

**PATIENT**

Sammy Poblenz

PRESENTING CLINICAL SIGNS

Sammy was referred with a history of chronic vomiting. Abdominal US revealed a mass in the pyloric region.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

BREED

German Spitz

Thorax:

The cranial mediastinum shows multiple small granular-like opacities. All other mediastinal lymph nodes are considered as normal. There is no evidence of an inflammatory or even neoplastic process of the lungs noted. Pleural effusion is not recognized.

SEX

MN

Abdomen:

There is a long-stretched intussusception of the jejunum recognized located in the central abdomen caudal to the stomach. The latter presents marked dilation and sedimentation of the gastric content. The adjacent fat tissue and omentum are inconspicuous.

AGE

11 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Liver and spleen show normal findings in terms of size, surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. Pancreas presents normal size and shape with a smooth surface. Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits.

Ureters, urinary bladder, trigonum and urethra are presented as expected.

HOSPITAL NAME

Suncoast Veterinary
Emergency and
Specialty

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

COMPUTED TOMOGRAPHIC DIAGNOSIS**REFERRING VET**

Dr. Byron Young

- Long stretched jejunal intussusception causing secondary obstructive ileus with dilation of the stomach and sedimentation of the gastric content
- Reactive-inflammatory lymphadenitis cranial mediastinum

INVOICE

47270

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of a neoplastic process noted. The jejunal intussusception can be chronic and dynamic. Gastric sedimentation commonly is seen with pyloric stenosis. The latter is not recognized. Currently there are no signs of peritonitis/relevant enteritis recognized. Surgery and intestinal biopsy are recommended from a CT perspective.

