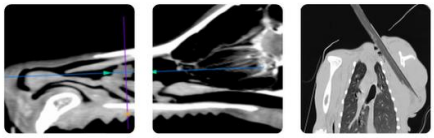

PATIENT

Cherry Ann Robles

SPECIES

Canine

BREED

Husky

SEX

Spayed

AGE

5Y

WEIGHT

63lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Irrizary

INVOICE

73581

DATE

2-2-26

PRESENTING CLINICAL SIGNS

The patient was referred due to an acute episode of vomiting and has been diagnosed with pancreatitis. She has a history of elevated liver enzymes. A CT scan is requested to further evaluate abdominal organs and assess for possible complications associated with pancreatitis and hepatobiliary disease.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal and cranial mediastinal lymph nodes are prominent.

In the pleural cavity, a small volume of gravity dependent fluid attenuating material is seen. The lung lobes are retracted from the dorsal thoracic wall by the fluid attenuating material.

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, but zones with dystelectasis of the dorsal dependent aspects of the lung and with randomly distributed interspersed punctuate mineralization.

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

Abdomen

A small volume of fluid attenuating material is appreciated throughout the peritoneal cavity.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal cortex bilaterally, multiple well-defined, roundish parenchymal filling defects are seen.

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. Throughout the hepatic parenchyma, sporadic well-defined pre- and post-contrast hypoattenuating roundish lesions are appreciated.

The pancreas is swollen and has a lobulated appearance due to interspersed fluid attenuating material. The peritoneal fat surrounding the pancreas – accentuated the splenic lobe – presents diffuse soft tissue attenuation pattern.

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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.

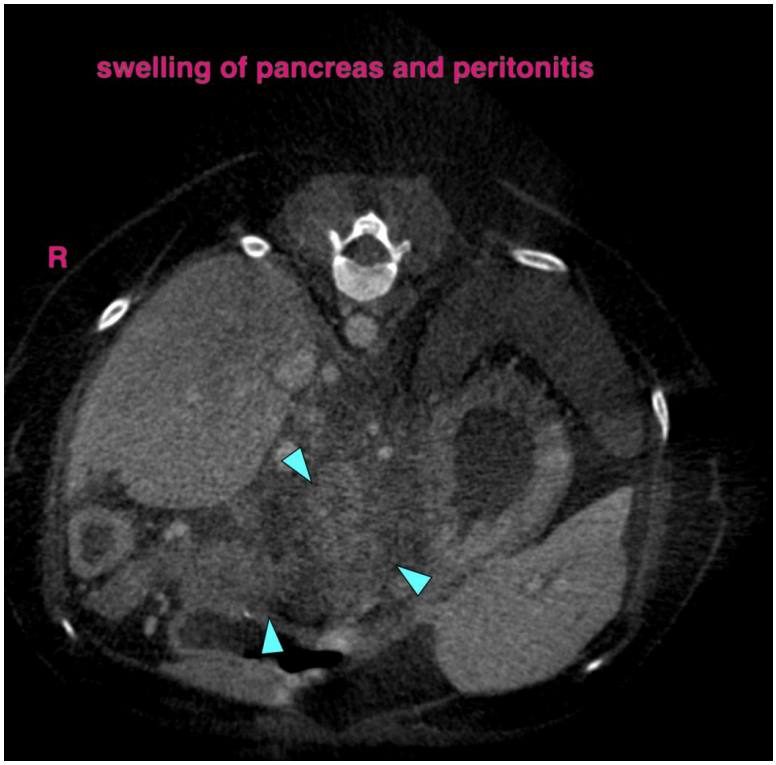
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of pancreatitis with secondary peritonitis
- Mild pleural effusion
- Lymphadenopathy sternal and cranial mediastinal lymph nodes – compatible with reactive lymphoid hyperplasia due to cranial abdominal pathology
- Mild hepatomegaly
- Multiple simple hepatic cysts
- Multiple simple renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of pancreatitis with secondary peritoneal and pleural effusion.

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.



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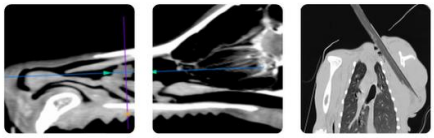

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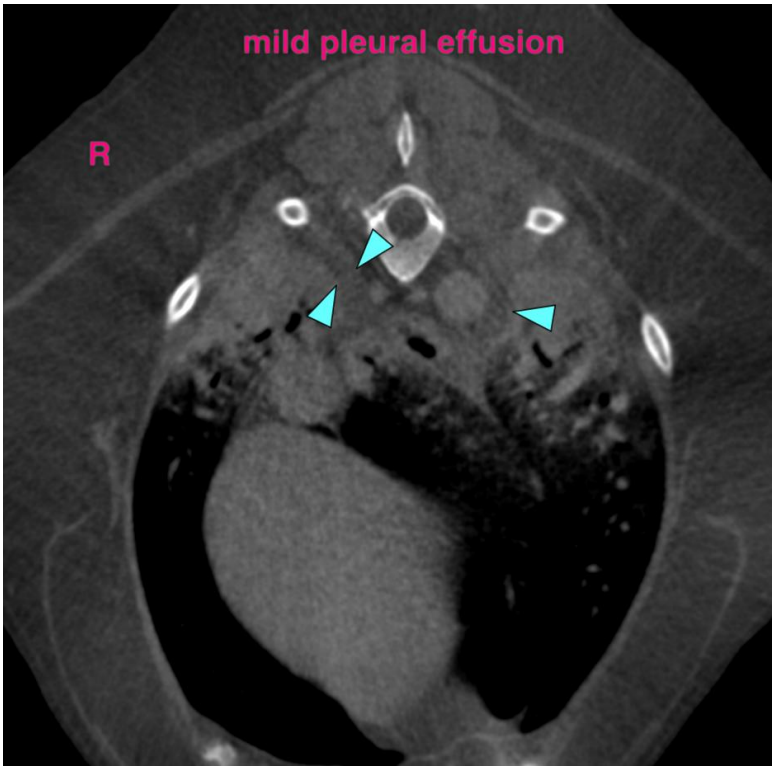

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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