



**PATIENT**

Dre Strachan

**PRESENTING CLINICAL SIGNS**

trying to vomit but cannot, started 3 days ago, not eating or drinking since  
Abnormal PE/Chem/CBC/UA Results: Lethargic, dehydrated mild neutrophilia, lymphopenia, Eosinopenia and mild hyperglycemia, hyper albuminemia fPL is normal

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED**

DSH

**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.

**SEX**

Male

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

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

**AGE**

2 Years

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 is empty but a small amount of gas.

The small intestinal loops are generalized mild to moderately distended by gas and appears adynamic.

**HOSPITAL NAME**

St. Catherine's Animal  
Hospital

The colon is seen in the expected position and contains a moderate amount of gas and small amount of fecal material.

**RADIOGRAPHIC DIAGNOSIS**

- Generalized mild to moderate gas dilation of the gastrointestinal tract
- Possible hypodynamic small intestinal tract

**REFERRING VET**

Dr. Masoud

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The generalized gas distension of the gastrointestinal tract is most suggestive for underlying gastroenteritis, no radiopaque foreign body nor two populations of small intestinal loops indicating mechanical obstruction are appreciated. If clinical signs are refractory to therapy, recommend follow up radiographs or a complete abdominal ultrasound examination.

**INVOICE**

53809

**DATE**

8-30-22



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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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