



PATIENT

Freddy Wall

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

6

WEIGHT

4

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Olivia Jarvis

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Amber Mahon

INVOICE

35749

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Admitted 48 h ago for vomiting and pyrexia was treated for pancreatitis not eating- has Ng tube on assessment: increased breathing effort and rate abo palpation soft comfortable mm pink moist crt2 sec euhydrated heart rate 150 suspected effusion related to aspiration pneumonia from vomiting vs directly pancreatitis inflammatory leakage.

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST & ABDOMEN

Status after bilateral drainage of the chest with tubes placed in the caudal parts of the thoracic cavity.

The chest presents marked thickening of the pleural lines, especially on the right side and the cranial aspects, with small fluid and gas pockets within the pleural cavity. The images after contrast application show thickening and increased enhancement of the pleura, especially in the cranial and right parts of the chest. These confluent with pleural thickening and diffuse increased interstitial densities of the pulmonary structures as well as fat striations within the mediastinum. Relevant nodular or focal pulmonary changes are not noted. Cavitory lesions are not recognized. The mediastinal organs present mild enlargement of the lymph nodes. The course and diameter of the esophagus is inconspicuous. Radiopaque foreign material is not detected. The thoracic borders, including the diaphragm, are unremarkable.

The abdominal organs present mild enlargement of the portal and splenic lymph nodes. Relevant inflammatory changes, especially in the cranial abdomen and the pancreas, are not recognized. The pancreas is well margined without relevant peripheral changes/fat striations. The stomach/duodenum are predominantly empty, again without signs of radiopaque foreign material. Free peritoneal fluid is not noted. The gallbladder shows a small amount of mineral-dense sludge as an incidental finding without signs of cholestasis. All other abdominal organs are within normal limits. Signs of an obstructive ileus are not present.

They displayed bony parts of the spine and pelvis are inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected pleuritis/pleuropneumonia more prominent right side
- Mild mediastinal lymph adenomegaly
- Mild portal and splenic lymph adenomegaly
- Incidental finding: cholelithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings present a reactive/inflammatory process of the pleura, especially in the cranial and right-sided chest. These changes confluent with mild interstitial densities of the pulmonary structures and likely represent an inflammatory issue as seen with pleuro-pneumonia. Radiopaque foreign material is not detected. This does not exclude aspiration- or foreign body triggered inflammations. Typical signs of an aspiration pneumonia are not detected.

The mild enlargement of the mediastinal, portal, and splenic lymph nodes would underline the assumption of an inflammatory process. Typical signs of pancreatitis and/or perforation of the gastrointestinal tract are not recognized.



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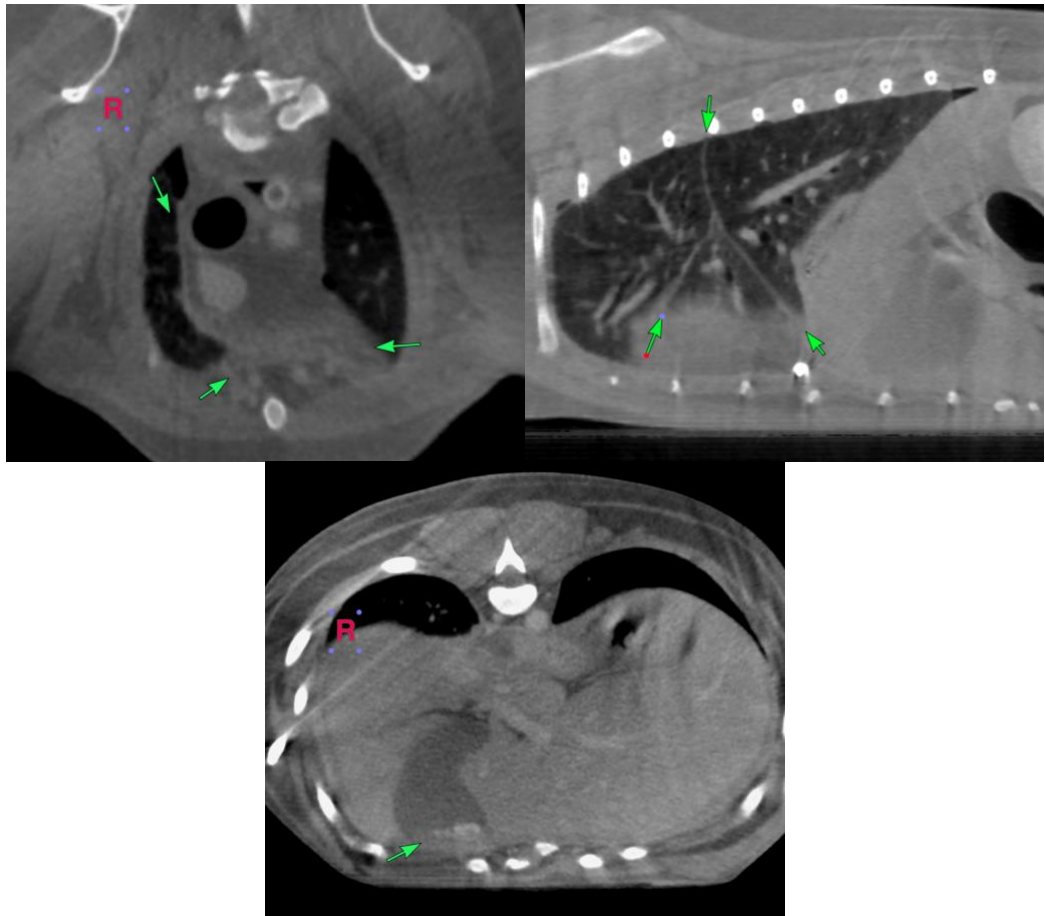
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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