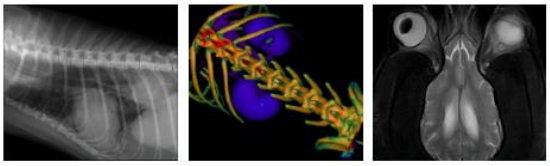
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Chintaluri

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Dawn Crandell

INVOICE

56738

DATE

2-14-23

PRESENTING CLINICAL SIGNS

Patient has hx of chronic cough after stay in a kennel in November 2022, poorly responsive to a'biotics and meloxicam. Patient developed septic peritonitis secondary to a perforated duodenal ulcer (assume nsaid cause). Feb 9th had ex-lap for ulcer repair,abdominal drains placed. Pyrexia noted Feb 13th. Drains removed Feb 13th. No abdominal effusion noted on FAST ultrasound Feb 14th. Assumed aspiration pneumonia right cranial lung area (based on cough and lung ultrasound) noted Feb 9th ; little/no resolution despite broad-spectrum a'biotics. Query source of ongoing ileus, inappetance, lethargy and new fever (Feb 13th). Query source of chronic cough and now significant pneumonia. Consider walled-off abdominal abscess, steatitis, pancreatitis, lung abscess etc. Note NG tube in stomach causing artifact.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Extensive alveolar infiltrates are seen within the ventral aspect of the left cranial, right cranial, and right caudal lung lobes. A complete lobar alveolar sign with maintained pulmonary volume and air bronchograms of the right middle lobe is noted. There is no evidence of infiltrates in the dorsal aspects of the lung.

No esophageal dilation is seen. A thin hyperattenuating probe is seen within the esophagus and extends into the stomach causing streak artifacts.

There is no evidence of mediastinal lymphadenomegaly.

No pleural effusion is noted and no walled-off cavitary lesions are seen within the pleural space or mediastinum.

Abdomen

The patient has a history of prior celiotomy with perforated duodenal ulcer.

Irregular thickness and delineation of the linea alba is seen due to prior celiotomy.

Moderate generalized enlargement of the pancreas with moderate peripheral fat stranding is seen. There also is periduodenal and perigastric fat stranding noted with mild multifocal epigastric lymphadenomegaly.

No evidence of common bile duct dilation is seen.

A mild amount of mineral attenuating material is seen within the stomach, descending duodenum, and colon. Mild diffuse gastric wall thickening is noted.

No evidence of free or cavitated fluid accumulations in the free abdomen is noted.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of perforated duodenal ulcer and celiotomy.
- Pancreatopathy, gastropathy, and duodenopathy with extensive peripheral fat stranding.
- Multifocal mild epigastric lymphadenomegaly.
- Mineral attenuating material within the stomach, barium administration versus gravel sign.
- Multifocal extensive ventral pulmonary alveolar infiltrates and lobar sign of the right middle lung lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with the history of prior celiotomy and peritonitis secondary to perforation of a duodenal ulcer.

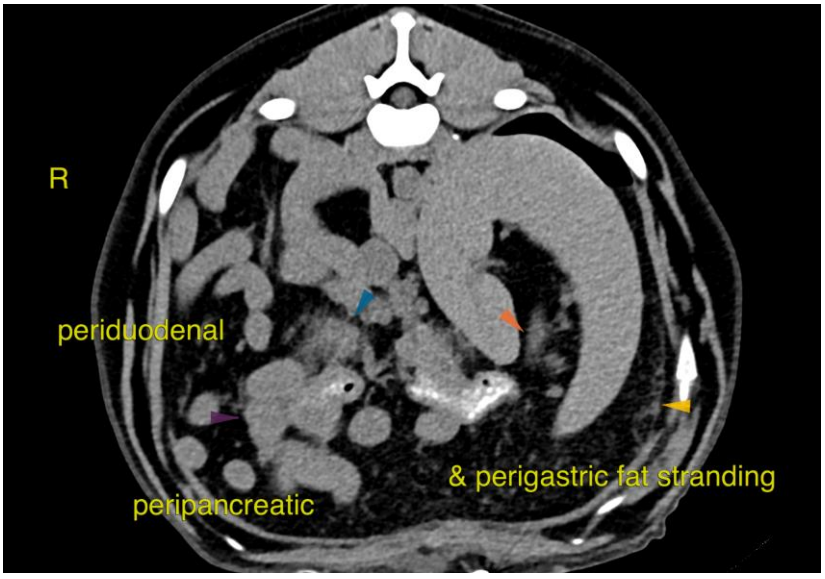
The findings of the pancreas, stomach, and duodenum suggest pancreatitis, gastritis, and duodenitis with regional mesenteritis / peritonitis.

The lymph node changes are compatible with reactive lymphadenitis.

There is no evidence of an abscess formation within the peritoneal cavity.

The findings of the lung are compatible with pneumonia, with aspiration pneumonia being considered by far most likely.

No significant esophageal dilation was noted and there was no evidence of a pleural or mediastinal abscess nor of pulmonary abscessation/cavitation.



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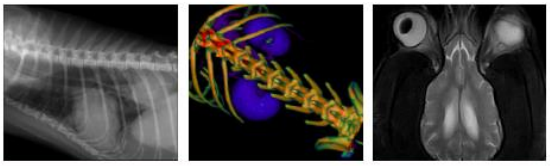

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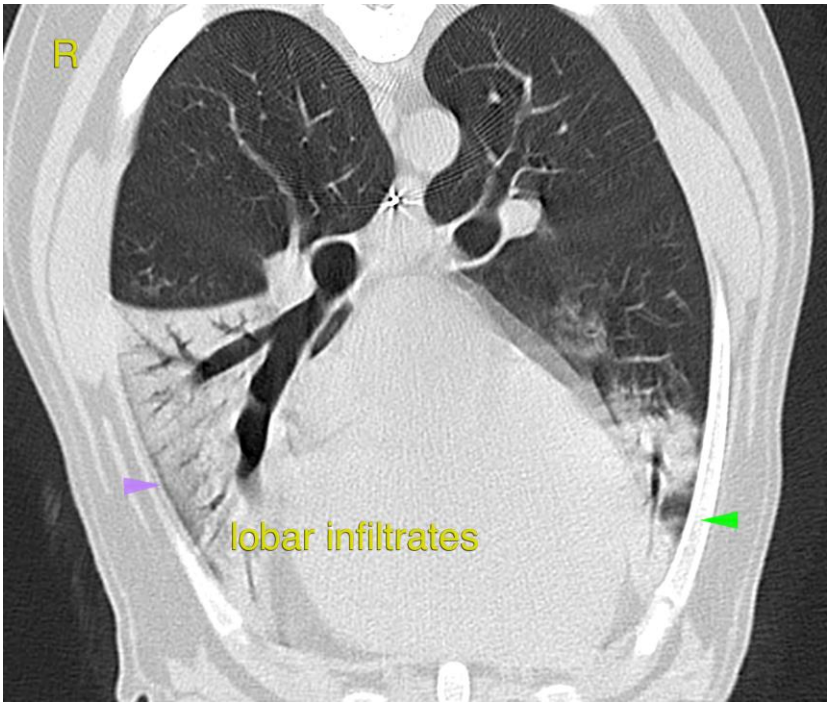

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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