



PATIENT PRESENTING CLINICAL SIGNS

Misha Clavijo Chronic Vomit, regurgitating?, Chronic Pancreatitis. Difficulty swallowing. Radiographs: bronchial and unstructured interstitial pattern throughout the lungs.

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Canine A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Thorax

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

SEX

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.

Spayed Female

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

AGE

Generalized significant thickening of the bronchial walls is seen, measuring up to 1.4 mm in width. Multiple subpleural ground glass attenuating zones are visible.

12 Years, 10 Months

Small incidental gas pockets are seen within the esophageal lumen. The caudal third of the esophagus presents a circumferential moderate thickening of the wall, measuring up to 8 mm in width – the wall layering appears to be maintained normal.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

The left adrenal gland is within normal limits for size, shape and organ architecture.

Mobile Pet Imaging

Nodular enlargement of the right adrenal gland is seen, measuring 16 x 18 x 22 mm in size. Post contrast administration, the right adrenal nodule has a heterogeneous contrast enhancement pattern.

REFERRING VET

Meaux

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The lateral aspect of the left lobe of the pancreas is moderately swollen with a heterogeneous contrast enhancement pattern and fluid attenuating intraparenchymal zones; the peritoneal fat at the same level presents focal moderate fat-stranding.

INVOICE

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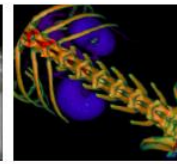
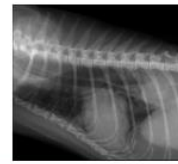
Major parts of the gastric wall of the fundic region are thickened, measuring up to 11 mm in width; post contrast administration the wall layering of the stomach is maintained.

DATE

1-30-23

The position, delineation, wall and content of the intestinal tract are considered within normal limits throughout. The distal segment of the colon & rectum contain contrast stained feces.

The gastric & hepatic lymph nodes and the pancreaticoduodenal lymph node are prominent with a mild heterogeneous contrast enhancement pattern.



PATIENT The intervertebral disc L6/L7 and L7/S1 are mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

Misha Clavijo

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Swollen left lobe of pancreas with regions of cavitation and surrounding peritonitis.
- Lymphadenopathy gastric, hepatic and pancreaticoduodenal lymph nodes.
- Mural swelling gastric wall and distal segment of the esophageal wall.
- Generalized marked bronchial pattern with zones of unstructured interstitial pattern.
- Right adrenal soft tissue mass.

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

The peripancreatic fluid accumulation are most suggestive for severe (necrotizing) pancreatitis with potential walled off necrosis or less likely pancreatic pseudocyst or pancreatic abscess formation. The findings are unusual for pancreatic neoplasia. If clinical signs are refractory to empirical conservative therapy of pancreatitis, surgical intervention might be considered to drain the potential necrotic regions, sampling for microbial culture and histopathology to rule out neoplastic transformation entirely.

AGE

12 Years, 10 Months

The thickened gastric wall is considered as gastritis as a sequela to the pancreatitis. The thickened distal segment of the esophagus in combination with the chronic vomiting is most suggestive for esophagitis. Endoscopy including biopsy can be used to confirm the diagnosis.

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The lymphadenopathy of multiple lymph nodes in the cranial abdomen is suggestive for reactive hyperplasia due to pancreatitis & gastritis.

HOSPITAL NAME

Mobile Pet Imaging

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) need to be considered. Overall, I would consider the odds for primary inflammatory causes higher ± bacterial superinfection, as the subpleural zones with interstitial pattern are suggestive for localized foci of active inflammation. Theoretically bronchogenic carcinoma can present with a bronchial pattern as well. Bronchoscopy including BAL would be ideal for further definition.

REFERRING VET

Meaux

The right adrenal mass is compatible with (non)functional right adrenal neoplasia (e.g. adenoma, adenocarcinoma, pheochromocytoma). There is no evidence of vascular invasion.

