



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Scooter Dziejulaska **PRESENTING CLINICAL SIGNS** History: acute vomiting since yesterday, and history of vomiting two weeks ago treated at emergency clinic with supportive treatment

SPECIES Abnormal PE/Chem/CBC/UA Results: moderate abdominal distension bloodwork revealed hyperglycemia mild hypocalcemia, hypophosphatemia elevated fpl x-ray sent to evaluate abdomen for possible foreign body
Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

BREED

BREED Ragamuffin A complete set of radiographs of the abdomen is provided for review.

RADIOGRAPHIC FINDINGS

SEX

SEX Neutered Male The vertebral endplates LL5/L6 and L6/L7 present moderate spondylosis formation and the respective intervertebral disc spaces are mildly narrowed.

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

AGE

13 Years

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

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

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

St. Catharine's AH

The stomach is mild to moderately distended by gas and contains spindle shaped foamy material.

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.

REFERRING VET

Dr. Masoud

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

RADIOGRAPHIC DIAGNOSIS

INVOICE

13061

- Foamy material in stomach – appears to be organized to a fusiform shaped structure
- Chronic discopathy L5/L6 and L6/L7
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9/11/21



PATIENT

Scooter Dziejulska

The material in the stomach can be consistent with ingested material or due to the structured appearing shape foreign material such as a trichobezoar triggering the vomiting. There are no signs for intestinal mechanical obstruction or radiopaque foreign material throughout the intestinal tract. Consider empirical management. If clinical signs are refractory to therapy follow up radiographs of the fasted patient can be used if the material in the stomach is stationary. An abdominal ultrasound examination can be used to screen to mural changes of the intestinal tract as trigger for the vomiting.

SPECIES

Feline

BREED

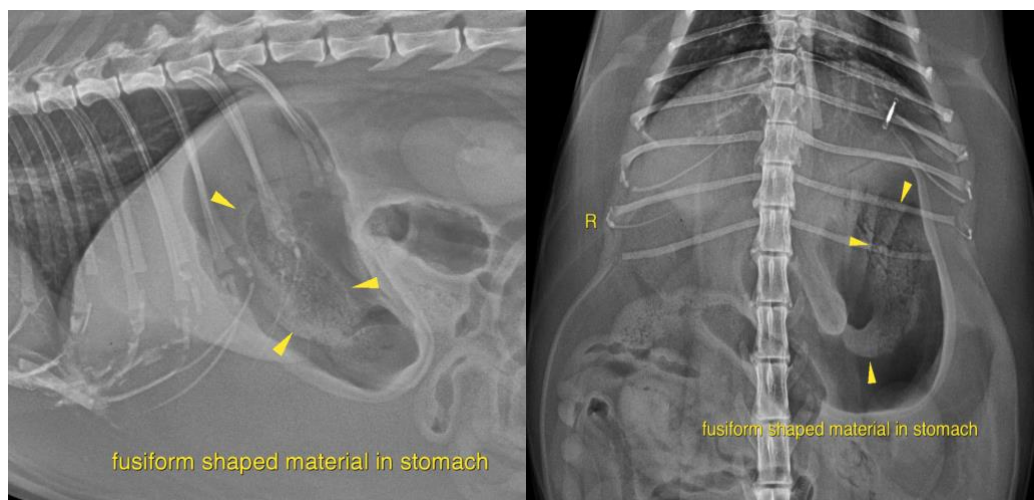
Ragamuffin

SEX

Neutered Male

AGE

13 Years



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DipECVDI

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

HOSPITAL NAME

St. Catharine's AH

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REFERRING VET

Dr. Masoud

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