



PATIENT

Mocha Stevens

PRESENTING CLINICAL SIGNS

playing in yard - acute lethargy/collapse - vomiting - Polydipsia presented to emergency - dx haemabdomen - unknown origin on the basis of ultrasound
 Abnormal PE/Chem/CBC/UA Results: hct normal blood gluc 6.1mmol/L - adequate plt's - act clotting time slightly prolonged (136sec) - coags/fibrinogen pending abdominal fluid pcv 48% sg 5.5g/dL - peritoneal fluid glucose 3.1mmol/L - smear RBCs +++

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ENTIRE SPINE AND THE ABDOMEN

BREED

French Bulldog

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

C2 to C5 are fused. T4, T6, T7 and T8 present as hemivertebra.

FN

The osseous and soft tissue structures of the lumbar spine are within normal limits.

The intrathoracic structures are within normal limits.

AGE

1.5

In the ventral aspect of the peritoneal cavity, a moderate amount of fluid attenuating material is visible.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

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

HOSPITAL NAME

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

Advanced Veterinary
 Imaging

In the laterocranial aspect of the left lateral liver lobe, in an arterial post contrast phase a hyperattenuating intraparenchymal, well defined lesion measuring 11 mm in diameter is visible. In the venous phase, the hepatic parenchyma is uniform contrast enhancing. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

REFERRING VET

Eamon Ryan

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

INVOICE

50891

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

DATE

3-12-22

- History of hemoabdomen
- Fusion of multiple cervical vertebra C2 to C5 (Klippel-Feil like syndrome)
- Contrast enhancing (arterial phase) intraparenchymal lesion left lateral liver lobe - most consistent with nodular hyperplasia/regeneration nodule



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- Multiple hemivertebra thoracic spine
- No evidence of compressive myelopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study presents no abnormality, explaining the history of abdominal hemorrhage. A traumatic insult with laceration of the liver or spleen or coagulopathy are considered most likely and monitoring the patient if hemoabdomen is regressive under empirical therapy is recommended.

BREED

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The cervical spine presents with a complex malformation of the second to fifth vertebra, that are fused – this is considered as an incidental finding at this point but may predispose for discopathy of the caudally located intervertebral discs.

SEX

FN

AGE

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HOSPITAL NAME

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Imaging

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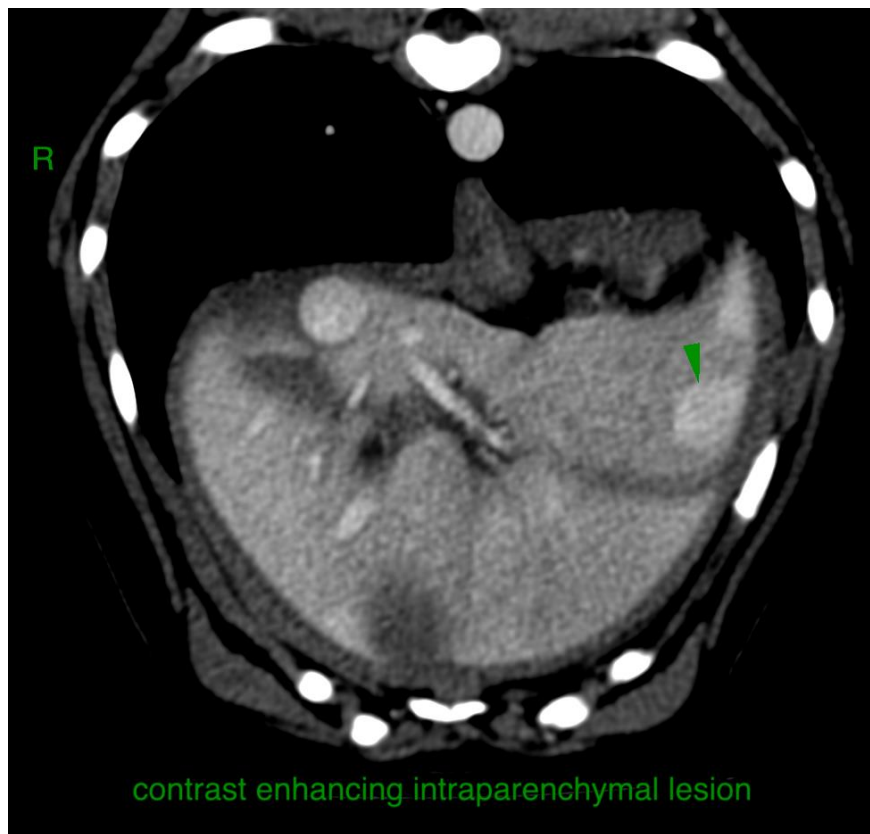
Eamon Ryan

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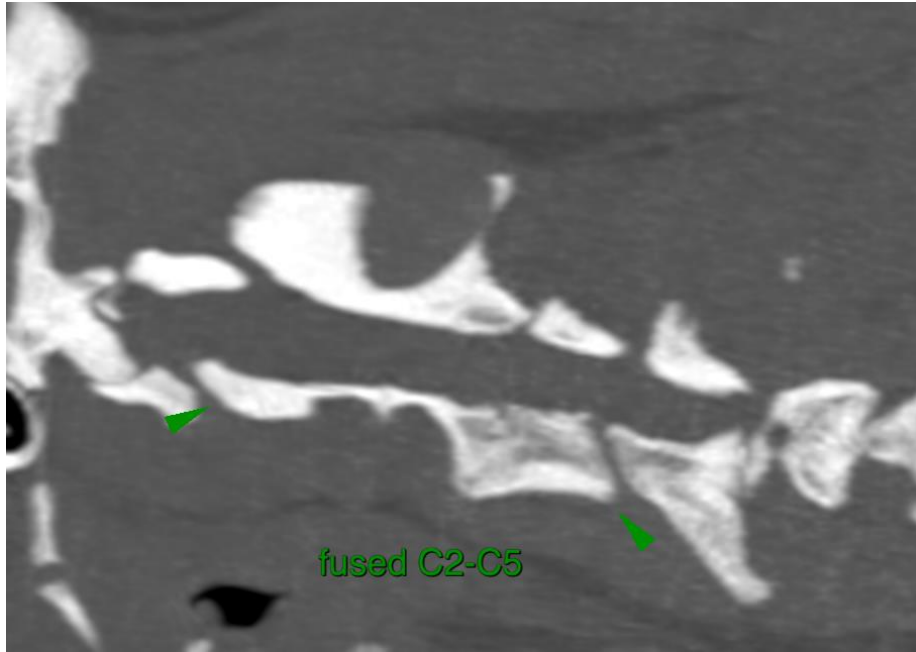
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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