



PATIENT PRESENTING CLINICAL SIGNS

Smiler Bruce p recently dx with AKI, suspected due to possible toxin ingestion (raisins vs other) was being treated in hospital and went home just over 24 hours ago and rapidly declined. p now has pancreatitis, petechia, ecchymosis, had a seizure episode in clinic this afternoon. performed US and noticed mass effect in bladder and elect to do CT for further evaluation
SPECIES Abnormal PE/Chem/CBC/UA Results: AMY 2223 LIP >1000 TP 5.3 BUN 86.4 Crea 5.0 Phos 9.1 Na 157 K 3.1
 Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Australian Shepherd

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Skull

MN

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

AGE

6 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The wall of the right external ear canal is moderately thickened and the lumen is narrowed.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

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 Hospital Deland

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

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Multifocal moderate spondylosis formation is seen along the thoracic spine.

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.

INVOICE

56695

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The cranial part of the left cranial lung lobe presents a ventrally accentuated ground glass attenuation pattern of the lung parenchyma and moderate thickened terminal segment of the first degree bronchus in the

DATE

2-11-23

The esophagus is mild to moderately dilated by gas.

Abdomen

The serosal fat presents moderate fat-stranding and a moderate amount of fluid attenuating



PATIENT material is seen in the pleural cavity.

Smiler Bruce 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.

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

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

The common bile duct is dilated, measuring 9.5 mm in diameter.

BREED The pancreas appears swollen.

Australian Shepherd The gastric wall is generalized moderately thickened, measuring up to 13 mm in width.

The bony and surrounding soft tissue structures reveal no abnormalities.

SEX **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- MN
- Prominent pancreas
 - Moderate peritoneal effusion
 - Dilated common bile duct
- AGE**
- Edema gastric wall
 - Unstructured interstitial pattern cranial part left cranial lung lobe with bronchial component
 - Megaesophagus
- 6 Years
- Right sided otitis externa
 - Structural normal brain
 - History or acute kidney injury

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The peritoneal effusion, edema of the gastric wall and the dilated common bile duct can be a sequela to the history of pancreatitis – no other mechanical cause for the dilation of the common bile duct can be appreciated. The pancreas appears prominent but at this point without signs of necrosis/abscess formation.

The pulmonary findings are suggestive for pneumonia – possibly due to preceding vomiting.

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The megaesophagus is considered is suggestive for esophagitis – possibly secondary to vomiting.

No abdominal mass is appreciated.

No abnormalities of the brain are appreciated in the current CT study. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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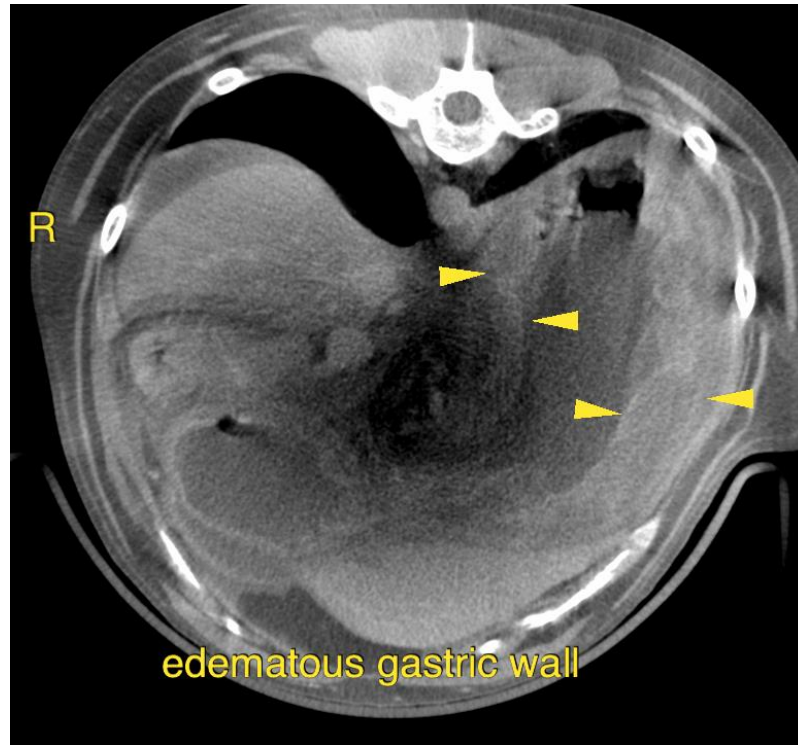
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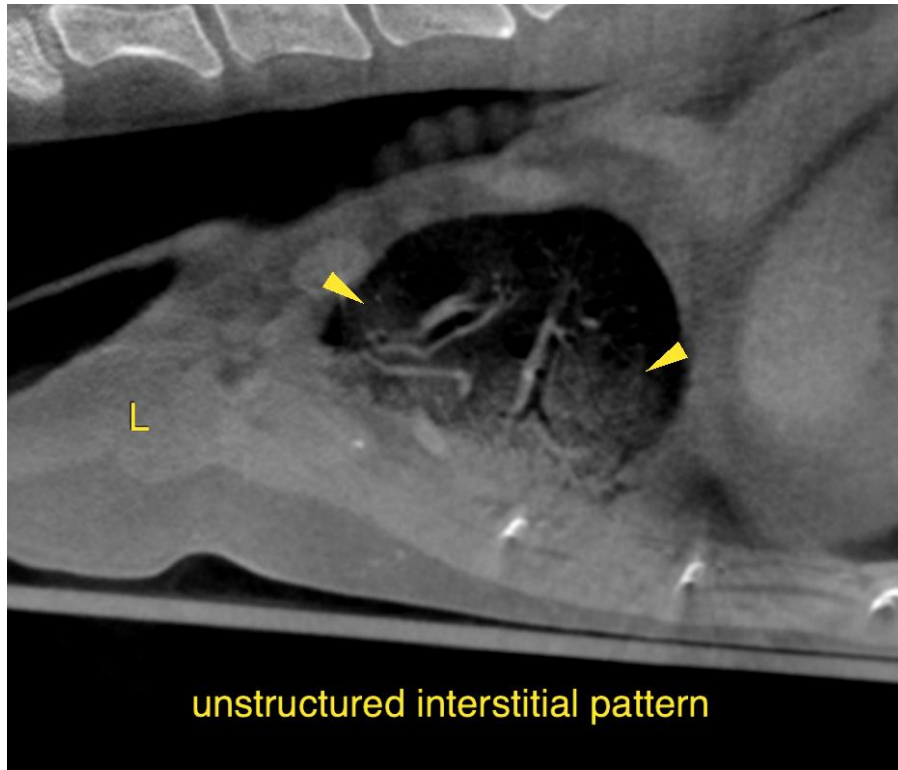
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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