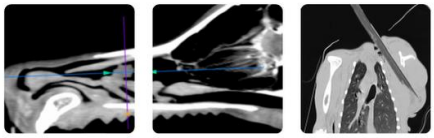

PATIENT

Honey Farrell

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

12Y, 10M

WEIGHT

9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73223

DATE

1-9-26

PRESENTING CLINICAL SIGNS

In as had a seizure on Sunday night. Quiet short. Was paddling. History of islet cell carcinoma. Had partial pancreatectomy done 08/25. Histologic tumour free margins: The nearest peripheral margin is clear by 0.2 mm; Lymphovascular invasion: Present Enlarged LN was detected on US but not removed during surgery as couldn't be identified. On Vetoryl for HAC
Abnormal PE/Chem/CBC/UA Results: MCV 52.6 fL (61.6-73) MCH 19.0 pg (21.2-25.9) RDW 22.0 % (13.6-21.7) Urea 11.5 mmol/L (2.5-9.6)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The intervertebral disc space C6/C7 is narrowed, and the respective vertebral endplates present moderate ventral spondylosis formation.

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.

A thymic remnant with a fine lobulated appearance is appreciated in the cranial mediastinum.

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

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is small and has irregular margins. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

In the ventral aspect of the body of the pancreas, a post contrast hyperattenuating increased contrast enhancing nodular area is visible; measuring 6 mm in diameter. The remainder of the pancreas are homogeneous and presents uniform contrast enhancement.

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

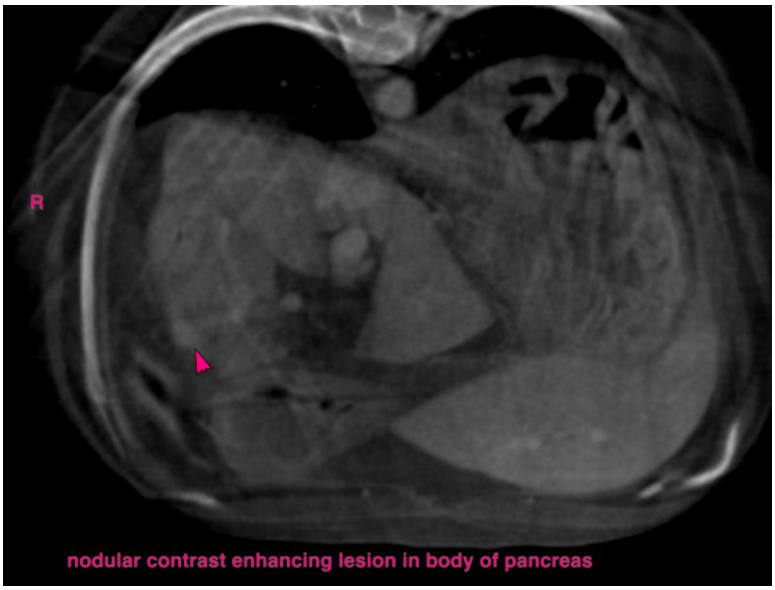
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nodular contrast enhancing lesion ventral aspect body of pancreas
- Normal appearing abdominal lymph nodes
- Chronic discopathy C6/C7 along with spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular contrast enhancing lesion in the body of the pancreas in combination with the history can present metastasis of the excised insulinoma. No additional clinically relevant abnormalities are appreciated.



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, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com