



PATIENT	PRESENTING CLINICAL SIGNS
Oswald Quintero	Oswald presents today for constipation. Has been showing symptoms over the last week. Straining to defecate. Has not produced stool in about a week. Medical Hx: History of constipation, has had enemas in the past. History of hyperthyroidism, currently on methimazole transdermal. EDUD decreased appetite, PU/PD over the last week C/S: None V/D: Yes - vomiting over the last week, every other day. Consists of bile Drinking more recently over the last week Energy is lower for past week. Current diet: Royal Canin digestive diet, dry; occasionally will get fancy feast as a treat Current medications: Methimazole transdermal, 5mg BID, Miralax PRN
SPECIES	
Feline	
BREED	RADIOGRAPHIC STUDY OF THE ABDOMEN AND THORAX
DSH	Radiographs of the abdomen and thorax are provided for review. Three lateral views of the abdomen and three lateral views of the thorax.
SEX	RADIOGRAPHIC FINDINGS
Male Neutered	Abdomen
AGE	The descending colon and rectum are moderately distended with partially desiccated fecal material admixed with gas. The descending colon diameter is measuring 1.1 times the length of L5.
13 Years	The stomach contains a small amount of gas admixed with heterogeneous soft tissue ingesta material, which redistributes normally with changes in patient position.
INTERPRETED BY	The small intestines are normally distributed, of normal diameter, and contain an abnormally moderate amount of gas.
Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet	The spleen is diffusely enlarged with convex peripheral and mesenteric margins.
HOSPITAL NAME	The liver and renal silhouettes are normal in size and shape.
DTLAvets	The urinary bladder is homogenously soft tissue opaque and moderately distended with the apex in the plane of L6.
REFERRING VET	The abdominal serosal detail is normal.
Dr. Montoya	The L6-L7 and L7-S1 intervertebral disc spaces are collapsed with mineralized material superimposed over the intervertebral foramen, completely bridged by spondylosis deformans, and mildly irregular endplate.
INVOICE	Thorax
56491	The trachea is normal.
DATE	The cardiac silhouette is mildly enlarged, spans approximately 60% of the thoracic width and is mildly convex in apical and basilar contour. (VHS = 8.5). The pulmonary vasculature and pulmonary parenchyma are normal.
1-31-23	The pleural space and mediastinum are normal.



PATIENT

Oswald Quintero

Minor spondylosis deformans is noted at T11-T12.

No other abnormalities are identified.

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RADIOGRAPHIC DIAGNOSIS

- Desiccated fecal material in descending colon and rectum with mild colon dilatation, signs of constipation/impaction.
- Diffuse splenomegaly. Differential diagnosis includes infiltrative round cell neoplasia, lymphoid hyperplasia, extramedullary hematopoiesis, or other infiltrative disease.
- Minor cardiomegaly, differential diagnosis includes diastolic cycle exposure, bradycardia, cardiomyopathy, anemia, fever, and less likely valvular disease.
- Chronic L6-L7 and L7-S1 intervertebral disc disease, associated spondylosis deformans, with or without spinal or nerve root impingement.
- Mild T11-T12 spondylosis deformans, incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An enema procedure is suggested for further approach. Consider a recheck of abdominal radiographs after the procedure for better evaluation of the therapy.

Abdominal ultrasound and fine needle aspiration are suggested for better analysis of the splenomegaly.

If a cardiac murmur is detected, echocardiography may be useful in further evaluating the cardiac function due to the overall mild enlargement.

If a neurological sign is present, MRI or CT are suggested to evaluate and localize spinal or nerve root impingement.

