



PATIENT

Chico D'Abbraccio

PRESENTING CLINICAL SIGNS

P has been lethargic, anorexic, and losing weight. P has abdominal fluid pending. P has chronic UTIs and a history of bladder stones. A thickened segment of the small intestine was observed on abdominal ultrasound. P is also ataxic in the hind end.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Mixed Breed

COMPUTED TOMOGRAPHIC FINDINGS

In the caudal abdomen, a small amount of fluid attenuating material is appreciated, extending along the rectogenital pouch of the peritoneal cavity.

SEX

MN

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. In the urinary bladder, a small amount of gravity dependent, hyperattenuating material is seen on the dorsal urinary bladder wall. Post contrast administration, the cranioventral urinary bladder wall is mildly thickened, measuring up to 3.4 mm in width – stationary in comparison to the preceding CT study of the abdomen.

AGE

6 Years

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

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Stationary multiple parenchymal filling defects are seen throughout the hepatic parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

The stomach and duodenum are mildly distended by chymus. The wall of the duodenum appears more prominent measuring 5.5 mm in width, in comparison to the preceding CT study. The wall layering of the gastrointestinal tract appears maintained throughout.

Stationary findings of the surrounding skeletal structures of the abdomen with an OCD lesion of the cranial vertebral endplate of S1 and mild protrusion of the intervertebral disc L7/S1.

REFERRING VET

Dr. Joseph
D'Abbraccio

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prominent wall of the duodenum
- History of urinary tract infection, suspect crystalluria and mild thickened urinary bladder wall
- Mild peritoneal effusion
- OCD lesion cranial vertebral endplate S1
- Mild intervertebral disc protrusion L7/S1
- Hepatic cysts, stationary

INVOICE

55364

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

11-24-22

The prominent duodenal wall can still be within normal limits (normal value up to 6 mm) but can indicate local duodenitis or due to the maintained wall layering unlikely diffuse neoplastic infiltration. Duodenitis might be a sequela to underlying pancreatitis that can be a source for peritoneal effusion.



PATIENT

Chico D'Abbraccio

No additional abnormality is appreciated in comparison to the preceding CT study of the abdomen. The material surrounding the rectum level with the rectogenital pouch is suggestive for small amount of trapped fluid, recommend digital rectal exam to rule out intramural lesions of the rectum entirely.

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

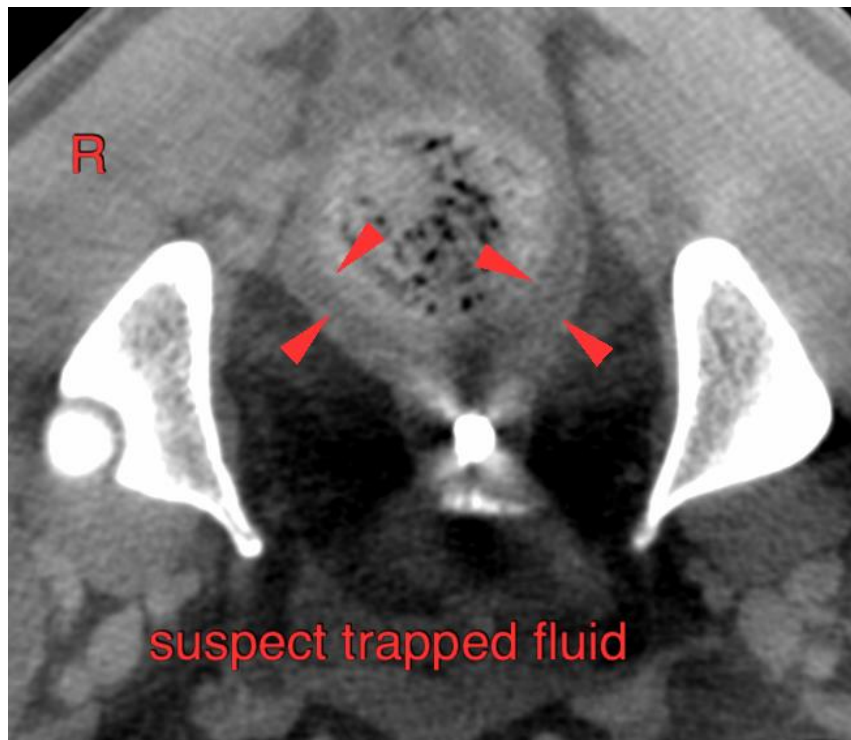
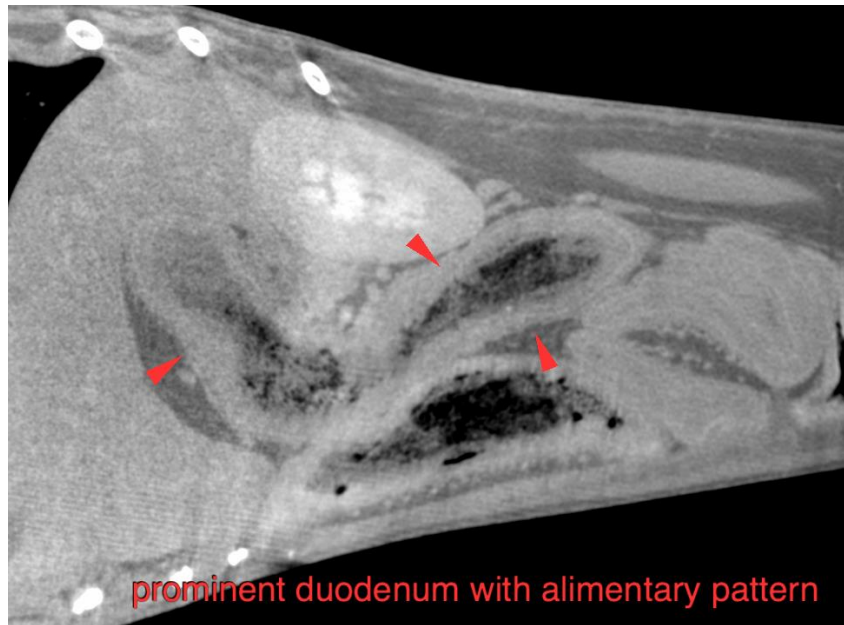
Dr. Joseph
D'Abbraccio

