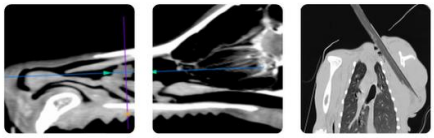

PATIENT

Peaches Copporio

SPECIES

Canine

BREED

Staffy

SEX

FN

AGE

10

WEIGHT

18

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

74942

DATE

5-10-26

PRESENTING CLINICAL SIGNS

abdominal effusion
Abnormal PE/Chem/CBC/UA Results: tp 34m,g/mL neutrophils and rbcs cbc/chem unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

Severe diffuse abdominal effusion is seen throughout the peritoneal cavity resulting in generalized reduction of serosal detail and mild separation of abdominal organs. No discrete abdominal mass lesion is identified. No peritoneal nodularity, omental caking, or evidence of carcinomatosis is identified.

No abdominal lymphadenomegaly is seen.

The liver is normal in size, attenuation, and enhancement.

No CT evidence of portal vein thrombosis, acquired portosystemic shunting, or other imaging signs of portal hypertension is identified.

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.

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

The spleen presents 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 position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Thorax

Mild sternal lymphadenomegaly is present.

No mediastinal mass lesion or additional thoracic lymphadenopathy is identified.

The heart and major thoracic vessels are within normal limits.

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. No pulmonary nodules or masses are identified. There is no evidence of pleural effusion.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

PATIENT

Peaches Copporio

SPECIES

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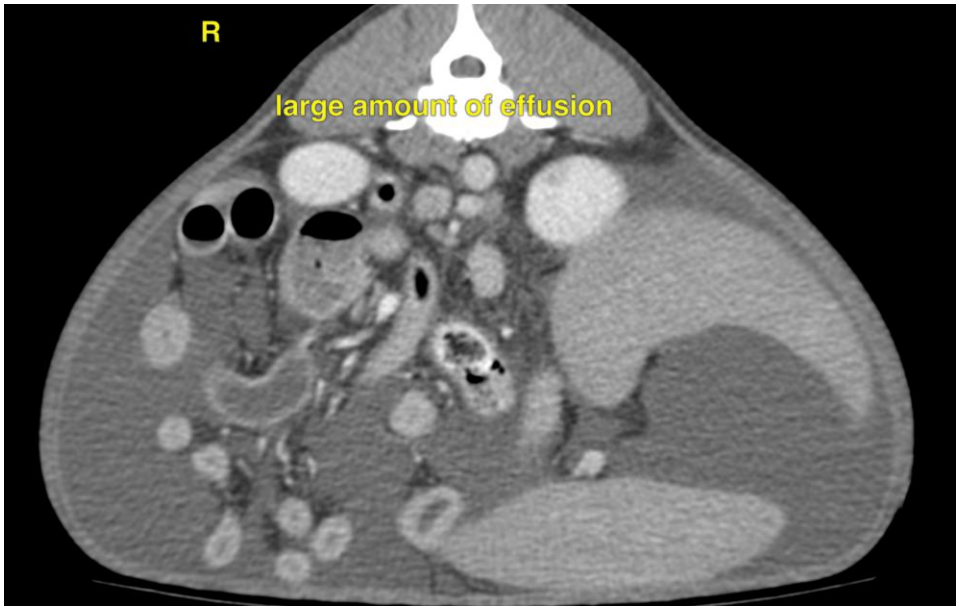
- Severe diffuse ascites
- Mild sternal lymphadenomegaly likely reactive.
- No CT evidence of portal hypertension, solid abdominal or thoracic neoplasia, peritoneal carcinomatosis, significant hepatic disease, cardiac associated effusion, or obvious inflammatory process.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The dominant finding is severe abdominal effusion without an identifiable underlying structural cause on CT imaging. The mild enlargement of the sternal lymph nodes is considered most likely reactive hyperplasia particularly in the context of effusion and abdominal drainage. Importantly, there are no CT signs of portal hypertension and there is no evidence of disseminated or solid neoplasia or intraabdominal inflammatory disease. Differential considerations may include chronic inflammatory effusion, low grade peritonitis, protein-losing or vascular disorders, occult cardiac or hepatic dysfunction not yet morphologically apparent, and less likely occult neoplasia below the CT detection threshold. Comprehensive abdominal fluid analysis is recommended. Cardiovascular evaluation could be considered if clinically indicated.



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.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com