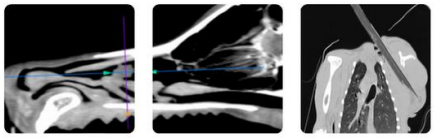

PATIENT

Bonnie Barlet Choi

SPECIES

Canine

BREED

French Bull Dog

SEX

Female

AGE

9

WEIGHT

8

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Olivia Jarvis

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Gracie May Venes

INVOICE

72806

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Loosing rapid weight, intestinal wall thicken with gas, radiopaque object/structure ventral, middle abdomen, when eats vomits back up and continuous diarhoea. possible lymphoma.
Abnormal PE/Chem/CBC/UA Results: Bloods mild hypokalaemia lymphopenia eosinopenia

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multiple hemivertebra are appreciated along the thoracic spine.

Prominent sternal and cranial mediastinal lymph nodes are appreciated.

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, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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 presents uniform contrast enhancement.

The stomach contains a small amount of gravity dependent material. The colon is distended by unformed foamy fecal material. The position, delineation and wall of the gastrointestinal tract are considered within normal limits throughout.

Multiple intervertebral discs along the lumbar spine present mild central mineralization. Level with the intervertebral disc space L4/L5, peripheral mineralized disc material is protruding into the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

At the ventral aspect of the base of the tail, a well-defined soft tissue attenuating nodule is seen; measuring 2.5 cm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Fluid material in stomach and unformed fecal material in colon

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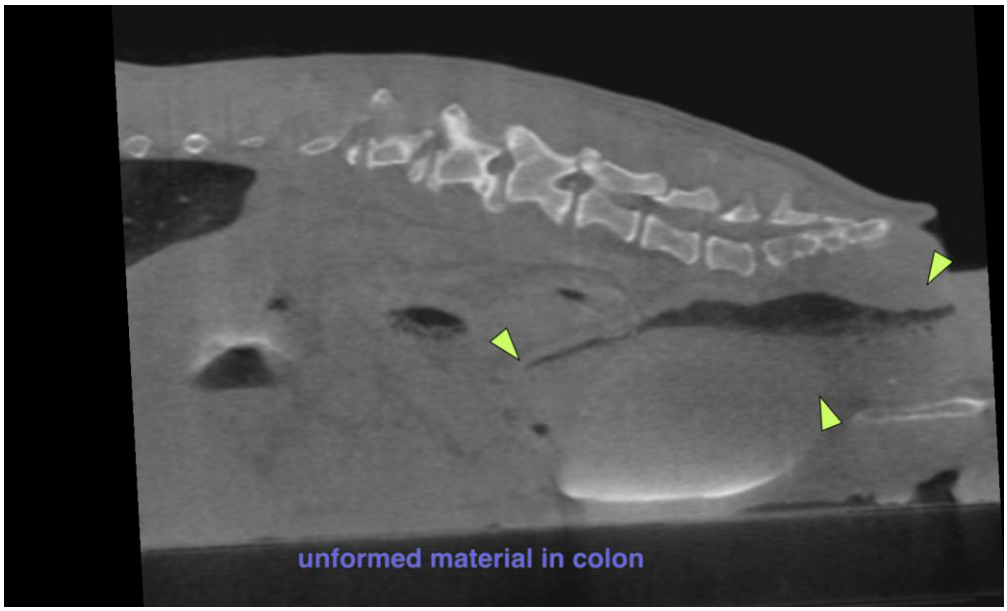
- Lymphadenopathy sternal lymph node
- Soft tissue nodule ventral aspect base of the tail
- Intervertebral disc protrusion L4/L5 without compressive myelopathy
- Multiple hemivertebra along the lumbar spine
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no specific abnormalities of the gastrointestinal tract, no distinct intramural mass is appreciated, nor is there evidence of overt abdominal lymphadenopathy – ultrasound will have a higher sensitivity for diffuse intramural changes of the gastrointestinal tract. The fluid pattern of the stomach and unformed fecal material in the colon are fitting the history of chronic diarrhea, rule out gastroenteritis, dysbacteriosis, parasitic infection, dietary indiscretion, pancreatitis, protein losing enteropathy, other.

The prominent sternal lymph node is equivocal for reactive lymphoid hyperplasia versus malignant infiltration – ultrasound guided FNA sampling can be tried for specification.

