



**PATIENT PRESENTING CLINICAL SIGNS**

Tate Riley Dec 2020: TAHP for aspiration pneumonia, primary GI concerns? Was seen by IM service after that time for GI problems. Managed with diet, no bx done. 2021; Started on c'steroids for presumptive IBD. Biopsies collected Aug 2021 non-diagnostic/inconclusive Dec 2022: MOVEH for acute pancreatitis. Severe pancreatitis, hepatomegaly, ill-defined hepatic nodules, small nephroliths, thickening of duodenum. Improved well - went home on GI low fat: had normal BM for first time in years/months on this food. Normally on 5 mg pred q 24, recently (23rd) dropped to 3/4 of 5 mg tablet q 24 Jan 2023 - decreased appetite, noted weight loss, increased PU/PD beyond normal steroid PU/PD and urine smelled bad. Hospitalized at AHP for DKA.

Abnormal PE/Chem/CBC/UA Results: Feb 4, 2023: CBC - HCT 40, retic 437.4 H, neut 17.5 H, band 0.4 H, plt 979 H

**SPECIES**

Canine

**BREED**

Poodle x

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**SEX**

MN

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The mid third of the 6<sup>th</sup> right rib and the distal third of the 3<sup>rd</sup> right rib present a transverse fracture, bridged by mild to moderate callus formation.

**AGE**

3 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

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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.

**REFERRING VET**

Dr. Melanie Dickinson

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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A separate left & right caudal vena cava of the pre-renal segment is appreciated.

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.

**DATE**

2-21-23

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 mildly increased and the liver is protruding caudally beyond the costal arch,



**PATIENT**

the caudoventral hepatic margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

Tate Riley

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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A very small amount of sedimented mild hyperattenuating sludge is seen in the gallbladder.

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

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

Poodle x

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Mild hepatomegaly
- Double caudal vena cava, pre-renal segment
- Chronic costal fracture 3<sup>rd</sup> and 6<sup>th</sup> right rib, fractures are in the reparation phase

MN

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The CT study of the thorax and abdomen presents without additional clinically relevant abnormalities.

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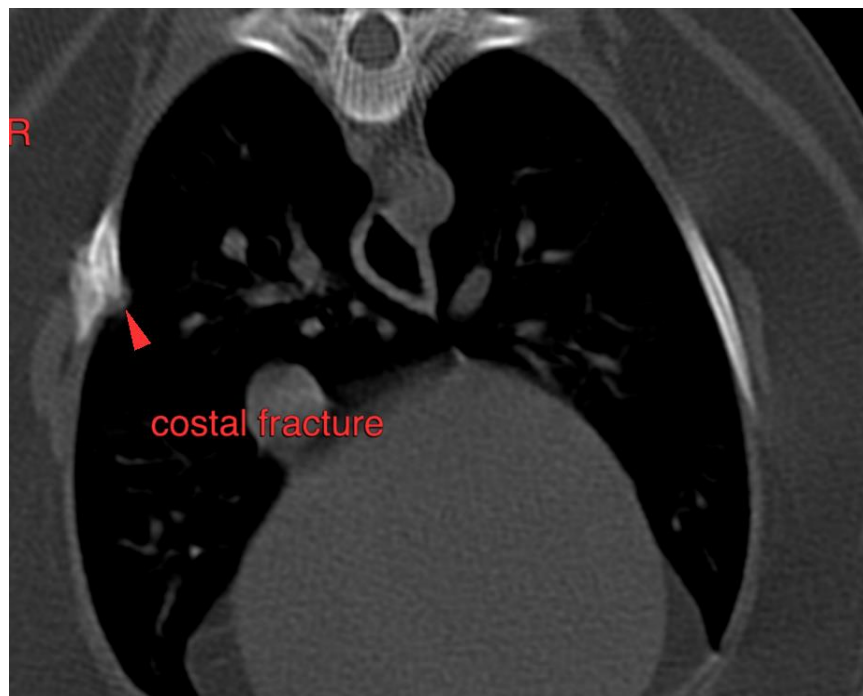
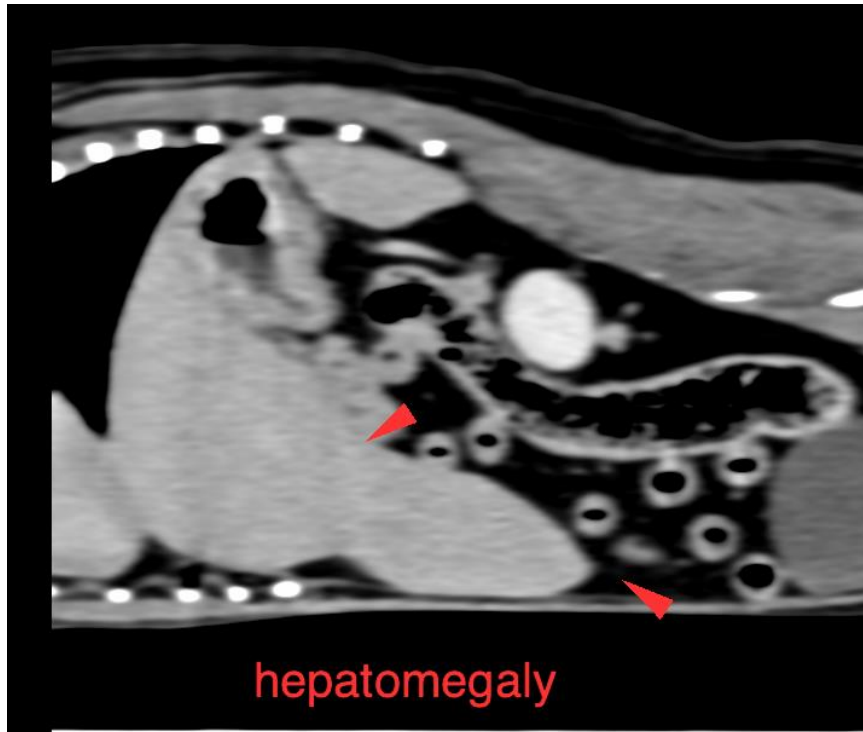
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**PATIENT**

Tate Riley

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.

**SPECIES**

Canine

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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Poodle x

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