



**PATIENT PRESENTING CLINICAL SIGNS**

**Ozzie Pietras** Patient is a known epileptic that has been experiencing lethargy and loss of appetite since Saturday 3/4. Vomited his dinner on Sunday night. Loose bowel movements not consisting of blood. Continued vomiting on Monday, mainly bile. The patient also experienced a mild seizure on Sunday evening 3/5.

**SPECIES**

Canine

**BREED**

Pyranese Mix

**SEX**

MC

**AGE**

4 Years

Abnormal PE/Chem/CBC/UA Results: ALP 680 (range 0-140) Three-view abdominal radiographs (six images total) dated March 6, 2023 are reviewed. There is a nodular mass effect (approximately 5 to 6 cm diameter) at the caudal-ventral margin of the liver, best noted on the left lateral projection. There is equivocal decreased serosal detail in the cranial-ventral abdomen. No free peritoneal gas is noted. The overall liver size is mildly enlarged. The spleen and kidneys are of normal size and shape. The stomach contains a small amount of gas. The small intestine is mostly empty and has no abnormal dilation or plication. There is a small amount of gas in the colon. The urinary bladder is small. There is mild ventral spondylosis deformans at T 10-11. There is mild periarticular osteophytosis of the L3-4 articular facet joint. The pelvis and coxofemoral joints are normal. Conclusion 1. Suspect nodular hepatic mass of the caudal-ventral liver. Differentials include benign nodular regeneration, hepatic cyst or neoplasia. Abdominal ultrasound is recommended for further evaluation. 2. Equivocal decreased serosal detail in the cranial-ventral abdomen, which may be due to scant effusion or focal inflammation. 3. There are no radiographic findings that are supportive of a small intestinal obstruction. Other differentials may include nonspecific enteritis (such as from dietary indiscretion), pancreatitis or other disease (such as renal or hepatic disease). Baseline bloodwork and urinalysis can be considered for further evaluation. 4. Mild ventral spondylosis deformans of the thoracic spine. Mild arthritis of the L3-4 facet joint. Recommendations See above Read By: Winnie Lo DVM, DACVR

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The vertebral endplates T10/T11 present mild ventral spondylosis formation.

The sternal lymph nodes are prominent.

**REFERRING VET**

Dr. Van Nieuwal

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.

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The lung parenchyma presents the expected architecture and attenuation behavior, but zones of dystelectasis of the ventral aspects of the right middle lung lobe.

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

**DATE**

3-7-23

Abdomen

The serosal fat presents generalized mild fat-stranding and a small amount of gravity dependent

Both kidneys present within normal limits for size, shape and organ architecture. After contrast



**PATIENT** administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Ozzie Pietras 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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The duodenal lobe and body of the pancreas are swollen and the surrounding peritoneal fat presents marked fat-stranding.

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Pyranese Mix

The descending duodenum is generalized mildly dilated ('sentinal-loop'). The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The left facet joint L3/L4 presents moderate osteophyte new bone formation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

MC

- Swollen pancreas with surrounding peritonitis
- Mild peritoneal effusion
- Lymphadenopathy sternal lymph nodes
- Spondylosis deformans
- Spondylarthrosis L3/L4

**AGE**

4 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The appreciated changes are consistent with significant (necrotizing) pancreatitis and secondary surrounding peritonitis. Secondary functional ileus of the duodenum. The finding is a plausible explanation for the presenting clinical signs.

The enlarged sternal lymph nodes are considered secondary to the cranial abdominal inflammatory process, as they drain parts of the cranial abdomen.

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No hepatic mass is appreciated.

If not done so yet, recommend complementing workup by complete blood work including testing for pancreatitis.

