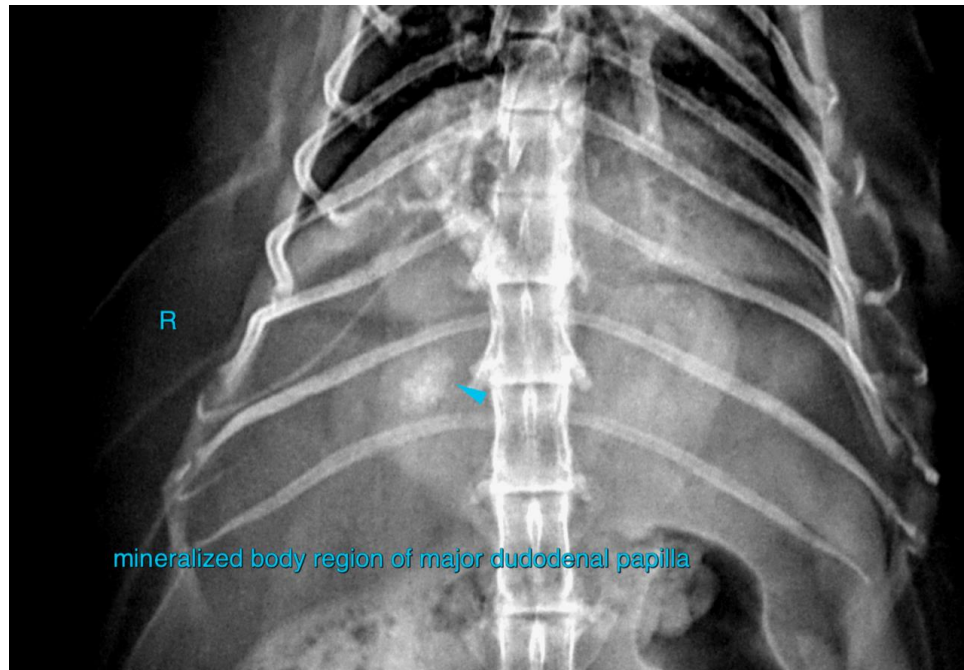
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Fatness Deville

