



VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: XR

Report number:

Report date:

Referring Veterinarian:

Referring Practice:

Email address:

Owner:

Patient:

Species: Feline Breed: Domestic Shorthair (DSH) Sex: Male Entire Age: 6 years (21/03/2014)

Associated cases:

Clinical History:

Presented for lethargy, anorexia and vomiting in spite of anti-emetic (maropitant) administration. Signs developed 10 days previously and have been intermittent but persistent. Previous radiographs (10 days previously) were considered unremarkable. Labs are largely unremarkable.

On examination pt appears painful on cranial abdominal palpation.

Questions to be answered:

R/O pancreatitis, GIFB, neoplasia, other. Is there evidence of GIFB/obstruction or other abnormality consistent with clinical presentation?

Number of series / images: 3 / 3

Series: [U_WHOLE_BODY_LAT_RIGHT, U_WHOLE_BODY_VD, U_WHOLE_BODY_LAT_LEFT]

Study dated:

Study received:

Anatomic regions: Thorax, Abdomen

Details of study and technical comments: A radiographic study of the thorax and abdomen is presented for evaluation. The study consists of right and left lateral views as well as a ventrodorsal view of the whole body. The study is dated 21 March 2020.

Diagnostic interpretation:



Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

THORAX:

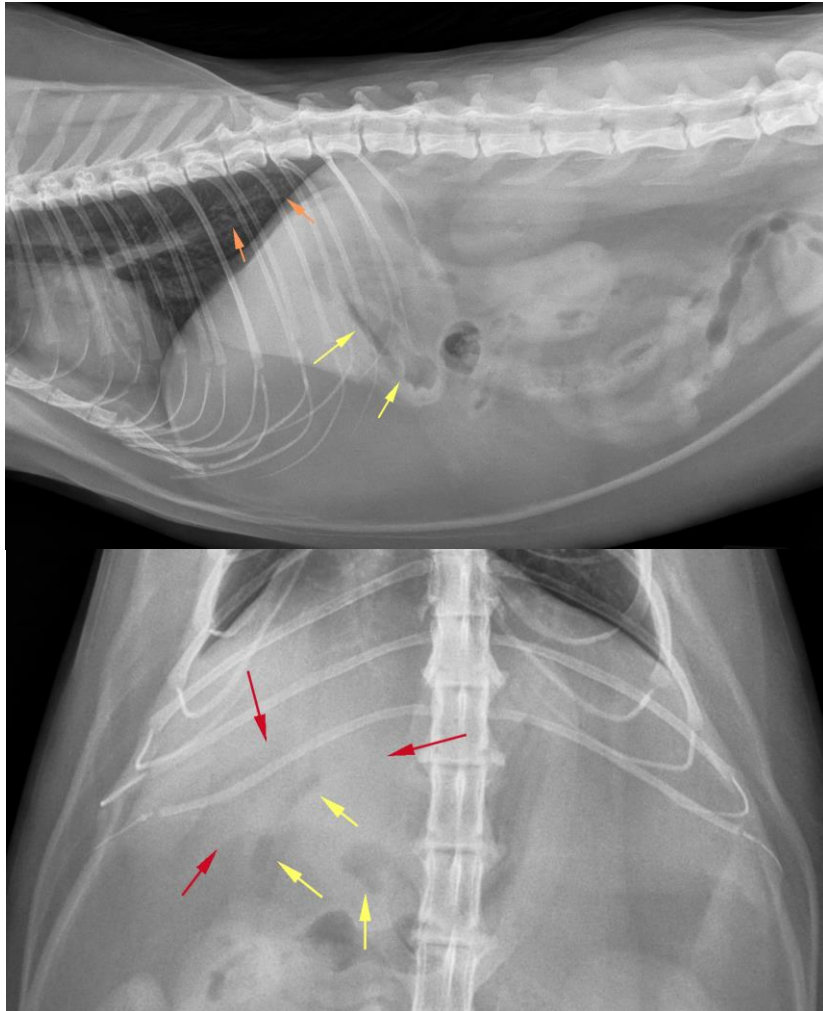
The patient has an increased body habitus. The cardiac silhouette is normal in size and position; there is no specific chamber enlargement. The margins of the cardiac silhouette are slightly reduced in distinction by the presence of pericardial fat opacity. The pulmonary vasculature is normal in diameter and tapers as it extends to the periphery. Mild bronchial changes are present in the caudal lung fields (orange arrows). No nodules are seen. The trachea and mainstem bronchi are patent. The pleural space and mediastinum are unremarkable. A metallic microchip is in the dorsal subcutaneous tissues of the cranial thorax.

The thoracic vertebral column is unremarkable without evidence of fracture, luxation or osteolysis.

ABDOMEN:

There is mildly reduced right cranial abdominal serosal contrast (red arrows). The visible margins of the liver and spleen are radiographically within normal limits. The gastric silhouette contains a small volume of gas and is normal in position. A small volume of gases in the pyloric antrum and proximal duodenum (yellow arrows). There is no evidence of plication. The small intestine is generally soft tissue opaque or contains a small amount of gas and is within normal limits for diameter and margination. A small amount of heterogenous material is in the descending colon. The renal and urinary bladder silhouettes are smoothly marginated and within normal limits. There are no radiopaque calculi.

The lumbar vertebral column is unremarkable without evidence of fracture, luxation or osteolysis.



Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

Conclusions:

- The bronchial changes may be indicative chronic lower airway inflammation (i.e asthma +/- fibrosis). Infectious aetiologies are considered unlikely.
- Decreased right cranial serosal contrast. Differentials include low volume peritoneal effusion, steatitis, or peritonitis.
- Small volume of gas within the pyloric antrum and proximal duodenum. Differentials include gastroduodenitis versus repositioning of gas during study acquisition.

Additional comments:

A reduction in serosal contrast can arise from several factors:

- decreased intrabdominal fat in thin patients or brown fat in young animals (higher water content)
- crowding of the viscera which displaces the peritoneal fat that would typically allow visibility of the silhouettes
- the introduction of soft tissue.

The last category typically means that there is the presence of fluid in the region. Fluid can be present between viscera (effusion) or within regional fat (oedema). When these conditions progress towards inflammation, they are termed peritonitis and steatitis, respectively.

In this case, the focal nature of reduced serosal contrast suggests a localised process. The changes in the right cranial quadrant of the abdomen can be associated with gastroduodenitis or pancreatitis. Disease associated with the gallbladder cannot be entirely excluded. Further evaluation of this area can be made with abdominal sonogram.

This collective list of differentials may result in the constellation of clinical symptoms described. In feline patients who have refrained from eating for a period of time, hepatic lipidoses is a frequent comorbidity.

Reporting Radiologist:

Please note this report has been tailored for academic use.



Reported by VetCT

t. +44 (0)1223 422251 **www.vet-ct.com** **e.** info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.