



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Nova Tomanek **PRESENTING CLINICAL SIGNS** History: Acute vomiting, Not eating. Abdominal US revealed a possible duodenal mass surrounded by area of inflammation

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild increase in WBC and Neutrophils, severely increased ALKP, ALT, Tbil, Low potassium .

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

BREED

The liver shows normal findings in terms of size, surface, shape and contrast behavior.

Goldendoodle

The gallbladder is highly filled and presents an enlarged common bile duct, which can be traced up to the level of the papil.

SEX

Spayed Female

The proximal section of the duodenum impresses with a cystic intramural lesion of 1.85 cm. The lesion appears encapsulated with deviation/obstruction of the duodenal lumen. There is marked, diffuse increase of density of the peripheral fat tissue/omentum recognized. The pancreas at least presents an irregular adjacent surface but shows an overall normal size and shape. In addition to that an optional, rounded lymph node is noted. The stomach is mildly fluid filled, all other parts of the intestines are regularly presented without any indication of a wall thickening or a mass.

AGE

5 Years 6 Months

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

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits. Ureters, urinary bladder, trigonum and urethra are presented as expected.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cystic, intramural duodenal lesion with narrowing of the duodenal lumen
- Secondary cholestasis with dilation/obstruction of the common bile duct
- Secondary perifocal peritonitis/pancreatitis/lymphadenitis

HOSPITAL NAME

Bridgwater VH & WC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. M. Sra

The CT findings do explain the reported clinical symptoms. The cystic duodenal lesion is highly suspicious for a mural abscess formation which may have been triggered by perforation due to foreign material (possible DD peritoneal cestodiasis). The cholestasis and perifocal changes are most likely secondary findings and present a prominent inflammatory process including parts of the pancreas. Neoplasia is unlikely. Laparotomy could be performed next to drain the suspected abscess, to exclude foreign material and to get biopsies if findings are inconclusive.

INVOICE

15975

DATE

6/9/22



PATIENT

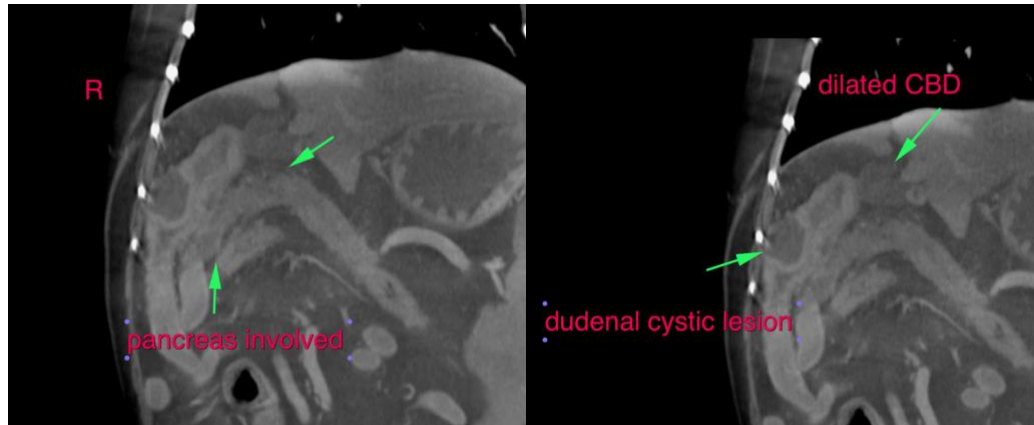
Nova Tomanek

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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.

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