



**PATIENT PRESENTING CLINICAL SIGNS**

**Jingles Fritze** History: 6/7 Presented for bloody diarrhea and not eating. Was hospitalized on fluids and medications. Discharged from hospital 6/9/23. Represented 6/12/23 experiencing the same symptoms as last time and shivering. Pet vomited at least 3-4 times prior to presenting morning.

**SPECIES** Was hospitalized on fluids and supportive care, had a bout of diarrhea on discharge. Last night into this morning, did well at home, had normal stool last night, ate well for owner. 6/7/23 Abdominal Ultrasound **CONCLUSIONS:**1. Normal GI tract. 2. Mild GB sediment is a common incidental finding. Differentials include cholestasis or less likely cholangitis or cholangiohepatitis.

**Canine**

**BREED** Abnormal PE/Chem/CBC/UA Results: CBC/Chem 11/Lytes run 6/16/23 ALT 148 ALP 775 Retic 119.4 Retic Hemoglobin 21.6 WBC 17.10 Neut 14.11 Plateletcrit 0.54 All else WNL 6/16/23 Cortisol

**Poodle Mix**

**SEX COMPUTED TOMOGRAPHIC STUDY OF THE CHEST & ABDOMEN**

**Neutered Male** **Chest**

**AGE** The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions. Multiple mineral-dense spots are recognized throughout all lung parts. The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected.

**15 Years 9 Months**

**INTERPRETED BY** The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

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German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**Abdomen**

**HOSPITAL NAME** The liver appears rounded with normal findings in terms of texture and contrast behavior. The gallbladder is inconspicuous without evidence of cholestasis. A small amount of hyperdense sludge is detected. The common bile duct can be traced to the level of the papilla and is mildly distended with maximum transverse diameters 0.4 cm.

**Catskill VS, PLLC**

**REFERRING VET** The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

**Dr. Lindsey Green** The spleen shows normal findings in terms of size, surface, shape and contrast behavior.

**INVOICE** Both kidneys are age appropriate. Adrenal glands are in normal limits.

**22970** As far as can be assessed, the stomach and all parts of intestine subjectively show a mildly thickened wall. A mixture of fluid-, gas- and ingesta-filled loops is present including the descendant colon and rectum. There are no signs of an obstructive or functional ileus.

**DATE**  
6/16/23



**PATIENT**

Jingles Fritze  
 Ureters, urinary bladder, trigonum and urethra are presented as expected. There is no evidence of cystic calculi.

**SPECIES**

Canine  
 Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.  
 Severe osteoarthritis and degenerative changes of the spine are noted (shoulder-, coxofemoral joints) as incidental findings.

**BREED**

Poodle Mix

**SEX**

Neutered Male

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Normal findings of the thorax with multiple pulmonary osteomas
- Signs of an unspecific gastroenteritis
- Mild hepatomegaly
- Small amount of gallbladder sludge and mild distension of the CBD

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

15 Years 9 Months

The suspected thickening of the gastric/intestinal walls and the mixed filling are commonly seen with unspecific gastritis/enteritis, in this case more hypoperistaltic than spasmic. Currently there is no compelling evidence of an obstructive ileus and/or a peritonitis/pancreatitis. Radiopaque foreign material is not recognized. Gastroenteritis would be my preferred differential diagnosis.

**INTERPRETED BY**

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 in Diagnostic Imaging

Mild hepatomegaly/-pathy and a small amount of biliary sludge are common and age-related findings. An inflammatory issue cannot be fully excluded (cholangitis, cholecystitis, cholangiohepatitis). A specific therapy depends on its etiology, but an empiric approach could be performed prior to further diagnostic such as endoscopy and gastric biopsy/brush cytology/FNA liver. Neoplasia is not suspected.

