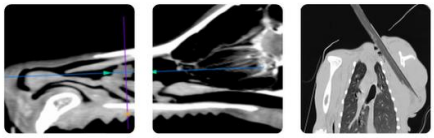

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Kenny Lancaster

SPECIES

Canine

BREED

Akita

SEX

M

AGE

9Y

WEIGHT

45

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Patricia Sanchez Sanchez

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Patricia Sanchez Sanchez

INVOICE

74106

DATE

3-10-26

PRESENTING CLINICAL SIGNS

- Presented v+
- Suspected mass in pylorus.

Abnormal PE/Chem/CBC/UA Results: Liver values increased on bloods

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Moderate motion artefacts are appreciated in the cranial 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. Post contrast administration, the ventral aspect of the left kidney presents a well demarcated hypoattenuating area.

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 has a homogeneous soft tissue attenuating and contrast enhancing.

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

The stomach is mild to moderately distended by fluid attenuating material. Hyperattenuating sedimented material is appreciated in the ventral aspects of the stomach. The gastric wall has an even width with the expected rugal folds. The pylorus reveals no overt abnormalities. The position, delineation, wall and content of the intestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild to moderate fluid filled stomach with signs of gastric emptying disorder
- Left sided acute renal infarction
- Hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Be aware that smaller lesions in the cranial abdomen can be effaced by the motion artefacts. An underlying cause for the vomiting cannot be specified – I do not see signs of a pyloric soft tissue mass. There is no evidence of mechanical gastric outflow obstruction, and the presumptive diagnosis is functional gastric emptying disorder. Rule out gastritis, dysbacteriosis, parasitic infection, dietary indiscretion, pancreatitis, other.

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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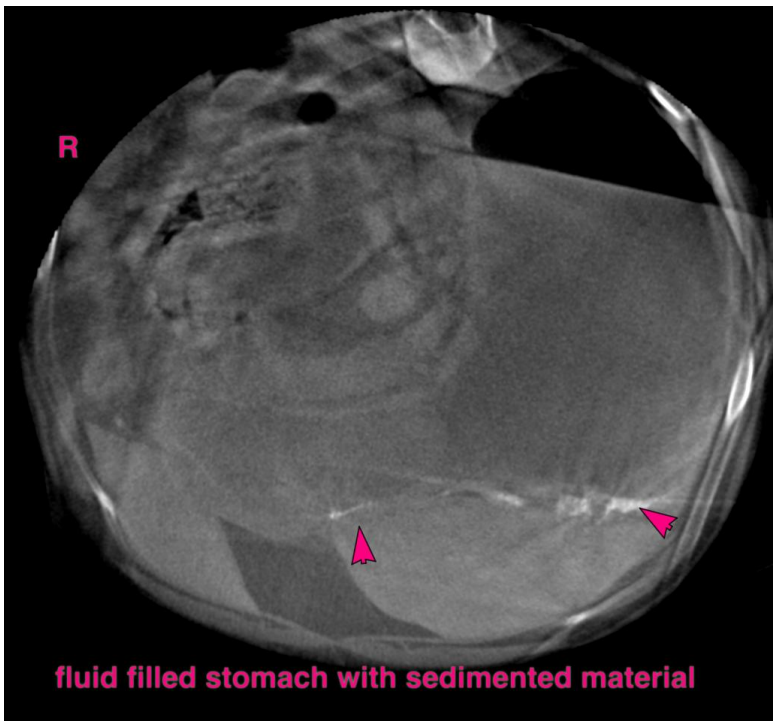

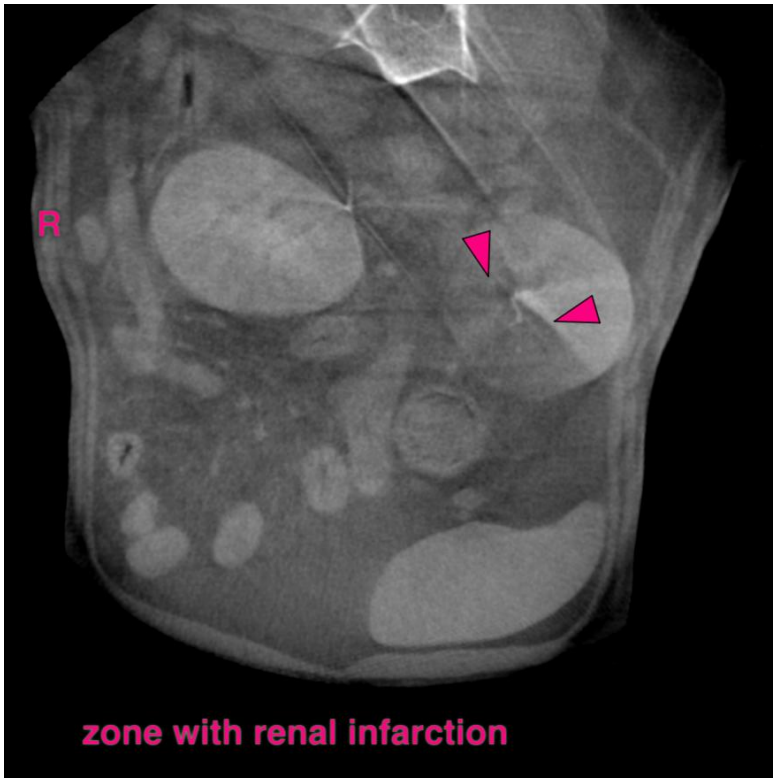

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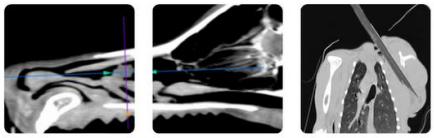

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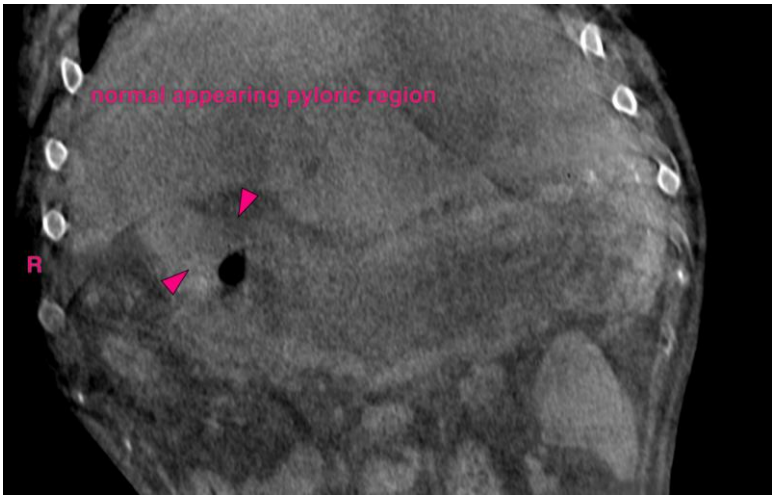

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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