



PATIENT

Finn Bracken

SPECIES

Canine

BREED

Beagle

SEX

M

AGE

16 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

REFERRING VET

Dr. Young

INVOICE

51337

DATE

4-4-22

PRESENTING CLINICAL SIGNS

Presented for vomiting to referring veterinarian on 3/31/22. History of previous bouts of vomiting 2 to 3 times weekly. Radiographs showed either ingesta or foreign material in gastric cardia. Obstruction was not suspected. Vomiting did not resolve with cerenia and omeprazole. Presented to Suncoast for upper GI endoscopy and CT. No material seen within the gastric lumen. Gastric mucosal biopsies taken. CT then performed.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The caudal thoracic esophagus is dilated with gas which is likely a result of the anesthesia and prior endoscopy.

Two areas of regional interstitial consolidation are seen caudodorsally within the left caudal lung lobe.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Moderate symmetric prostatic enlargement is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The stomach contains a mild amount of gas. No gastric wall abnormality is seen. The gastric outlet is patent. There is no evidence of luminal foreign material within the gastric outlet and descending duodenum. No evidence of regional peritonitis is noted.

The small intestinal loops present of even diameter, nondilated, with no evidence of foreign material or plication.

The colon contains a mild amount of fecal matter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structurally normal CT study of the abdomen.
- No evidence of gastric foreign material or obstruction.



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- Two areas of interstitial pulmonary consolidation within the left caudal lung lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the gastrointestinal tract is within normal limits. No evidence of luminal or mural obstruction in the gastric outflow area is identified.

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The areas of interstitial consolidation within the left caudal lung lobe may be a result of anesthesia related dystelectasis. However, granulomatous pneumonia and secondary neoplasia of the lung cannot be ruled out entirely even though considered by far less likely. Consider recheck radiographs in a conscious patient.

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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.

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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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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
Nele.Eley@sonopath.com

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