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Ozzie Pietras

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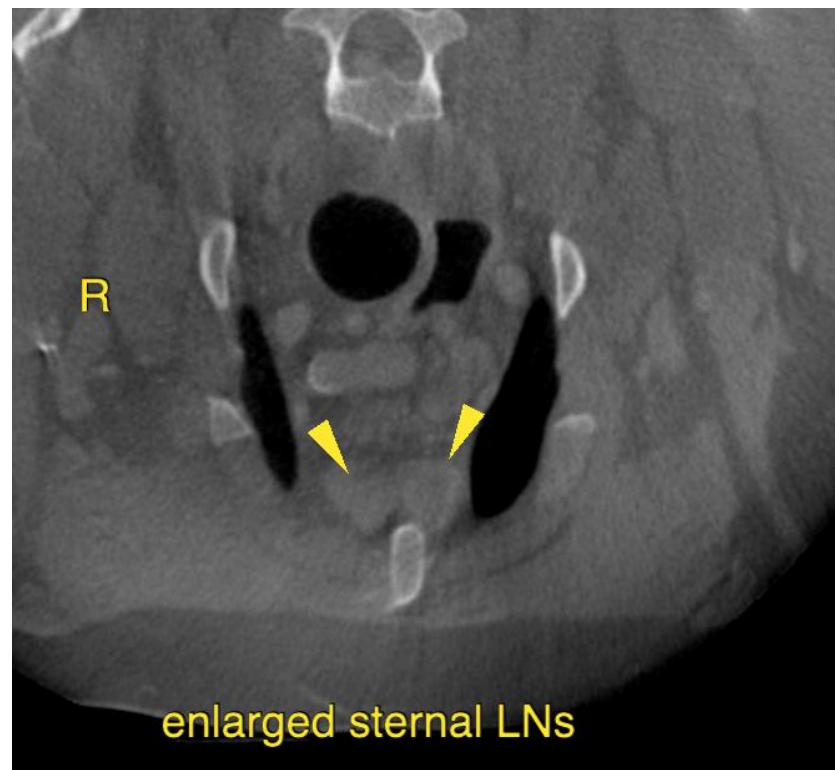
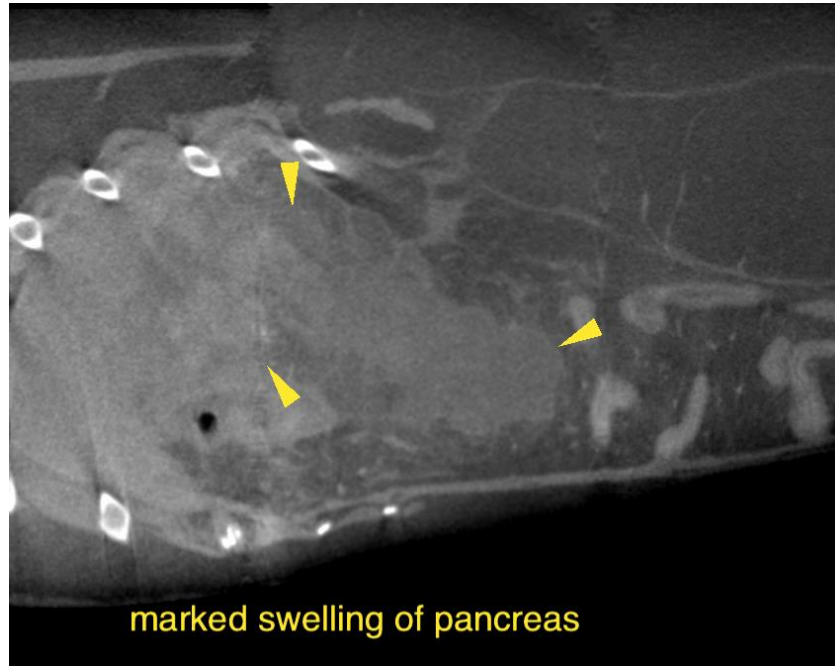
Dr. Van Nieuwal

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**PATIENT**

Ozzie Pietras

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.

**SPECIES**

Canine

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  
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