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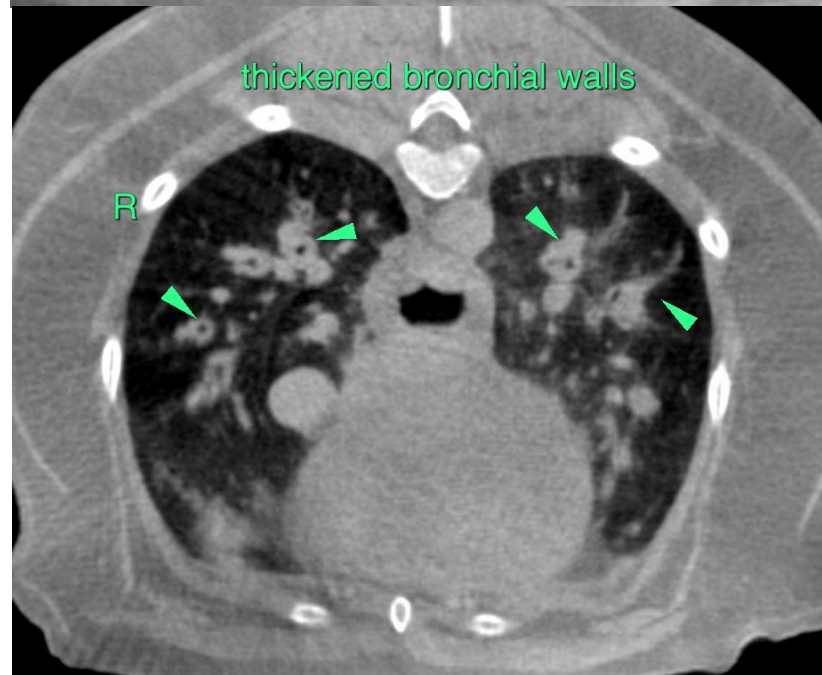
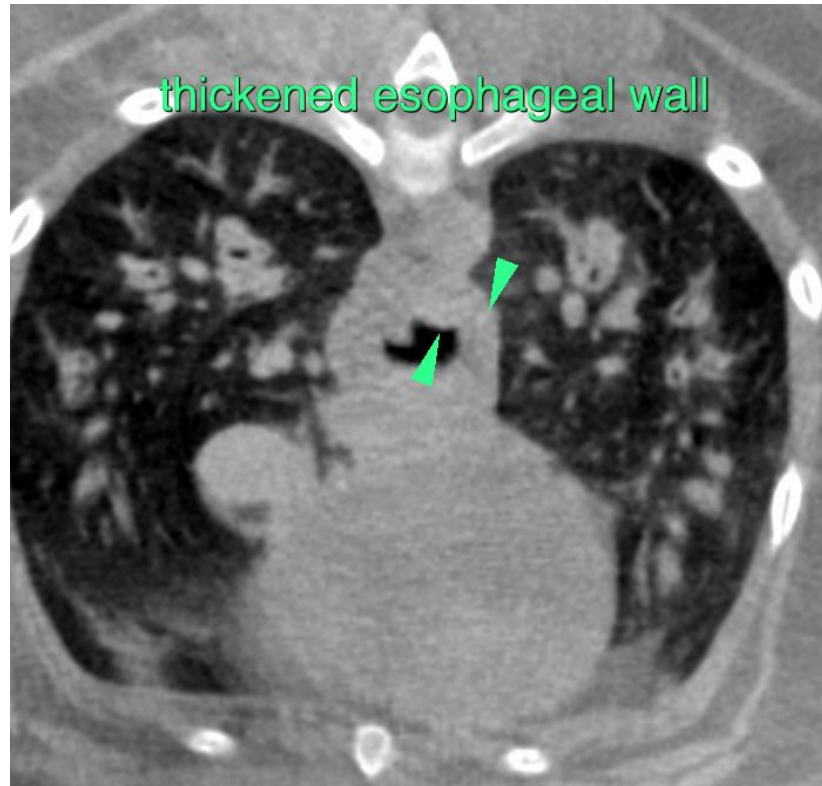
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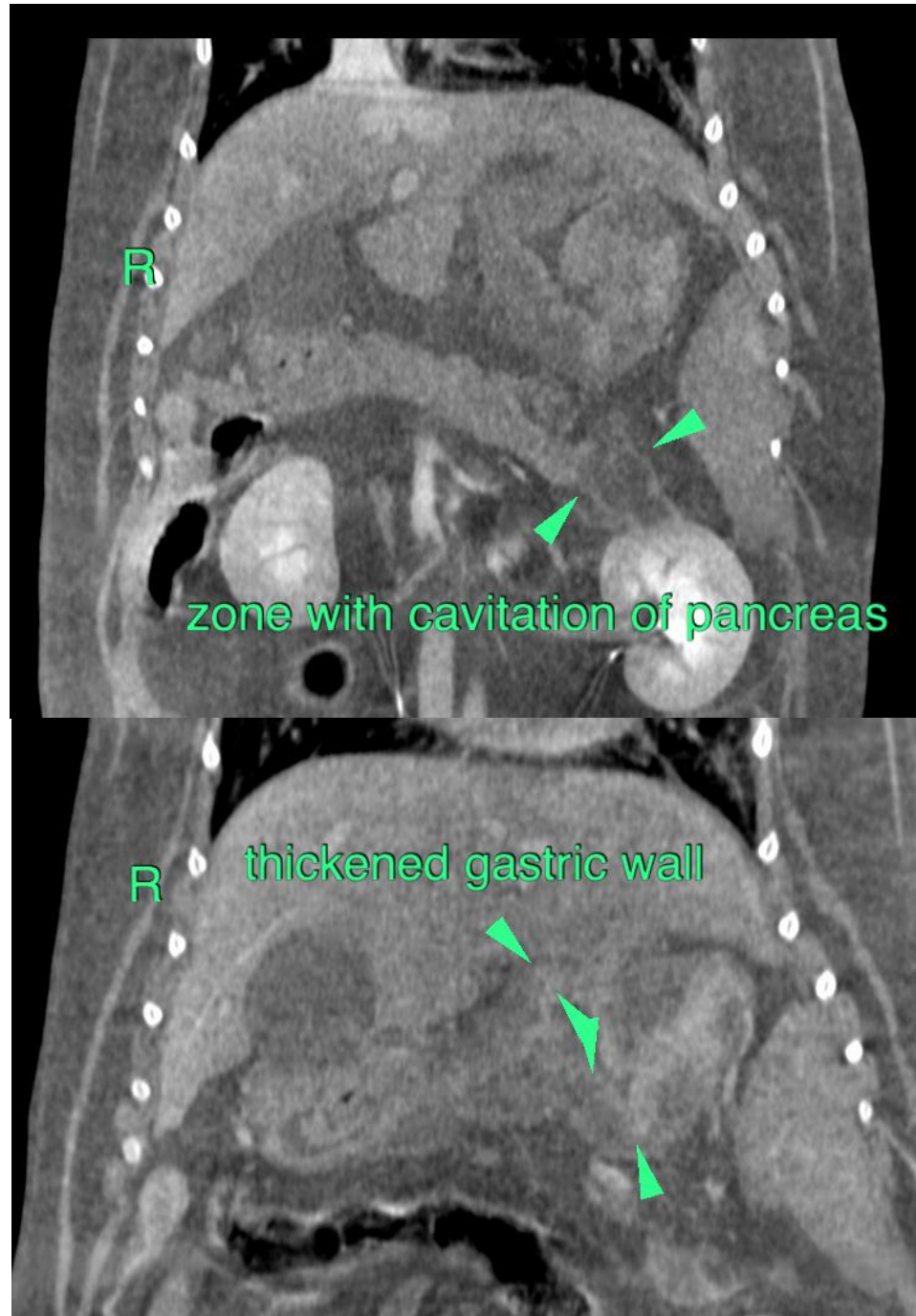
