



PATIENT

Poppy Philpott

SPECIES

Canine

BREED

Cairn Terrier

SEX

Female

AGE

10Y

WEIGHT

9.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Dylan Payne

INVOICE

73673

DATE

2-10-26

PRESENTING CLINICAL SIGNS

- current problem - 6-7 weeks ago vomited black vomitus and passed black faeces, very lethargic, went to RVS who noticed icteric, treated with antibiotics, steroids, wasn't improving so had ultrasound in house which showed suspected cbd obstruction, poss cholelith but uncertain, change in appearance of liver, poss evidence of pancreatitis, faeces improved, appetite improved significantly, passing yellow faeces, not diarrhoea, frequent passing of faeces, had TBil >400 at that stage, ahead of referral continued meds, less interested in activity, quiet compared to normal, short walks only, eating really well, no vomiting/diarrhoea/coughing/sneezing, faeces still yellow though. PU/PD ++++.
- Exam: QAR, mms yellow but moist, crt 1-2, thoracic ausc NAD, bcs 7/9, abdo palp moderately distended but not clearly ascitic, no clear palpable abnormality, pulses strong, rectal temp 38.8.
- Dx: open, biliary obstruction

Abnormal PE/Chem/CBC/UA Results: GGT 36 U/L Bilirubin - Total > 477 Cholesterol 11.43 mmol/L

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

Along the thoracic spine, multifocal spondylosis formation is 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.

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.

The hepatic lymph nodes and craniodorsal mesenteric lymph nodes are significantly enlarged, rounded, uniform soft tissue attenuating and present no overt contrast uptake.

The body of the pancreas is ill-defined and has irregular margins along with multiple nodules in the periphery and is heterogeneous soft tissue attenuating presenting granular mineralization. The common bile duct is dilated - measuring 4.8 mm in diameter - and is merging with the mass of the body of the pancreas.



PATIENT

Poppy Philpott

SPECIES

Canine

BREED

Cairn Terrier

SEX

Female

AGE

10Y

WEIGHT

9.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Dylan Payne

INVOICE

73673

DATE

2-10-26

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.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous attenuation pattern and an irregular contrast enhancement pattern, presenting multiple intraparenchymal hypoattenuating roundish lesion.

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

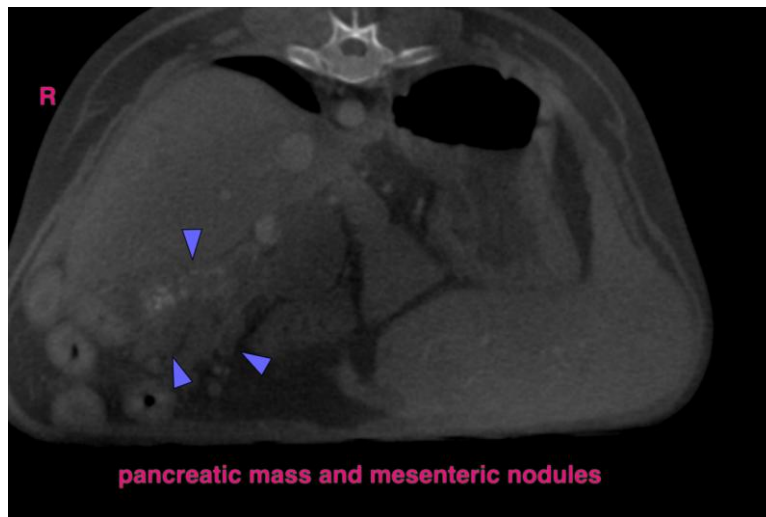
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Enlarged and ill-defined body of the pancreas with dystrophic mineralization and multiple peripheral mesenteric soft tissue nodules
- Hypoattenuating nodules
- Lymphadenopathy hepatic lymph nodes and craniodorsal mesenteric lymph nodes
- Secondary mechanical obstruction of the common bile duct and dilation of the common bile duct
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suggestive for primary pancreatic neoplasia – carcinoma is most likely – with mesenteric, hepatic and lymph node metastasis. The extramural compression of the common bile duct does explain the jaundice. Ultrasound guided FNA sampling of the pancreatic mass can be performed for confirmation.



pancreatic mass and mesenteric nodules



PATIENT

Poppy Philpott

SPECIES

Canine

BREED

Cairn Terrier

SEX

Female

AGE

10Y

WEIGHT

9.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

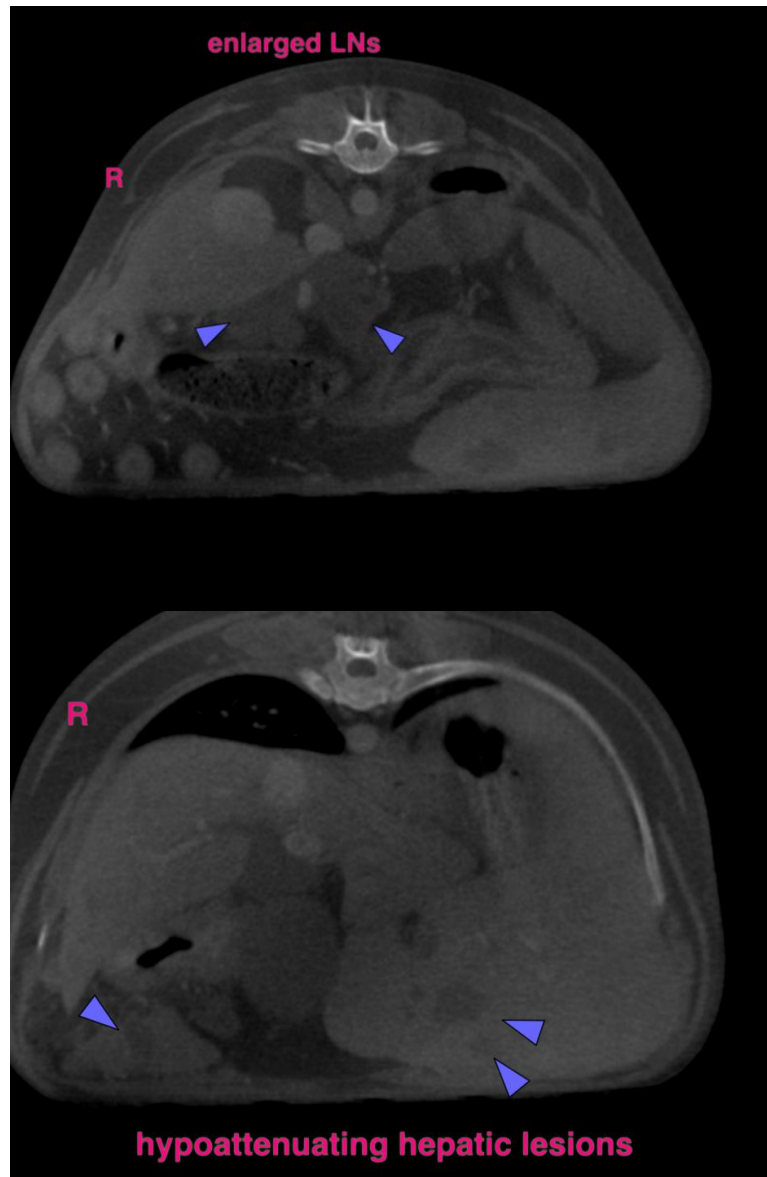
Dylan Payne

INVOICE

73673

DATE

2-10-26



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