



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Teddy Lewis
SPECIES Canine
BREED Great Pyreneese X
SEX Neutered Male
AGE 7

History: Stopped eating and started throwing up, would try to eat snacks but would vomit them right back up. Bottom eye lid started drooping yesterday. Initial evaluation showed icterus. Abnormal PE/Chem/CBC/UA Results: QAR, mm/sclera and skin icteric, no murmur ausculted, abdomen comfortable on palpation, weakly ambulatory Creat: 2.0, Ast 99, alp 1272, Tbil 10.5, K 2.7. Abdominal ultrasound: Liver: Homogenous parenchyma with normal size and normal echotexture. Multiple hypoechoic subtle nodules. GB and biliary tree: Normal gall bladder with moderate sludge with no evidence of biliary tree pathology. It was difficult to try to assess the CBD. Spleen: Normal in size and echotexture with homogenous parenchyma. No nodules noted. Left Kidney: Smooth and symmetric with normal corticomedullary junction and pelvis, measuring 7.05cm. Left adrenal: Normal in size and shape Lower Urinary Tract / Urinary Bladder: No calculi, polyps, masses noted. Normal wall thickness. Reproductive Tract: Normal prostate, 1.02cm. Right Kidney: Smooth and symmetric with normal corticomedullary junction and pelvis, measuring 8.21cm. Right adrenal: Normal in size and shape, 0.54cm Pancreas: In the area of the pancreas there is a hypoechoic structure with a small hyperechoic center that may be pancreas which could be a mass or abscess GI tract: Normal Stomach; Normal GI wall thickness Lymph nodes: No lymph node enlargement unless structure in area of pancreas are nodes Abdominal cavity: No peritoneal effusion; structure in area of pancreas could be a mass/abscess or fluid pocketing; very large lipomatous mass on left side of mid to caudal abdomen. Notes/Comments: Multifocal hypoechoic hepatic nodules - rule out benign versus neoplasia; Pancreatitis vs. pancreatic mass/abscess (or may not be the pancreas), large lipomatous mass.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

INTERPRETED BY A high resolution pre- and post-contrast CT study of the is provided for review.

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

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

HOSPITAL NAME

Mtn. West VH

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.

REFERRING VET

Dr. Andrew Burton

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

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

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In the mid ventral abdomen, segmental dilation (measuring up to 5 cm in diameter) of a small intestinal loop is seen, containing foamy soft tissue material. The remaining small intestinal loops are empty and present the expected diameter.

DATE

2/24/23

In the region of the pancreas, the fat presents mild fat-stranding.



PATIENT

Teddy Lewis

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Segmental small intestinal mechanical obstruction
- Suspect mild peritonitis region of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Great Pyreneese X

The findings of the CT study are consistent with segmental small intestinal mechanical obstruction – possible fabric material. Surgical management is advised.

SEX

Neutered Male

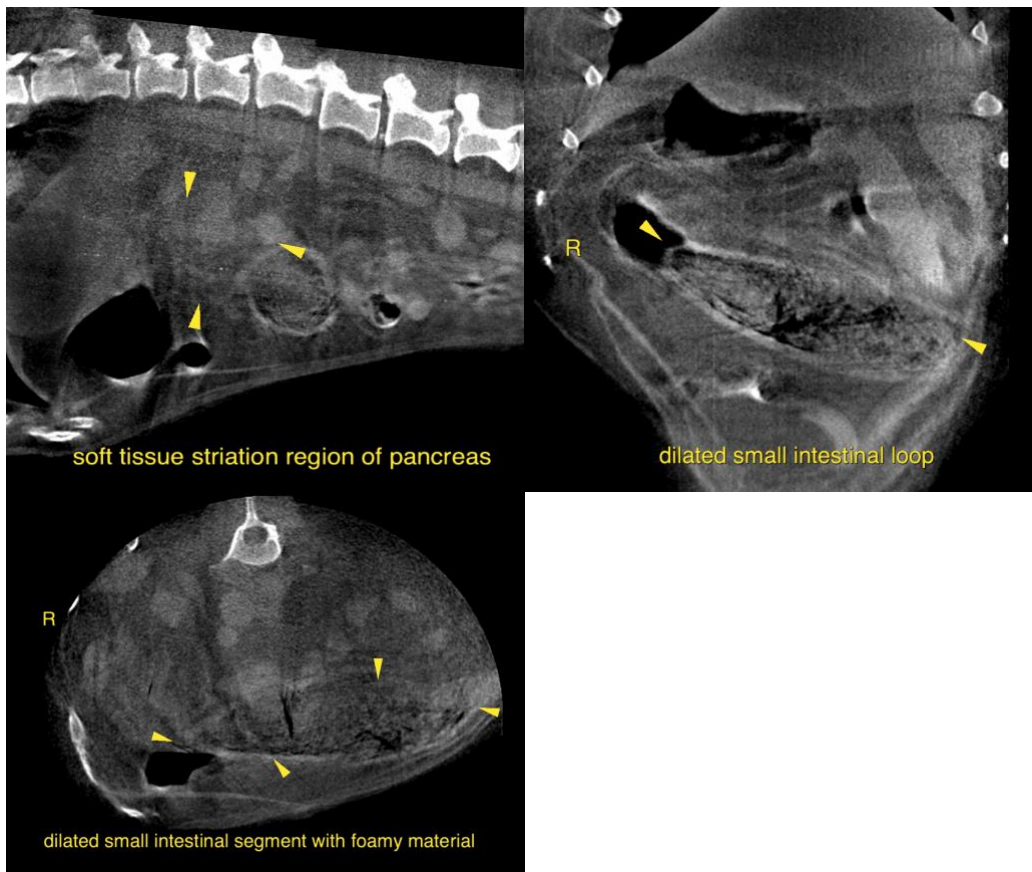
The mild soft tissue striation in the region of the pancreas can indicate local peritonitis, possibly secondary to pancreatitis.

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PATIENT 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.

Teddy Lewis

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

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