



**PATIENT PRESENTING CLINICAL SIGNS**

Lucky Kopp Hx of diabetes and URI in 2018 Presented for hyporexia and severe weight loss  
 Abnormal PE/Chem/CBC/UA Results: PCV 20%, hypokalemia, hyponatremia, hypochloremia, hyperglycemia

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

DSH Skull  
 Multiple teeth are absent.

**SEX** The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates. Mild atrophy of the nasal conchal structures is appreciated.

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

**AGE** The left tympanic bulla contains a moderate amount of fluid attenuating material, and the right tympanic bulla contains a small amount of fluid attenuating material. The osseous lining of the left tympanic bulla is mildly thickened. The external ear canals are within normal limits.

**INTERPRETED BY** Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI  
 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.

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.

**HOSPITAL NAME** Thorax

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

**REFERRING VET** 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.

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

**INVOICE** 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.

56883 The lung parenchyma presents the expected architecture and attenuation behavior.

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

2-22-23



**PATIENT** Abdomen

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

**SPECIES** 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.

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

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

DSH The hepatic volume is mild to moderately increased and the caudoventral hepatic margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

**SEX** The common bile duct is dilated, measuring 3.6 mm in diameter. The intrahepatic biliary vessels are mildly dilated – most accentuated in the hilar region – and can be appreciated as non-contrast enhancing thin tubular structures paralleling the hepatic vasculature. The major duodenal papilla is unremarkable. The luminal outline of the gallbladder wall is mildly rough.

MN The pancreas is prominent and has mild undulating margins. The pancreatic duct is dilated, measuring 1.8 mm in diameter.

**AGE** 9 The small intestinal loops are generalized moderately dilated and contain fluid and gas. The intestinal loops appear adynamic. The jejunal lymph nodes are prominent, uniform soft tissue attenuating and contrast enhancing.

**INTERPRETED BY** The colonic lymph nodes are moderately enlarged and rounded.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lumbosacral intervertebral disc is mildly bulging into the vertebral canal.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- HOSPITAL NAME**
- Dilated common bile duct and intrahepatic biliary tree without signs of mechanical obstruction
  - Generalized gas and fluid pattern small intestinal tract, the intestinal loops appear adynamic
  - Prominent pancreas & dilated pancreatic duct
  - Hepatomegaly
  - Very mild irregular gallbladder wall

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- REFERRING VET**
- Lymphadenopathy jejunal lymph nodes and colonic lymph nodes
  - Otitis media, L>>R
  - Multiple absent teeth
  - Suspect history of rhinitis
  - Mild intervertebral disc protrusion L7/S1
  - Normal thorax

Dr. Runde

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

2-22-23

The findings of the pancreas, gallbladder, dilated biliary tree, adynamic appearing intestinal loops – suspect functional ileus as no mechanical obstruction is seen – an inflammatory origin such as feline triaditis or primary pancreatitis is a potential.

The enlarged jejunal and colonic lymph nodes can be a sequela to reactive hyperplasia, recommend ultrasound guided FNA sampling to rule out neoplastic infiltration (e.g. round cell



**PATIENT**

Lucky Kopp

tumor).

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration and workup should be complemented by hepatic FNA sampling or biopsy as well.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**AGE**

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**HOSPITAL NAME**

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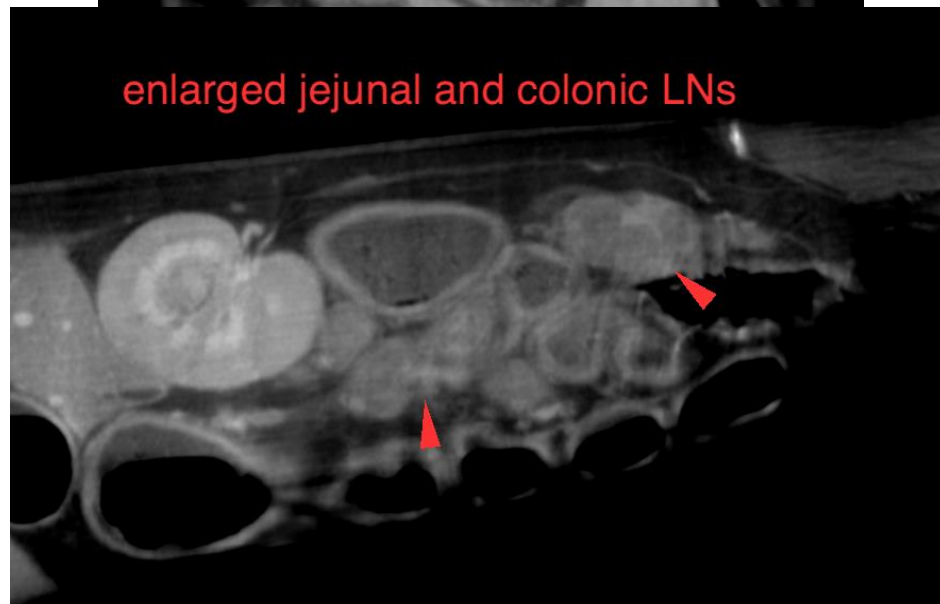
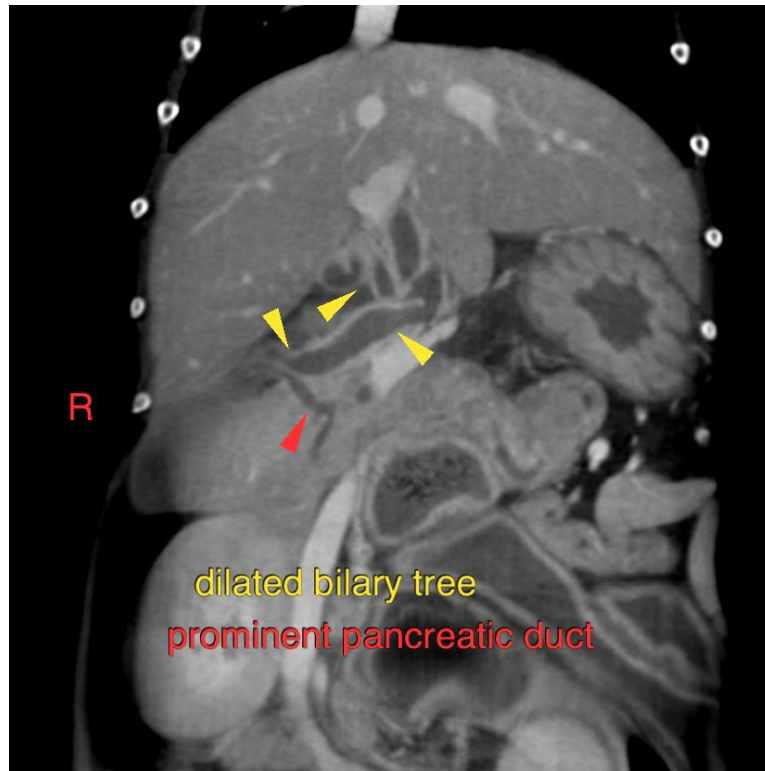
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**SPECIES**

Feline

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.

**BREED**

DSH

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  
sebast.schaub@gmail.com

**SEX**

MN

**AGE**

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