INTERPRETED BY

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DTLAvets

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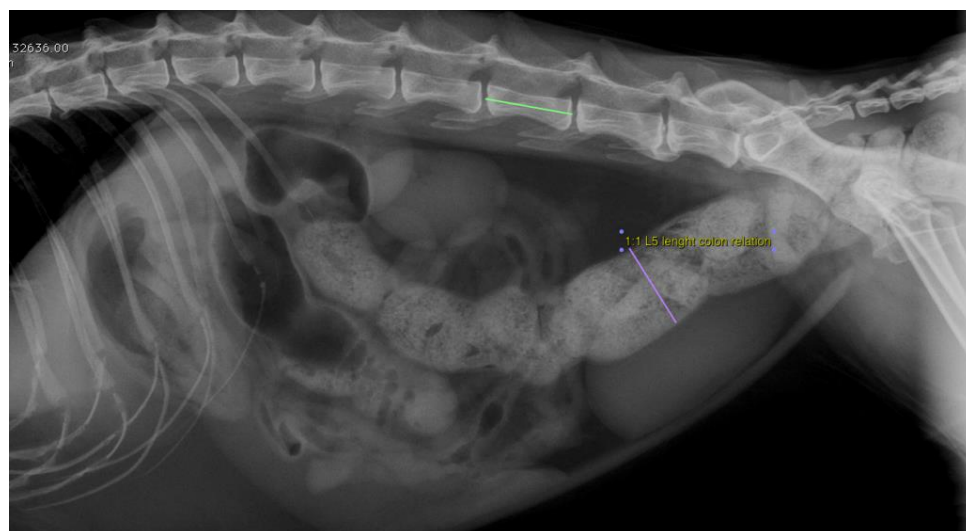
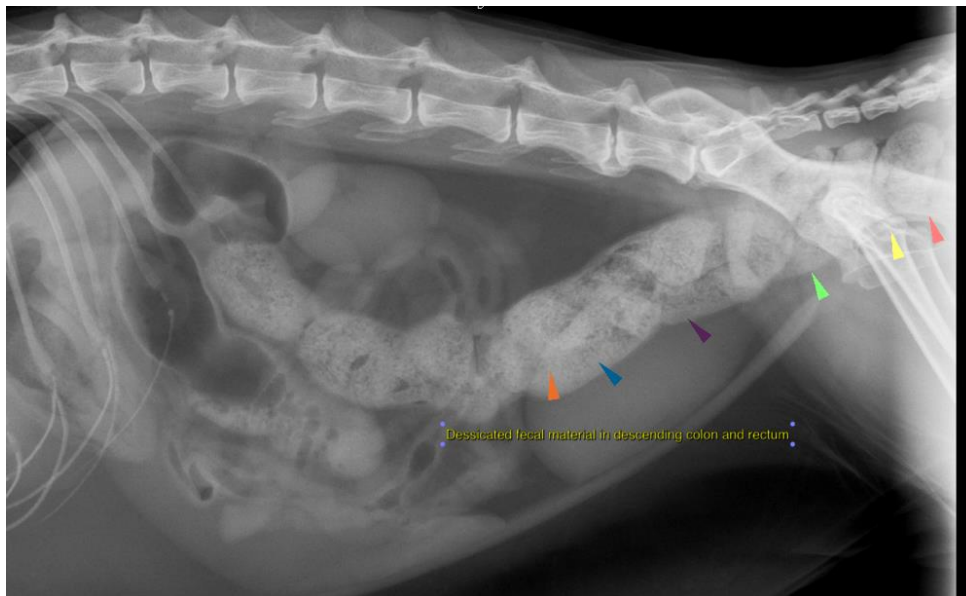
Dr. Montoya

