

**PATIENT PRESENTING CLINICAL SIGNS**

**Kwazii Tenuto** History: Intermittent vomiting x 2 weeks. Hyporexia 30%. Large amount of stool on radiograph-was given enema.

**SPECIES Abnormal PE/Chem/CBC/UA Results:**

**Feline RADIOGRAPHIC STUDY OF THE ABDOMEN**

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

**BREED RADIOGRAPHIC FINDINGS**

**Seal Point** The surrounding bony structures are within normal limits.

**SEX No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin. The serosal detail in the mid abdomen is moderately decreased.**

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

**AGE The splenic head is in the anticipated position and within normal limits for size and opacity.**

**11.5 Years** Both kidneys are seen and present with normal size, shape and delineation. Mineralized material is accentuating the margins of the renal pelvis bilaterally. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

**INTERPRETED BY** The stomach contains a mild amount of fluid and granular mineralized material and granular mineralized material is seen throughout multiple small intestinal segment. The remainder of the small intestinal loops are mildly dilated by gas and fluid.

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The colon is seen in the expected position and contains a moderate amount of fecal material with interspersed granular mineralized material.

**HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS**

Four Corners VP

- Granular mineralized material in the stomach and multiple small intestinal segments
- Suspect mild peritoneal effusion versus peritonitis
- Nephrolithiasis

**REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

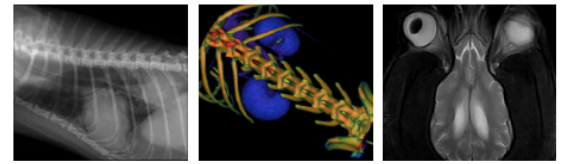
Gregory Roccaro

**INVOICE** The granular mineralized material in the stomach and small intestinal loop is most consistent with ingested crushed bony material within the diet and can be due to recent food intake. If there is no history of recent food intake, gastric emptying disorder and subileus is a potential here which can be either functional (e.g. secondary to pancreatitis) or mechanical obstruction (e.g. mural or extramural lesion). The reduced serosal detail is suggestive for accompanying mild peritoneal effusion or peritonitis. Recommend complete blood work including fpl. If pancreatitis can be ruled out an abdominal ultrasound examination is recommended.

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**DATE** No discrete abdominal mass is appreciated and the potential mass in the dorsal mid abdomen is considered as the kidney superimposing with the intestinal tract.

9/29/21



**PATIENT**

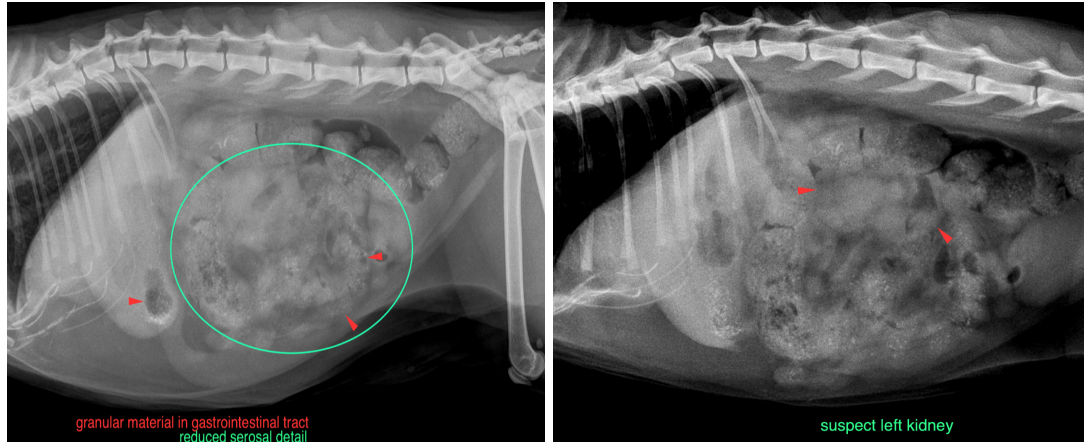
Kwazii Tenuto

**SPECIES**

Feline

**BREED**

Seal Point



**SEX**

Neutered Male

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.

**AGE**

11.5 Years

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

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Four Corners VP

**REFERRING VET**

Gregory Roccaro

**INVOICE**

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**DATE**

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