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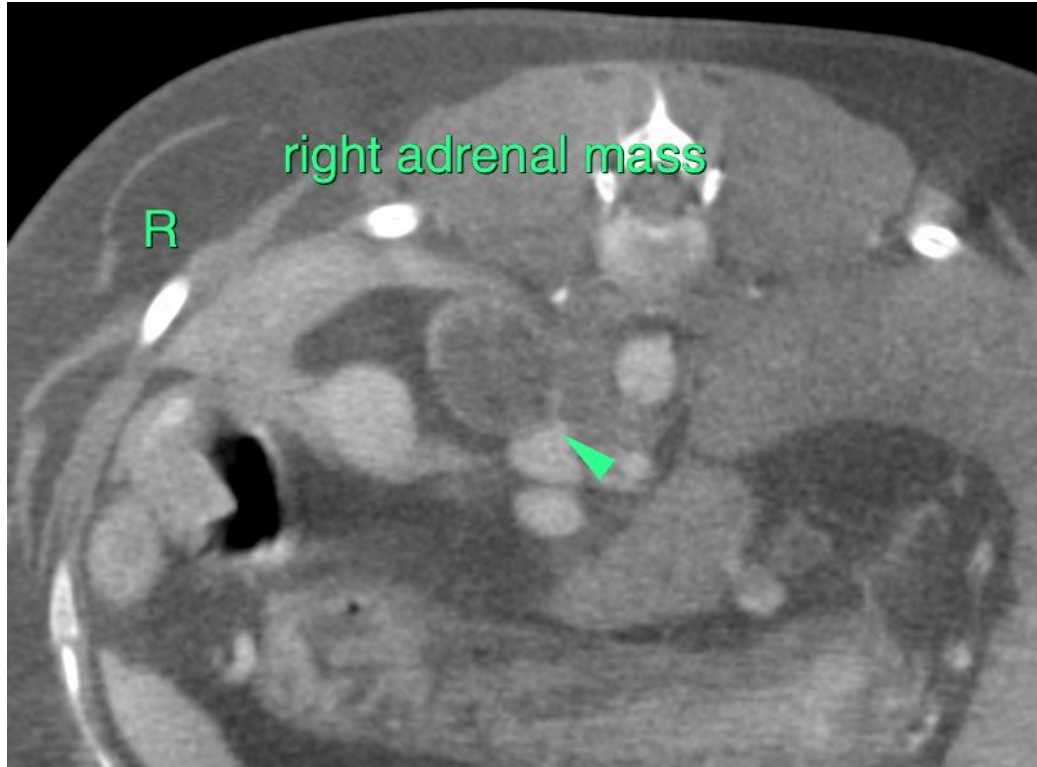
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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