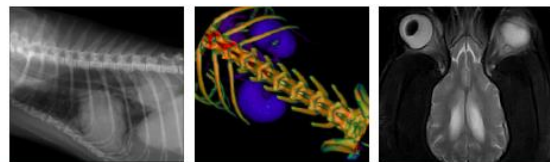
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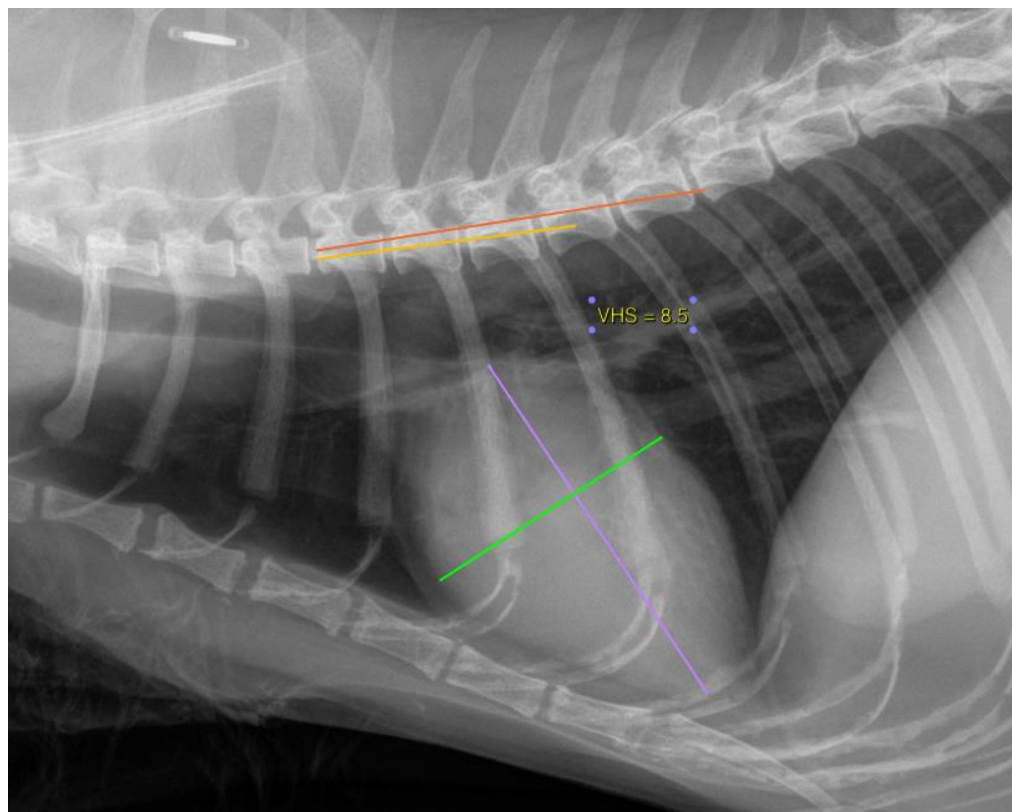
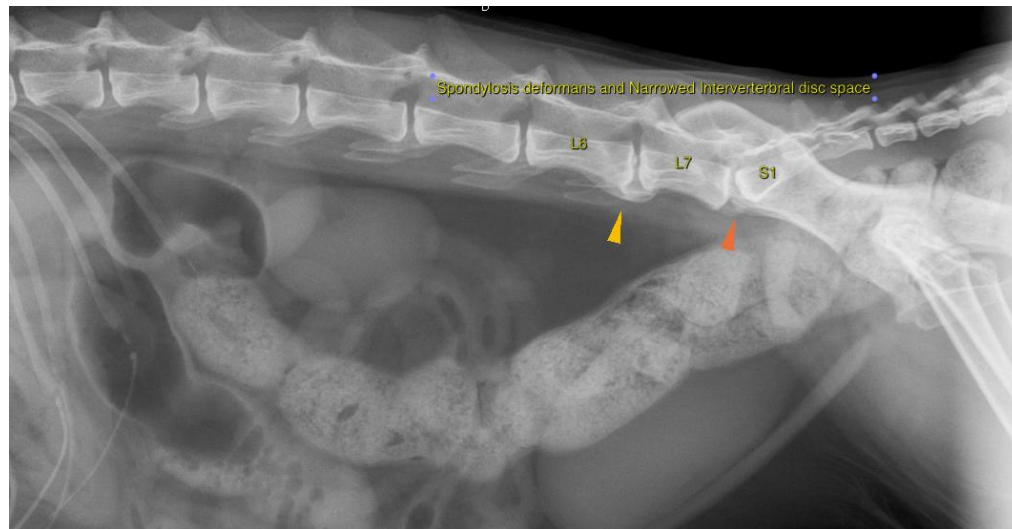
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
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