**HOSPITAL NAME**

Catskill VS, PLLC

**REFERRING VET**

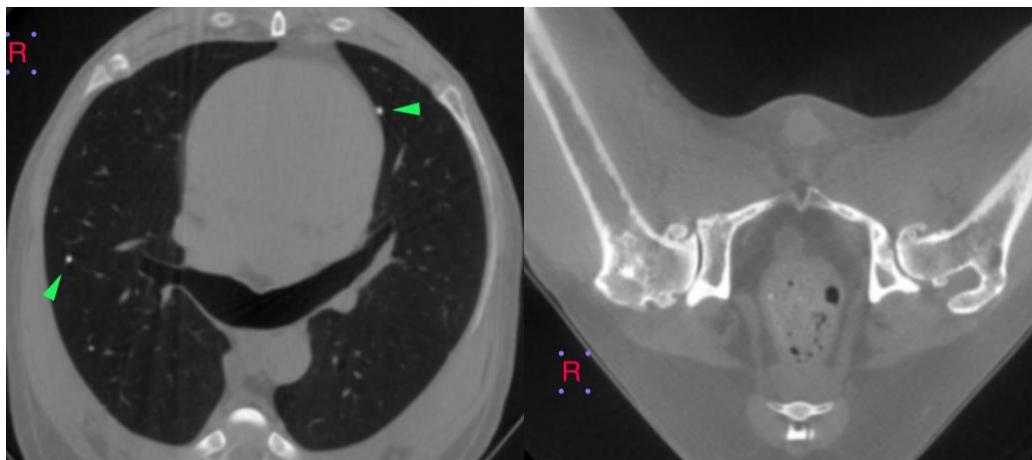
Dr. Lindsey Green

**INVOICE**

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**PATIENT**

Jingles Fritze

**SPECIES**

Canine

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**AGE**

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**HOSPITAL NAME**

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**REFERRING VET**

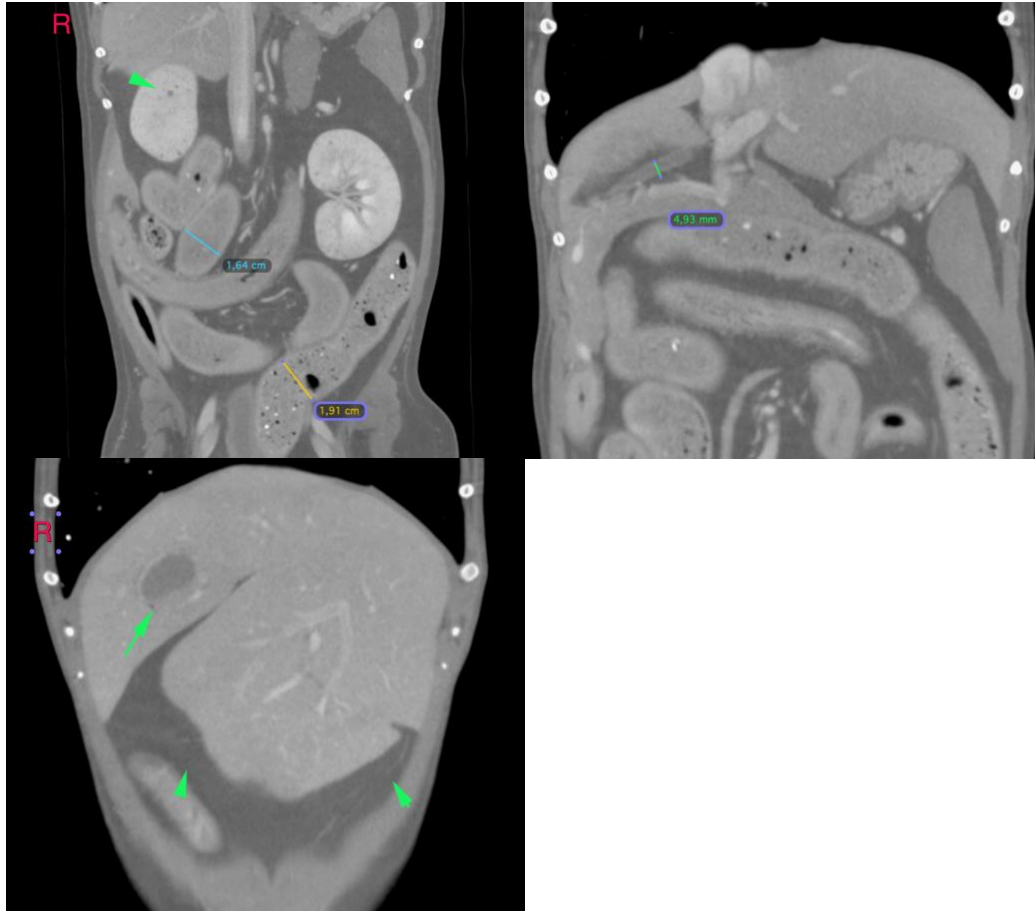
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**INVOICE**

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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.**

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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