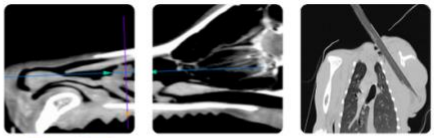


PATIENT

Bear Sarris

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Male

AGE

8 Years 7 Months

WEIGHT

50.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Ana Valega

INVOICE

14517

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- External referral - Bear was seen at the RV 09/2025 for chronic vomiting and borborygmus. At this stage he was raw fed and the diet advised to change to Royal Canin dry food. Bloods were performed on 13.10.2025, and showed low vitamin B12 at 246 pg/ml and increased folate. Haematology detected a mild polycythemia with Hct 63% and biochemistry was found normal. Cobalaplex Supplementation was started. Ultrasound and radiographs were then performed on 04/11/2025 as Bear continued to vomit and reported a stomach wall ~5.7mm with thickening of muscular layer, some spiky contents in the stomach giving acoustic shadow and pylorus > 6mm with normal layering of the wall. Abdominal x-rays reported to have detected bones in the lumen what could relate to the raw diet. After sedation, Bear was found quiet, not eating so seen on 06/11/2025, and bloods repeated that found a neutrophilia and monocytosis (inflammation) and minor biochemistry normal. Repeat imaging done and Bear underwent a exploratory surgery on this day for suspected possible bone obstruction. During surgery no foreign body was detected, however his stomach was found very distended with gas, intestines caudal to this also distended and the pylorus felt narrowed and thickened which raised the concerns for possible pyloric stenosis. It was advised that Bear be started on a hypoallergenic diet alongside omeprazole. The vomiting improved but did not resolve so referral was requested. Patient still deteriorating

Abnormal PE/Chem/CBC/UA Results: Globulin 49 g/L (25-45) Cholesterol 8.76 mmol/L (2.84-8.26) remainder WNL

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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.

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

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 ventral dependent aspects of the right cranial and right middle lung lobe present a heterogeneous ground glass attenuation pattern and maintained volume.

The esophagus is generalized significantly distended by gas.

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. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. The prostate is asymmetrically enlarged, occupying approximately 90% of the height of the cranial thoracic aperture.

PATIENT

Bear Sarris

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Male

AGE

8 Years 7 Months

WEIGHT

50.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Ana Valega

INVOICE

14517

DATE

03/20/26

The prostatic parenchyma has a mild irregular contrast enhancement pattern with localized punctuate mineralization. The descending colon at the same level is deviated to the left.

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.

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

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

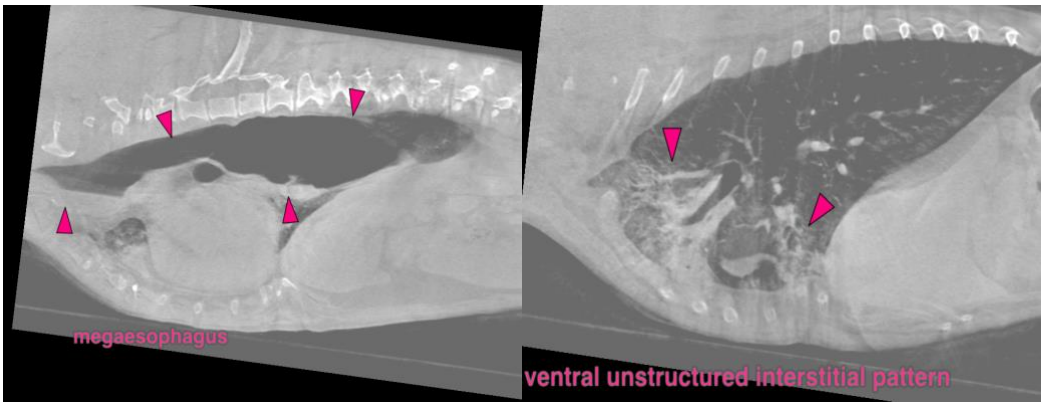
- Megaesophagus
- Ventrally distributed patchy unstructured interstitial to alveolar pattern
- Prostatomegaly with focal dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

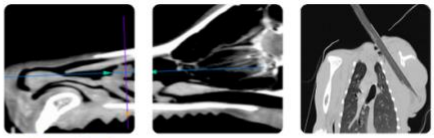
The described clinical signs can be a sequela to the appreciated megaesophagus. The CT study fails to present a specific underlying cause, and the presumptive diagnosis is idiopathic megaesophagus. Differentials include hypothyroidism, myasthenia gravis, hypoadrenocorticism or paraneoplastic (no evidence of intrathoracic neoplasia).

Secondary aspiration pneumonia.

The prostatomegaly is most suggestive for benign prostatic hyperplasia, a less likely differential is prostatitis or neoplastic transformation of the prostate (e.g. adenocarcinoma, transitional cell carcinoma).



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bear Sarris

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Male

AGE

8 Years 7 Months

WEIGHT

50.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

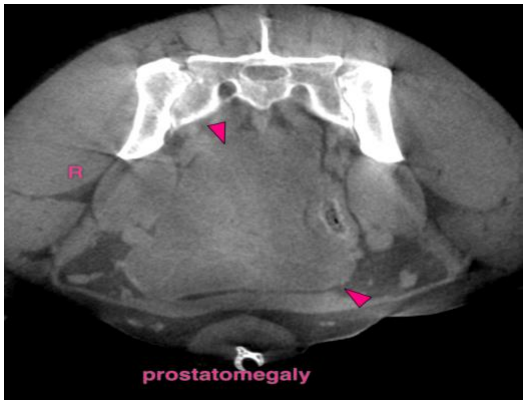
Dr. Ana Valega

INVOICE

14517

DATE

03/20/26



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com