



## PATIENT

George Cragg

## SPECIES

Canine

## BREED

Greyhound

## SEX

Neutered Male

## AGE

8

## WEIGHT

34

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Eamon

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

Dr. Eamon

## INVOICE

13400

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

- ate a skewer 2 weeks ago
- wgt loss
- poor appetite
- lethargy

Abnormal PE/Chem/CBC/UA Results: panhypo-protaemia alb22 glob 24 chol low plt low

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

### Abdomen

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The splenic and hepatic lymph nodes are moderately prominent, uniform soft tissue attenuating and have a mild heterogeneous contrast enhancement pattern.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with an increased volume with mild rounded margins, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The gallbladder is mild to moderately distended and has a smooth and even wall. The common bile duct is not dilated, unremarkable.

The pancreas is generalized swollen and has a fine lobulated appearance – the pancreatic lobules are accentuated by surrounding hypoattenuating material. The peritoneal fat surrounding the pancreas presents fine soft tissue striation.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



## PATIENT

George Cragg

## SPECIES

Canine

## BREED

Greyhound

## SEX

Neutered Male

## AGE

8

## WEIGHT

34

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Eamon

## HOSPITAL NAME

Belconnen Veterinary  
Centre

## REFERRING VET

Dr. Eamon

## INVOICE

13400

## DATE

1/23/26

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

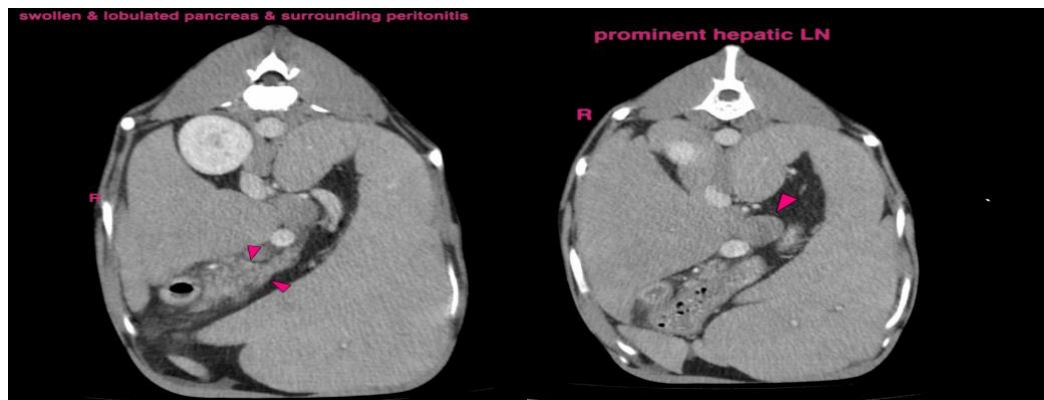
- Edematous swelling of the pancreas with surrounding peritonitis
- Lymphadenopathy hepatic & lienal lymph nodes
- Mild hepatomegaly
- Mild splenomegaly
- Normal thorax, no evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The swelling of the pancreas along with the surrounding peritonitis are indicative for pancreatitis.

The enlarged cranial mesenteric lymph nodes can present reactive lymphoid hyperplasia due to the pancreatitis. However, in combination with the mild hepatomegaly and splenomegaly diffuse infiltrative disease – such as round cell tumor – is a potential. Complementing workup by complete blood work including cPL and FNA sampling of the liver, spleen and prominent lymph nodes is beneficial.

No gastric foreign body is appreciated; I do not see evidence of a skewer in the stomach – the material in the stomach is considered as normal ingesta.



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 Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)