



## PATIENT

Maisy Barna

## SPECIES

Canine

## BREED

Cavapoo

## SEX

FS

## AGE

11

## WEIGHT

8.58

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Runde

## HOSPITAL NAME

Northeast Veterinary  
Referral Hospital

## REFERRING VET

Dr. Runde

## INVOICE

72770

## DATE

11-26-25

## PRESENTING CLINICAL SIGNS

Presented for hyporexia, vomiting, and loose stool. Has elevated t.bil/alp/alt/ggt. Ultrasound shows a SI mass/thickening and associated lymphadenopathy.

Abnormal PE/Chem/CBC/UA Results: ALP>2000, GGT 45, t.bili 4.5, alt - 4399

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax 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

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. After contrast administration throughout the renal cortex, multiple, small (<2 mm) well-defined, roundish parenchymal filling defects are seen.

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

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

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and fine lobulated. The peritoneal fat surrounding the pancreas presents mild soft tissue striation.

In the left abdomen, a small intestinal segment – measuring approximately 5 cm in length, presents a mural thickening of the wall, measuring up to 5 mm with decreased distinction of the wall layering; the respective small intestinal segment is generalized mildly dilated. The fat surrounding the respective small intestinal segment presents mild fat stranding. The remainder of the gastrointestinal tract present normal delineation, wall and content.

The bony and surrounding soft tissue structures reveal no abnormalities.



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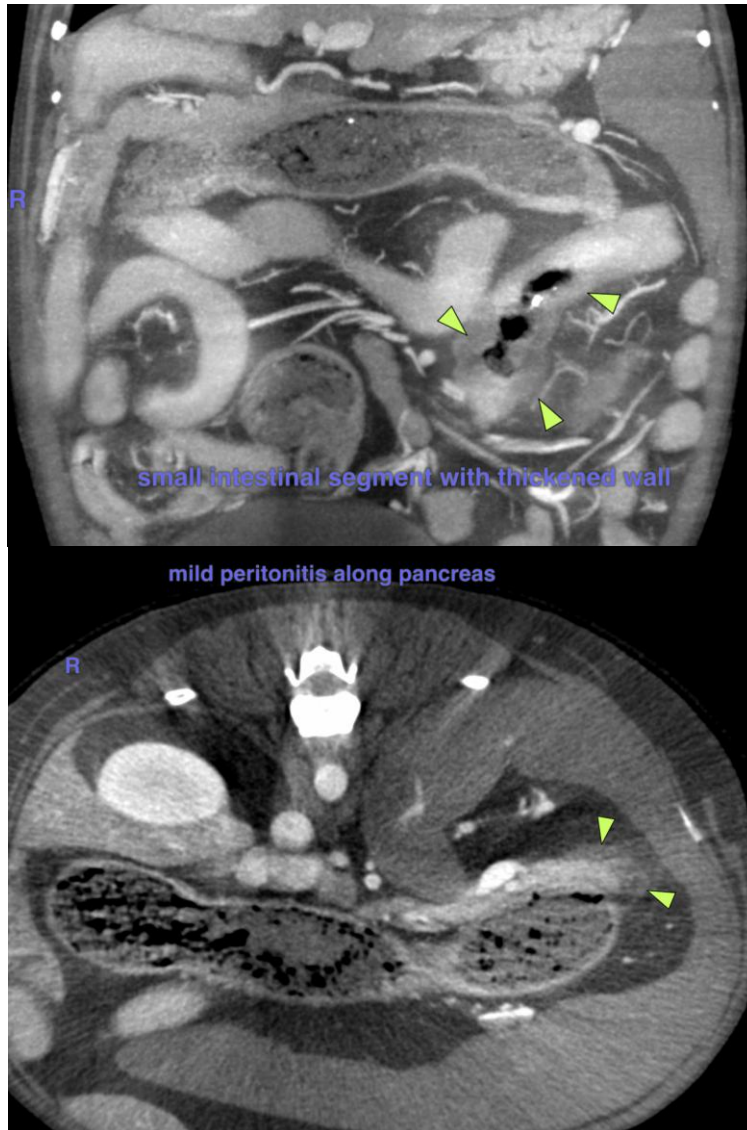
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental mild mural thickening of a small intestinal loop with mild surrounding peritonitis
- Mild edematous swelling of pancreas with surrounding mild peritonitis
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild thickened small intestinal segment can present a zone with enteritis, however diffuse neoplastic infiltration of the wall of the respective small intestinal segment is a potential. Either follow up evaluation of the respective small intestinal segment via ultrasound or CT after 10-14 days medical therapy, surgical management may be considered alternatively.

The swelling of the pancreas along with the surrounding mild peritonitis is suggestive for pancreatitis.





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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.

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