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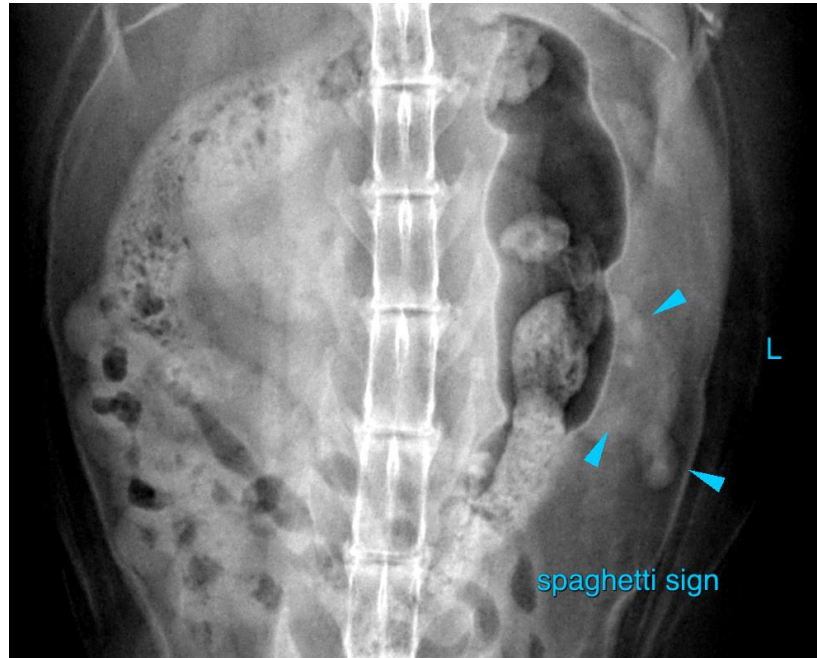
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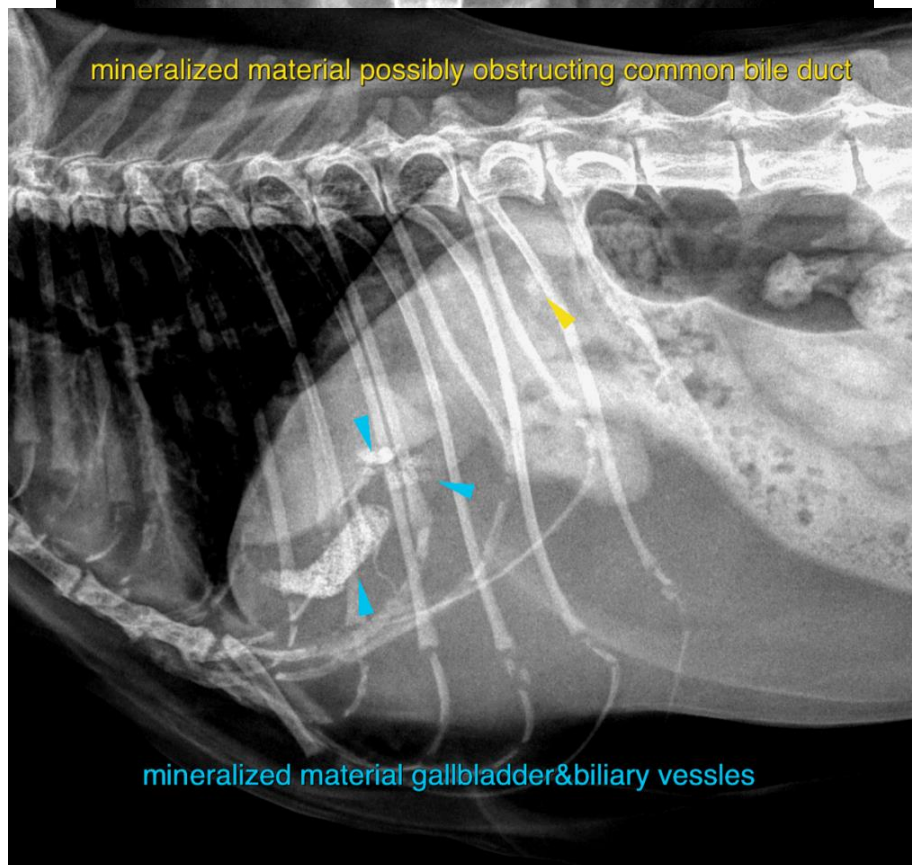
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spaghetti sign



mineralized material possibly obstructing common bile duct

mineralized material gallbladder & biliary vessels



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Fatness Deville

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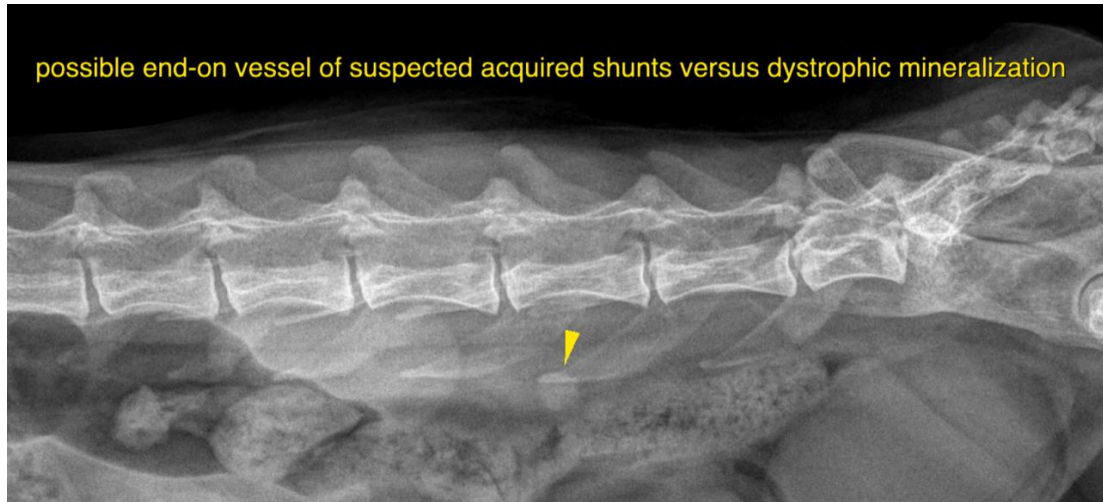
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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