



PATIENT

Phoebe Witt

PRESENTING CLINICAL SIGNS

P presents for transfer from Dr.Ward. since thanksgiving p has had an intermittent poor appetite, intermittent vomiting and jaundice. P has also had neon colored urine which is now an orange colored urine. went to dr.ward last week for ultrasound, started p on uridisiol, sucralfate, entyce, metronidazole, baytril and SAe (o reports is a liver supplement) since then p has been vomiting intermittently, jaundice has improved however and is having a normal bowel movement. o also reports that p ingest a piece of the Christmas tree with fake covered snow on dec 1st and did vomit a piece of it a few days ago.

SPECIES

Canine

BREED

Pug

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

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Thorax

Mild caudal thoracic spondyloses are seen.

AGE

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

REFERRING VET

Dr. Young

A 5.0 x 2.0 cm sized cavitory lesion with peripheral enhancement is seen in the cranial abdomen between the greater curvature of the stomach and left limb of the pancreas. Lesion margins are ill-defined with marked peripheral fat stranding and regional effusion. The left limb of the pancreas is severely enlarged with heterogeneous enhancement and peripheral fat stranding.

Mild multifocal epigastric lymphadenomegaly is noted.

INVOICE

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The liver margins are slightly rounded. Diffuse heterogeneous enhancement of the hepatic parenchyma is seen. The gallbladder is moderately distended. The cystic duct, extrahepatic ducts, and common bile duct are mildly dilated without evidence of obstructive pathology.

DATE

12-13-21

The gastric and duodenal wall present mild generalized thickening without obvious loss of wall layering.

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The cranial pole of the right adrenal gland is slightly nodular in appearance; however, a discrete nodule cannot be identified.

Both kidneys present within normal limits.

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The urinary bladder is severely distended. A mild amount of mineral attenuating material is seen within the urinary bladder.

Both coxofemoral joints present moderate osteoarthritic changes.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe pancreatopathy with regional peritonitis and cavitory lesion level with the left limb of the pancreas.
- Gastroduodenitis.
- Mild multifocal regional lymphadenomegaly.
- Hepatopathy with diffuse heterogeneous enhancement.
- Urinary bladder microlithiasis.
- Bilateral coxofemoral osteoarthritis.
- Spondyloses.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggestive for severe pancreatitis with regional peritonitis and pancreatic abscess or pseudocyst. There appears to be concurrent hepatitis and gastroduodenitis. Further verification and definition by means of aspiration and analysis of the fluid contained within the cavitory lesion associated with the left limb of pancreas could be considered and discussed versus direct surgical exploration.

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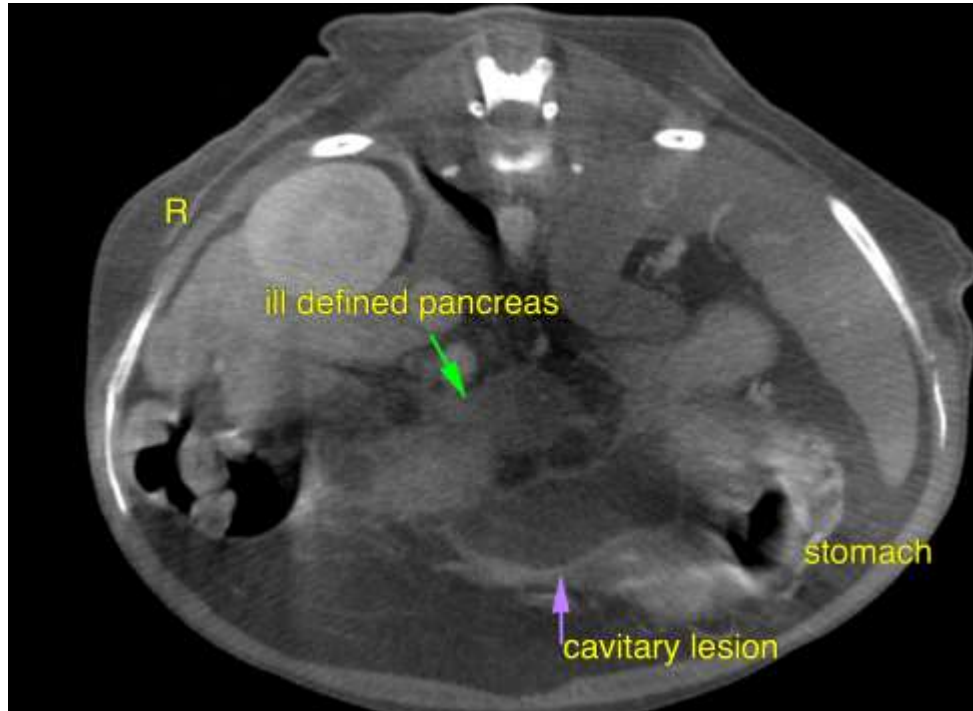
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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