



PATIENT

Obi Watson

SPECIES

Canine

BREED

Cavachon

SEX

Male

AGE

7Y

WEIGHT

11.7kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDP

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Zuzanna Sikora

INVOICE

73720

DATE

2-13-26

PRESENTING CLINICAL SIGNS

- Presented 9.2.26
- abdomen/ spin seems very tense and painful
- some regurgitation
- anorexia
- US scan showed fluid in stomach which was suctioned out via tube
- on methadone but still painful

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

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

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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 is uniform soft tissue attenuating and contrast enhancing.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation and wall of the gastrointestinal tract are considered within normal limits throughout. The stomach contains a small volume of fluid.

The bony and surrounding soft tissue structures reveal no abnormalities.



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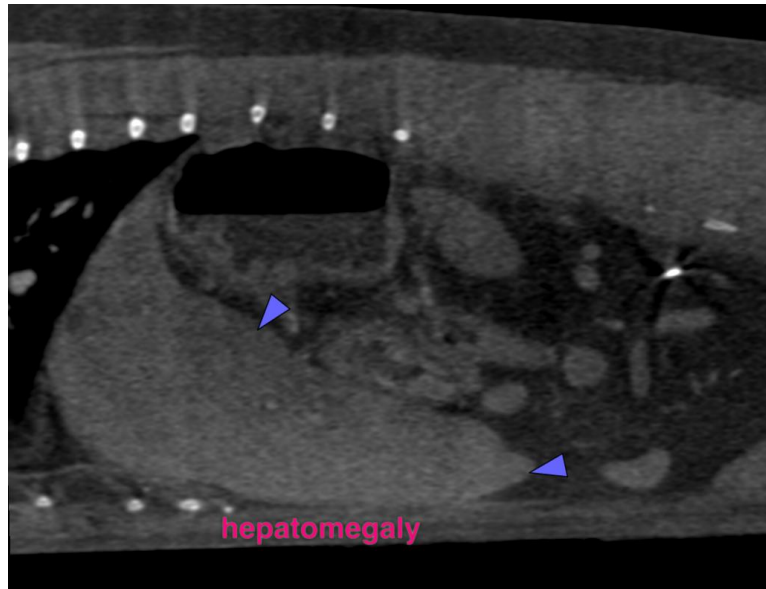
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

No abnormalities can be specified, that do explain the pain – the thoracic and lumbar spine reveal no abnormalities. Complete blood work including cpl is beneficial to screen for underlying pancreatitis.



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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