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**Referring Veterinarian:** [REDACTED]

**Clinic Name:** [REDACTED]

**Postal Address:** [REDACTED]

**Email:** [REDACTED]

**Client:** [REDACTED]

**Patient Name:** Gracy

**Case Number:** [REDACTED]

**Species:** Feline

**Breed:** Domestic Shorthair

**Age:** 11 years

**Sex:** Female(Spayed)

**Modality/Images :** N/A / 0

**Date Of Study:** [REDACTED]

**Wt.:** N/A **Temp.:** N/A

**Pulse:** N/A **Resp.:** N/A

**Case History:**

Senior II Wellness radiographs made the previous day demonstrated a cystic calculus. Pt has lost 3 pounds since November 2007. Senior labwork was all within normal limits including T4. Owner felt that she was normal and had not noticed any changes in the cat. Otherwise the cat was normal on physical exam. DDX for weight loss: neoplasia, primary gastro-intestinal disease, metabolic disease, hyperthyroidism, decreased caloric intake, etc.

**Description:**

**Findings:**

Survey radiographs: There is a small amount of amorphous material in the stomach. The small bowel contains fluid and gas but is neither distended nor plicated. The liver and what can be seen of the kidneys are within normal limits. Mineral opacities are noted in the region of the urinary bladder, compatible with the cystic calculi previously diagnosed on the senior wellness exam. Periarticular osteophytes are noted in both acetabula.

A barium upper gastro-intestinal series has been performed. Gastric and small bowel transit and emptying occur within normal limits of time. The barium-mucosal interface of the small bowel is moderately irregular and there is a noticeably accentuated brush border. The 60 minute lateral post barium administration radiograph demonstrates a herringbone pattern in the caudal esophagus. The diameter of the small bowel (serosa to serosa) is within normal limits when compared with the height of the body of the second lumbar vertebra. The small bowel is not distended as might be expected with a mechanical obstruction/partial obstruction/linear foreign body obstruction. The colon demonstrates distention, especially of the ascending and transverse portions. The remainder of the study is unremarkable and unchanged in the recheck interim.

**Assessment:**

Differentials for the small bowel include inflammatory bowel disease and lymphosarcoma; biopsies are recommended.

Possible early megacolon; recommend repeat radiographs in 7-10 days to determine if this is a transient or a more permanent affliction.

The radiographic appearance of the esophagus is within normal limits for felines.  
Persistent cystic calculus.

Mild osteoarthritis bilateral coxofemoral joints.

Thank you for allowing us to be part of your diagnostic team. If you have any questions please contact me directly.

**Specialist:** Dr. Phillip Steyn, BVSc, MS

**Board Certification:** DACVR

**Phone:** [REDACTED]

**Fax:** [REDACTED]

**Email:** [REDACTED]

**Date of Report:** [REDACTED]