



PATIENT

Princess Mostert

PRESENTING CLINICAL SIGNS

Cannot defecate for a week, lethargic, has lost appetite
Abnormal PE/Chem/CBC/UA Results: Declined BW

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

DLH

The surrounding bony structures are within normal limits.

SEX

Female Spayed

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

AGE

11 Years

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.

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

The colon contains a significant amount of hyperdense fecal material, and the descending colon is dilated, measuring 2x the length of the vertebral body of L5 – compatible with megacolon. The small are deviated cranially and ventrally by the mass effect of the colon. 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.

HOSPITAL NAME

St. Catherine's Animal
Hospital

RADIOGRAPHIC DIAGNOSIS

- Megacolon and constipation

REFERRING VET

Dr. Jui Gokhale

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is consistent with constipation and significant dilation of the colon is appreciated, fitting the requirements of megacolon. The CT study unfortunately reveals no specific underlying cause. The most frequent comorbidities are chronic kidney disease or obesity (like in this patient), however a multifactorial pathomechanism for recurrent constipation is considered and a primary cause may not be found in many cases. Consider a complete abdominal ultrasound examination to check for mural abnormalities of the gastrointestinal tract to rule out IBD/lymphoma. Complementing workup by complete blood work is recommended. A rectal exam is recommended to rule out stricture.

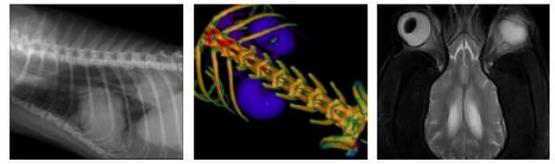
INVOICE

53726

DATE

8-25-22

An enema under general anesthesia is indicated to resolve the constipation. If this is the first episode of constipation, consider a clinical trial with dietary management (e.g. soluble fibers and psyllium) with or without oral lactulose may help to support digestive transit and soften the stool. Increase water intake may be beneficial as well. Due to the significant dilation of the colon, there is an increased risk for clinical signs to reoccur – possibly warranting surgical management



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by the means of subtotal colectomy.

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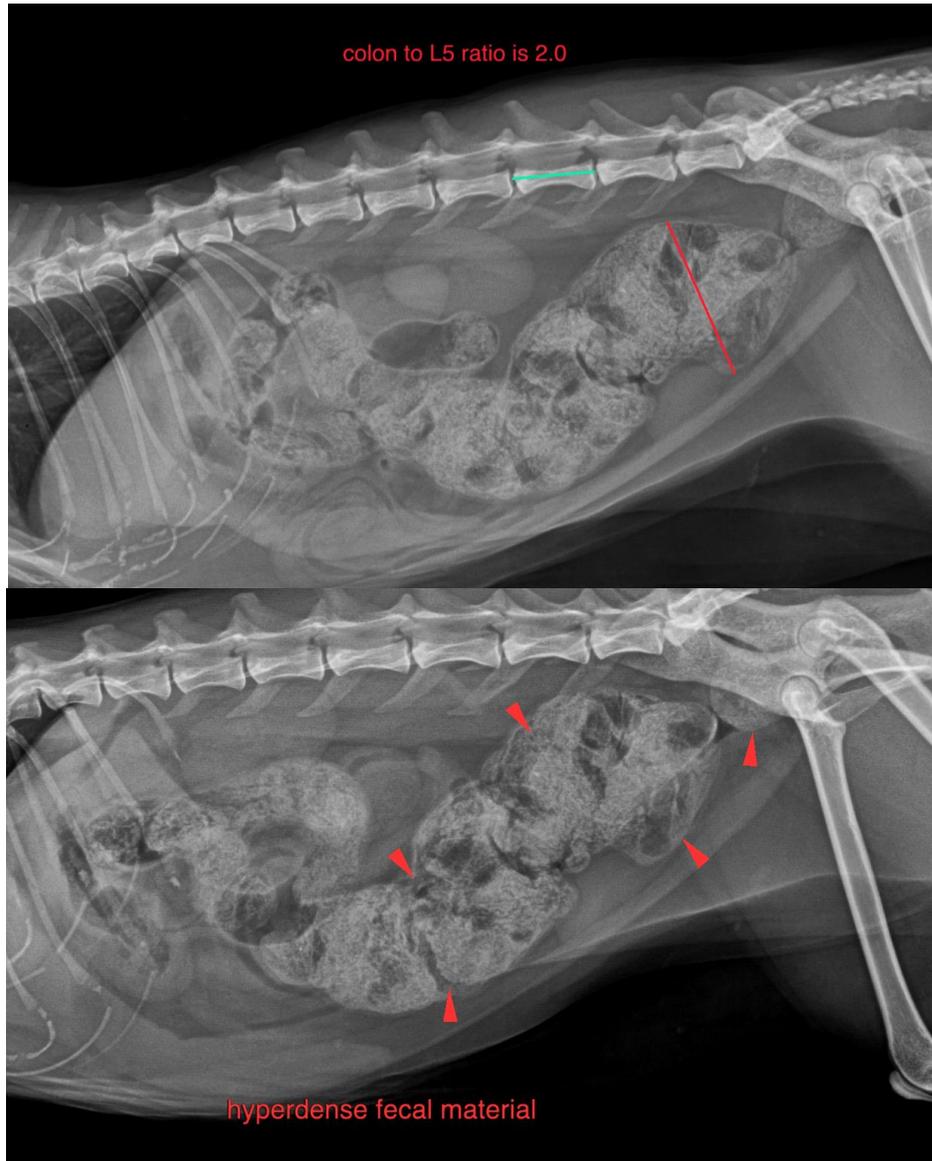
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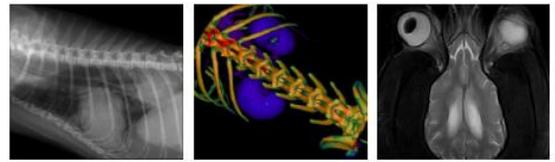
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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