



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bruiser Elizondo
SPECIES Canine
BREED Maltese
SEX Neutered Male

History: In early January, Bruiser began having problems with vomiting and diarrhea. Bloodwork at that time showed a mild lymphopenia, and elevated globulins of 4.1. A fecal was negative. A urinalysis showed a UG of 1.050, 1+ bilirubin, 1+ protein. She was treated with metronidazole, Cerenia, sucralfate, and Pepcid. The diarrhea persistent. Bloodwork was rechecked on 1/26 and at that time, he had a mild neutrophilia (13589), lymphopenia (319), Alb (2.3), and globulins (4.7). An abdominal ultrasound was performed which showed a thickened stomach wall and reactive gastric lymph nodes. He was subsequently started on prednisolone. The vomiting improved but Bruiser was still having diarrhea. His diet was switched from GI low fat to Satiety. Now, Bruiser is having formed stool but he is having trouble passing it - he strains and sometimes just passes bloody fluid. He is eating well since starting the prednisolone. Bruiser has also been having a hacking/gagging cough. Sometimes it is brought on by excitement, sometime it happen at night while sleeping. When he has coughing fits it sometimes causes him to start straining to defecate. Thoracic radiographs were reportedly normal. He has lost about 2 pounds since this started. The straining has resolved the continues to have a sensitive stomach. Coughing has resolved but he has been on a very low dose of Temaril P for months (weaning off now). Most recently his liver enzymes were markedly elevated and pre an post bile acids were mildly elevated.

AGE 9 Years
 Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound was performed which showed a thickened stomach wall and reactive gastric lymph nodes.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

INTERPRETED BY Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

Liver shows mildly rounded margins but is inconspicuous part from that. The common bile duct is mildly distended, relevant obstructive cholestasis is not noted.

The spleen is moderately enlarged but shows normal findings in terms of surface, shape and contrast behavior.

HOSPITAL NAME Mobile Pet Imaging CFL

Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. Unremarkable presentation of the bilaterally symmetrical kidneys.

Adrenal glands are in normal limits.

REFERRING VET Rodriguez

The stomach and small intestine are regularly presented without any indication of a wall thickening or a mass. The caudal section of the descendent colon presents mild and focal thickening of the wall with a questionable stricture at two levels (s. pictures).

INVOICE

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

12905 Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

DATE

9/1/21



PATIENT

The pelvis is unremarkable.

Bruiser Elizondo

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

- Focal thickening colon wall with questionable constriction
- Mild distension common bile duct
- Mild hepatomegaly
- Moderate splenomegaly

Canine

BREED

Maltese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Final assessment of the colon diameter and wall is difficult since it depends on the amount of feces and the peristaltic. The focal and asymmetric thickening of the wall can be caused by scar tissue due to chronic inflammation/ulcerating colitis and neoplasia, commonly adenocarcinoma/lymphoma. I would favor the first regarding the patient's history but endoscopic biopsy is recommended to rule out neoplasia. Hepato- and splenomegaly are unspecific and commonly caused by chronic liver disease (lipidosis, steroid hepatopathy) and triggered by anesthesia/systemic inflammation. There is no evidence of nodular liver/splenic disease. The mildly distended common bile duct could represent mild cholangitis but is most likely an incidental finding.

SEX

Neutered Male

AGE

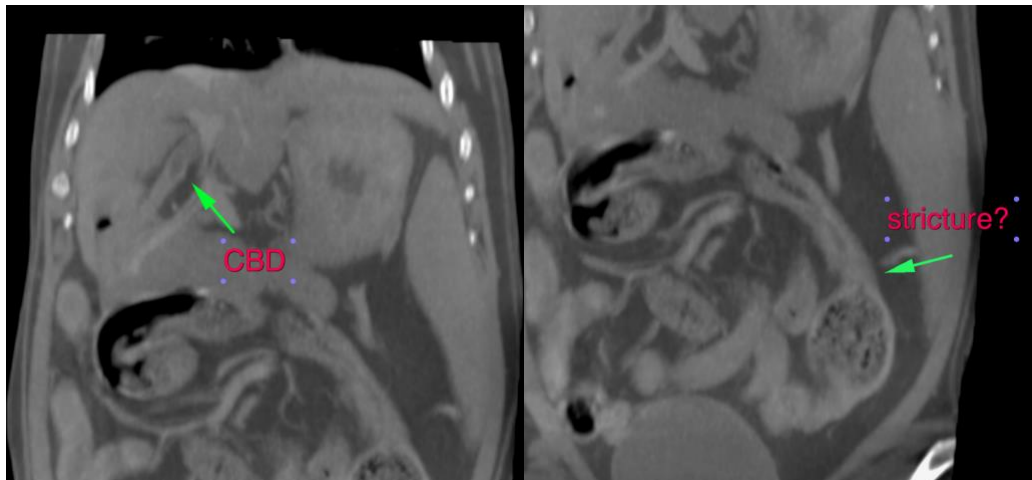
9 Years

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REFERRING VET

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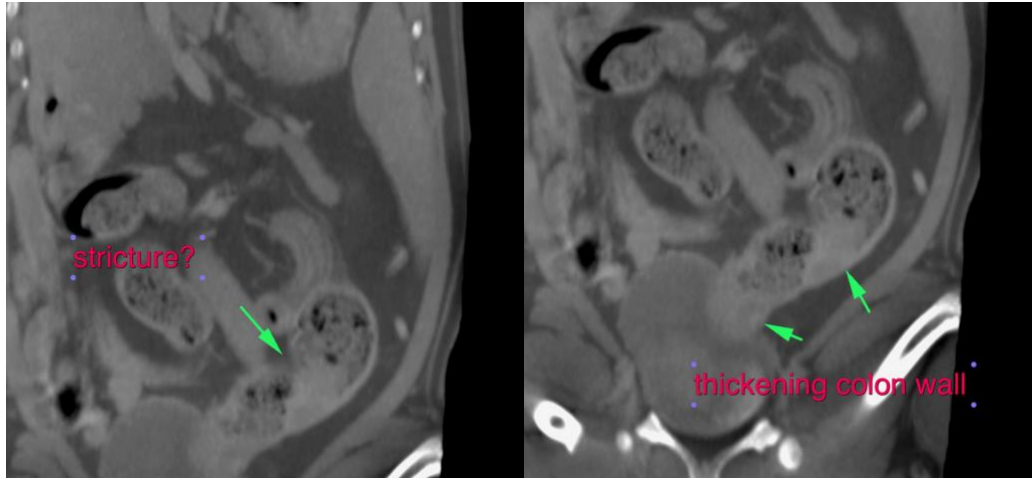
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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