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Radiology Services Report (7936163-15/Radiograph Consult - Routine)**Completed 05/29/22 11:33 AM****Patient Name:** Sassy Quisbert (2102)**Requesting Doctor:** Dr. Gabriel Ordas**Species:** Feline**Age:** 19Yr 10Mo**Gender:** Female, Spayed**Breed:** DSH**Weight:** 8.70 Lb**Primary Complaint:** Gastrointestinal

History: Clinical signs (anorexia/hyporexia), Clinical signs summary (No vomiting/ no diarrhea, sudden inappetence. Had a fever of 104.5 at referral 2 days ago was given a shot of convenia. Today's temperature is 99F but still doesn't want to eat.), Last ate (Patient last ate more than 24 hrs ago)

Physical Exam: Summary of PE findings (Slight pain in cranial abdomen, heart murmur grade 2/6 systolic heart murmur, front limb ataxia), T (99F/37.2C), MM (pink), Patient attitude/demeanor (patient demeanor- quiet)

Diagnostics: Completed diagnostics (Bloodwork was done 2 days ago, only abnormality is low magnesium 1.3, and hematocrit of 27% pancreas value normal/ kidney/ liver values normal, dilute urine)

Treatment: Tx Plan (), Current treatment plan (iv fluids, cerenia, appetite stimulant, buprinex), Prior treatment (convenia/ subq fluids, no improvement.)

Other: Main clinical question/concern (Suspicious dorsal displacement of trachea cranial to heart? Mass effect?), Additional information ()

WHOLE BODY May 26, 2022: 2 images are provided for review.

FINDINGS: Note that the impression of dorsal displacement of the trachea on the lateral view is a common artifact due to head positioning; there is no evidence of an obvious heart base mass or other overt mediastinal abnormalities aside from incidental fat deposition. There are no overt pulmonary, cardiovascular, tracheal, pleural, or other thoracic abnormalities. The caudal sternum is partially fused, either due to prior trauma or a congenital anomaly.

The serosal detail is adequate. The stomach is mildly gas filled. The small intestine is mostly fluid filled, and some of the bowel segments are at the upper limits of normal for size but there is no evidence of foreign material or other obvious abnormalities involving the small intestine. The colon is primarily gas filled and contains a mild amount of semi-formed feces. There are no overt hepatic, splenic, renal, urinary bladder, or other abdominal abnormalities.

There is severe narrowing of mild spondylosis at the lumbosacral junction. There is caudal lumbar spondylosis. There are several sites of spondylosis involving the thoracic spine. There is prominent mineralization involving the stifle joints, most likely due to synovial osteochondromatosis. There are no other significant findings on this study.

Requested By:
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re: Sassy Quisbert (2102)

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(Continued)

CONCLUSIONS: Unremarkable thoracic radiographs. There is no evidence of an intrathoracic mass-effect, pulmonary metastatic neoplasia, or overt cardiovascular disease. The heart murmur could be due to occult cardiomyopathy, a benign right ventricular outflow tract obstruction, or anemia.

The appearance of the small intestine could be associated with functional ileus due to nonspecific causes of gastroenteritis including inflammatory bowel disease. The presence of infiltrative neoplasia cannot be entirely ruled out. There is, however, no definitive evidence of a mechanical intestinal obstruction on this study.

RECOMMENDATIONS: A GI blood panel and proBNP blood test should be considered if not performed with the other lab work. Abdominal sonography would be recommended for further assessment of the gastrointestinal tract. Echocardiography could be pursued to further determine the cause of the heart murmur.

If you have any questions, please do not hesitate to contact me directly at kristy-barksdale-kunz@idexx.com (preferred). If I do not reply within 24 hours or for URGENT questions, please call 1-800-726-1212 and speak to the first available radiologist if I am not available. The contact information is for veterinarian use only please. Thank you.



Kristy Barksdale-Kunz, DVM, DACVR
Radiologist

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