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9-1-21



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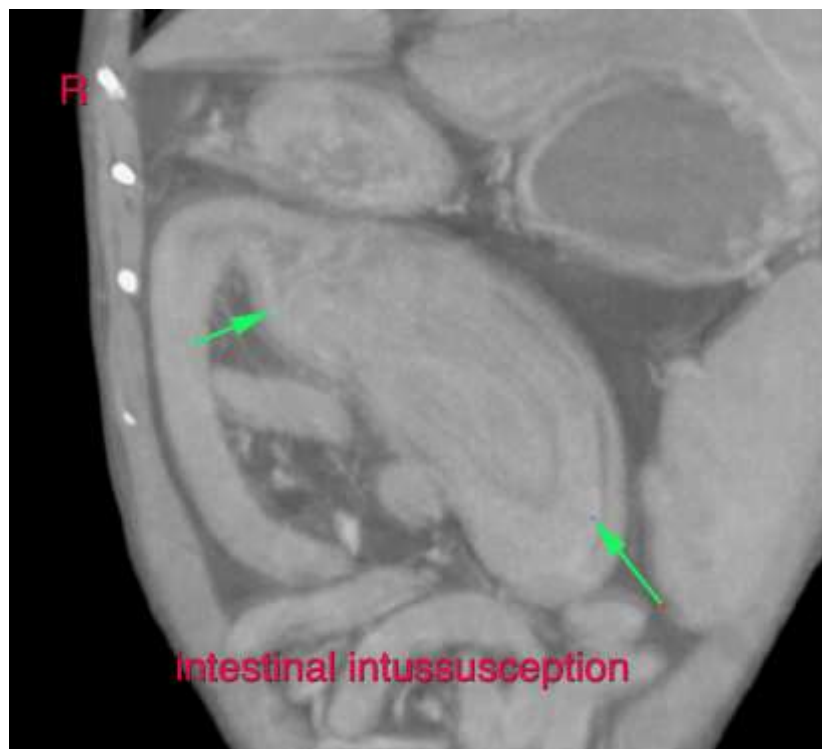
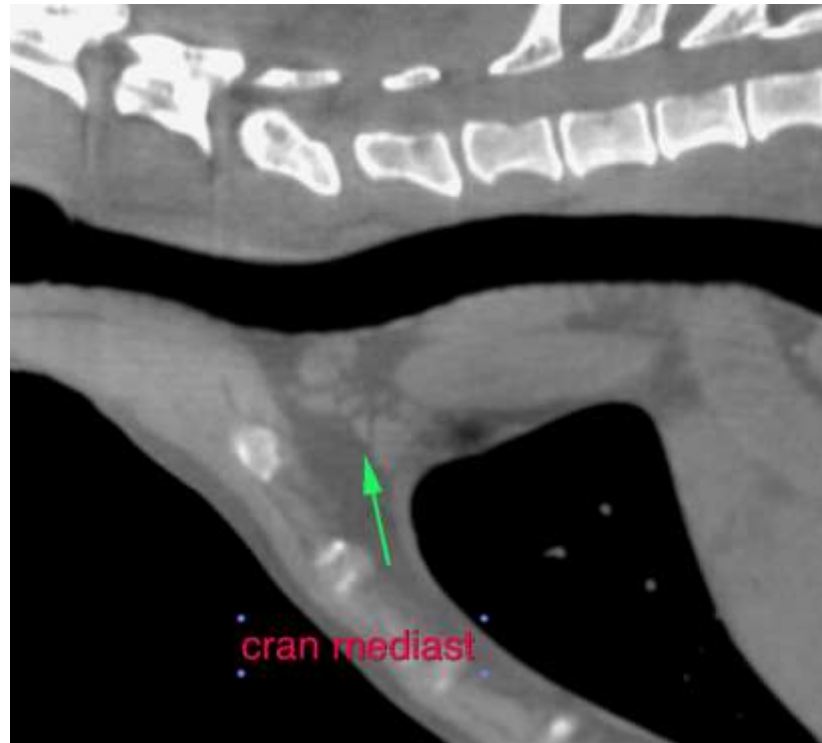
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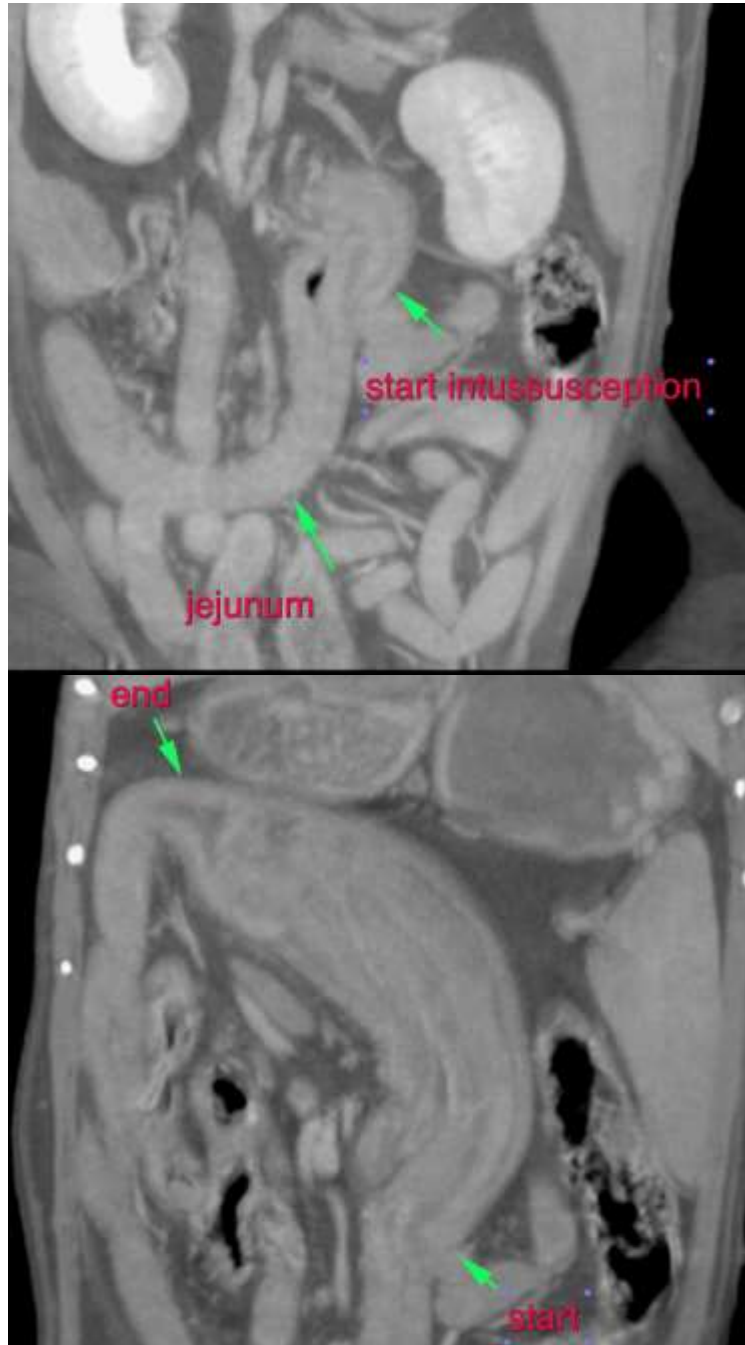
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com