



## PATIENT

Bruce Flatt

## SPECIES

Canine

## BREED

Labrador

## SEX

Male

## AGE

10

## WEIGHT

37 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Hollie Sharp

## HOSPITAL NAME

Animal Trust Ellesmere  
Port

## REFERRING VET

Dr. Laura Costa

## INVOICE

35098

## DATE

12/29/25

## PRESENTING CLINICAL SIGNS

History: O says very lethargic and breathing been labored. couldn't keep any water down last night either. shaking overnight and panting a lot. O says was fine yesterday until coming back from walk, then started to decline and has gotten progressively more lethargic throughout the day. On the R lateral Xray soft tissue density mid chest/above the heart and near the spine, x-rays of the abdomen with low serosal detail with gas in the colon. On the ultrasound scan Small amount of FAF present(sample collected and looks like peritoneal fluid-will need to be submitted to check if bacteria present as WBC/NEU low on the bloods),generalized inflammation/peritonitis present, challenging to ultrasound the patient as overweight++ and degree of peritonitis, spleen appears mottled and enlarged, kidneys with mild loss of architecture ,difficult to visualize the Liver. Rang the owner and given an update. Advise all the above and explained will need a CT scan as not able to give a full diagnosis from x-rays/ultrasound/bloods.

Abnormal PE/Chem/CBC/UA Results: Catalyst Pancreatic Lipase 980 U/L Lipase 2,306 U/L Amylase 2,077 U/L Bilirubin - Total 17 µmol/L

## COMPUTED TOMOGRAPHIC STUDY 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

Along the thoracic spine, multifocal spondylosis formation is seen.

In the pleural cavity, a small volume of gravity dependent, fluid attenuating material is visible. The ventral dependent aspects of the lung are retracted from the thoracic wall by the fluid attenuating material and present a decreased volume with zones of dystelectasis of the lung parenchyma. Multifocal throughout the lung parenchyma, randomly distributed punctuate mineralization are seen.

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.

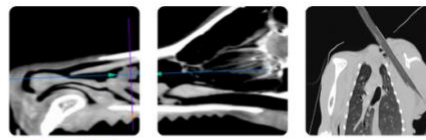
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

### Abdomen

In the peritoneal cavity, a small volume of fluid attenuating material is appreciated. The peritoneal fat presents generalized mild soft tissue striation.

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.



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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 cannot be clearly delineated. The body of the pancreas appears prominent and generalized swollen with undulating margins.

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

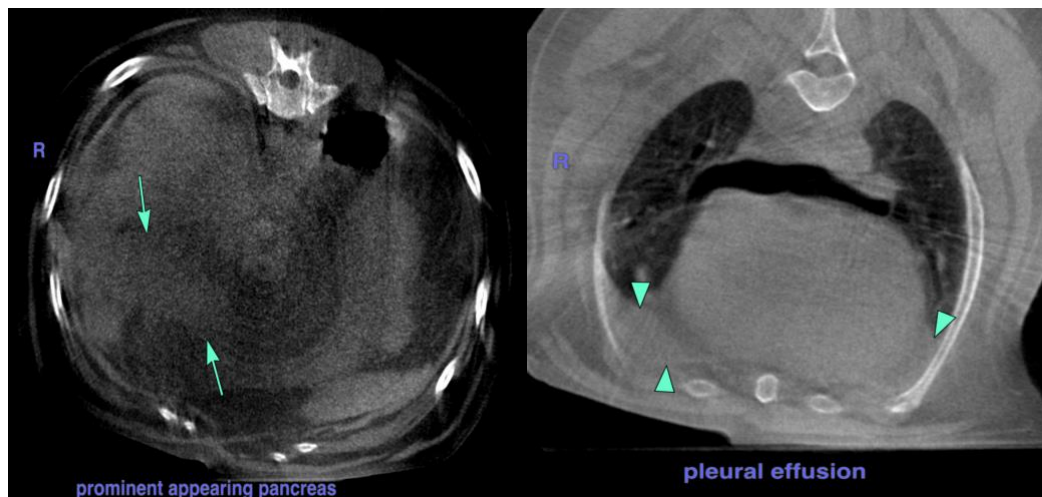
The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect swelling of pancreas
- Pleural effusion
- Peritoneal effusion
- Spondylosis deformans

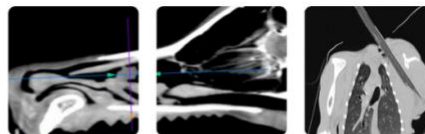
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bicavitary effusion but fails to present a specific underlying cause. Potentials for bicavitary effusion include pancreatitis (prioritized), neoplasia (e.g. lymphoma, mesothelioma, carcinomatosis), vasculitis, systemic inflammatory disease, infectious disease (e.g. bacterial), hypoproteinemia, hepatic disease, cardiac disease, other. I do not see signs of a thoracic nor abdominal soft tissue mass.



**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.



**PATIENT**

**Sebastian Schaub**, DVM, Dr. med. vet. DipECVDI

[info@sonopath.com](mailto:info@sonopath.com)

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