



PATIENT

Lynx Lukaszewski

SPECIES

Feline

BREED

Siberian Forest Cat

SEX

MN

AGE

5Y

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Eric K, LVT

HOSPITAL NAME

East Aurora Veterinary
Hospital

REFERRING VET

Sara Huckabone, DVM

INVOICE

74946

DATE

5-11-26

PRESENTING CLINICAL SIGNS

Patient presents for vomiting and anorexia.

Similar episode 2 weeks ago that was resolved on its own.

Anorexia started 72 hours ago

Finally ate a small amount yesterday but vomited immediately after.

Concerned that he might have been constipated however they did not see him straining.

Owner thinks lost weight. 14.98# today down from 15.59# 2 weeks ago.

Ate very small amount this morning and held it down.

They never see him drinking much.

Not sure if he got into anything that could cause an obstruction but they are very good about not leaving things around.

RADIOGRAPHIC STUDY OF ABDOMEN

Orthogonal views of the abdomen are available for review totaling 3 images. One ventrodorsal view, one right lateral and one left lateral view.

RADIOGRAPHIC FINDINGS

The left pancreatic lobe is visible on the ventrodorsal projection within the left cranial abdomen and appears subjectively mildly enlarged. The adjacent mesenteric and serosal fat opacity is preserved.

The stomach is mildly gas-filled and otherwise unremarkable.

The small intestines are normally distributed and not abnormally distended. Mild intraluminal gas and a small amount of fluid/soft tissue opaque content are present. No radiographic evidence of gastrointestinal mechanical obstruction is identified.

No abdominal mass effect is identified.

The liver and spleen are within expected radiographic limits for size, shape, contour, and opacity.

The urinary bladder is moderately distended, extending to approximately the level of L6, containing homogeneous soft tissue opaque content. No radiopaque uroliths are identified.

Both renal silhouettes are within normal radiographic limits for size, shape, contour, and opacity.

The retroperitoneal space, retroperitoneal fat, and abdominal serosal detail are preserved.

The descending colon contains a moderate amount of heterogeneous fecal material within normal limits. No evidence of obstipation is identified.

The included musculoskeletal structures are unremarkable.

RADIOGRAPHIC DIAGNOSIS

- Subjective mild prominence of the left pancreatic lobe, without radiographic evidence of regional peritonitis.
- No radiographic evidence of gastrointestinal obstruction.
- Moderate colonic fecal content, within normal limits.
- Otherwise, unremarkable abdominal radiographs.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

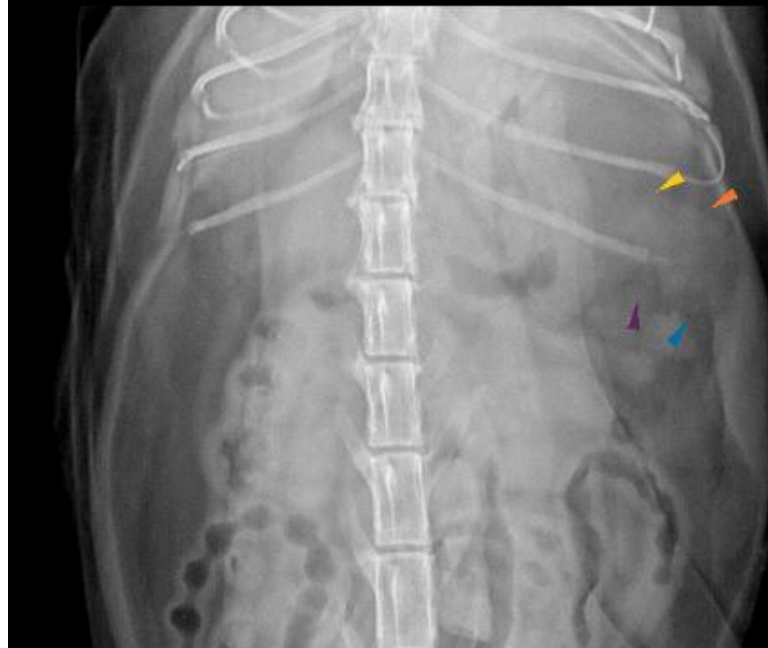
The mild prominence of the left pancreatic lobe is nonspecific and may be incidental; however, mild pancreatitis cannot be entirely excluded radiographically.

No radiographic evidence of mechanical gastrointestinal obstruction or other significant abdominal abnormality is identified.

Correlation with clinical findings, serum pancreatic lipase immunoreactivity (Spec fPL), abdominal ultrasonography, and laboratory results are recommended if clinical signs persist or worsen.

Considering the patient's history, abdominal ultrasonographic examination may be useful for evaluation of the pancreas and gastrointestinal tract, as it allows better assessment of the intestinal wall layers, including wall thickness and layering.

Fig. 1. Subjective mild prominence of the left pancreatic lobe





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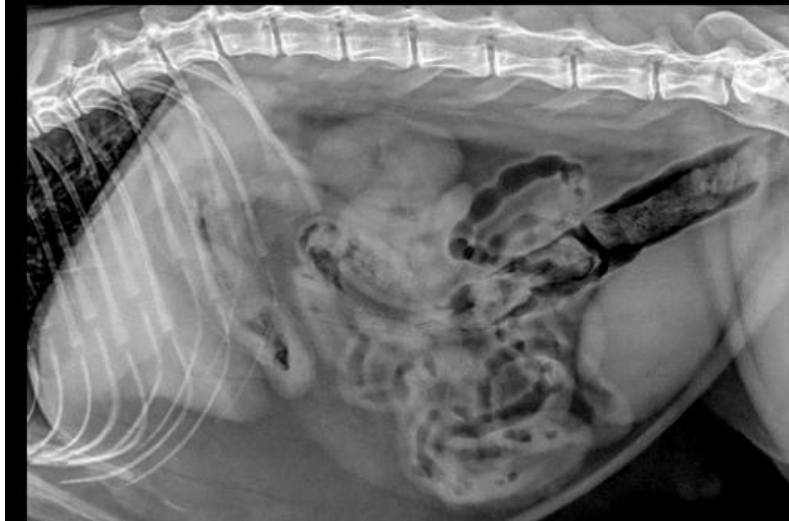
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Fig. 2. Otherwise, unremarkable abdominal radiographic examination.



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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com