The soft tissue nodule adjacent to the base of the tail may be a sequela to the corkscrew malformation, however a soft tissue neoplasm should be ruled out by FNA sampling.



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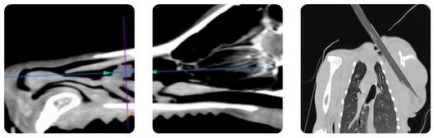

Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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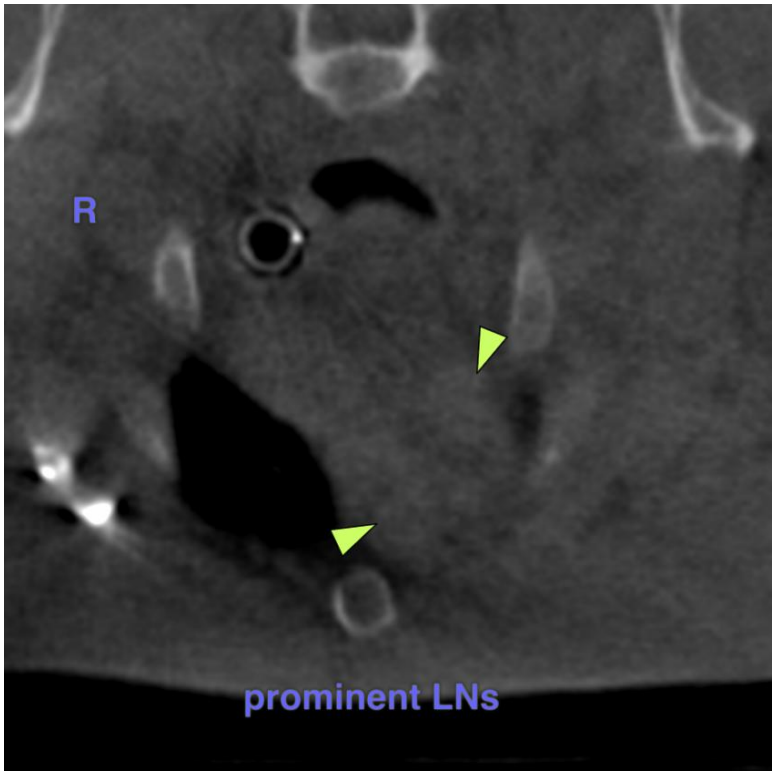

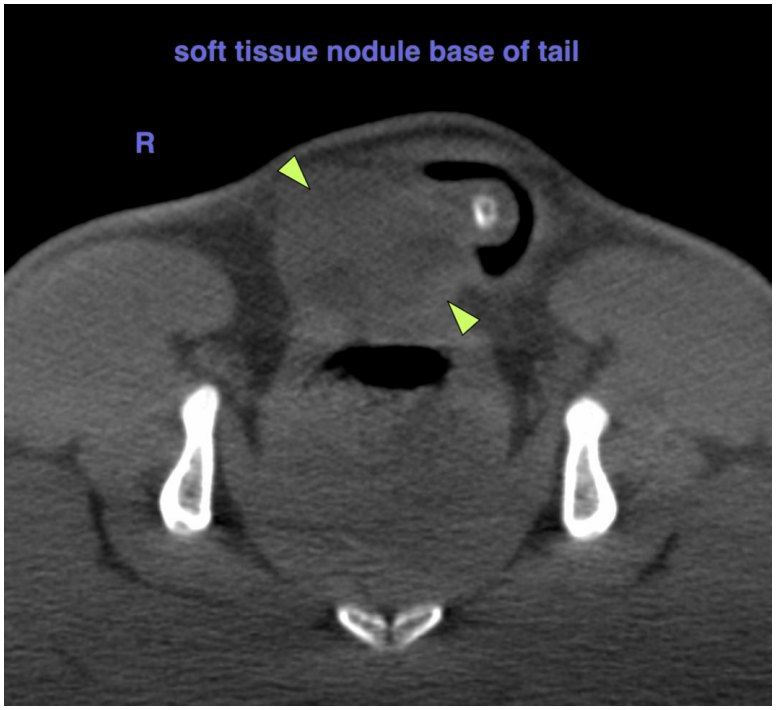

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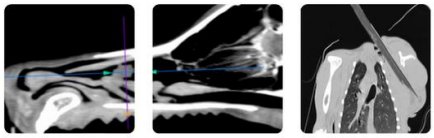

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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