INVOICE

55364

DATE

11-24-22





PATIENT

Chico D'Abbraccio

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

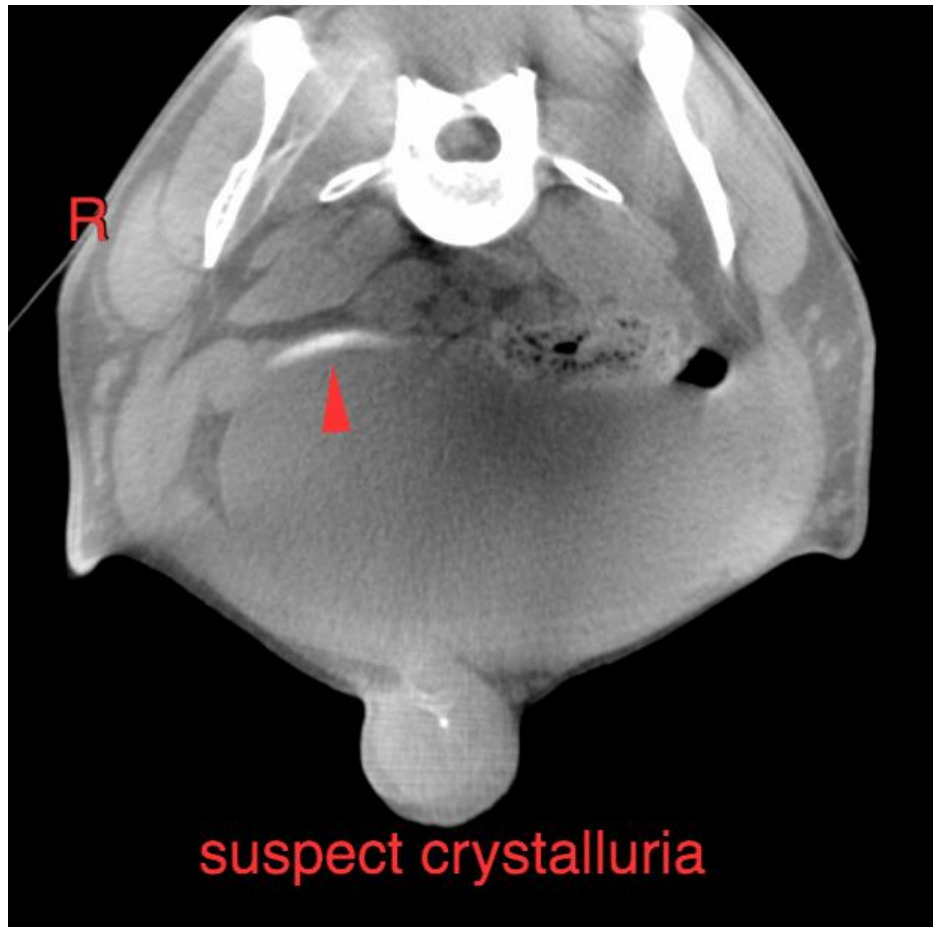
Dr. Joseph
D'Abbraccio

INVOICE

55364

DATE

11-24-22



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
sebast.schaub@gmail.com