



**PATIENT**

Indi Bell

**PRESENTING CLINICAL SIGNS**

Whelped pups 14 days ago. Been unwell and had marked reduced in appetite since. Physical examination revealed bloated abdo. US revealed marked ascites. Cyto (external lab) confirmed modified transudate. Patient otherwise stable with no signs of heart disease noted (no murmur, normal blood pressure, normal ECG). Exlap performed post CT scan revealed a 2-3cm on R uterine horn wit omentum attachment.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: mild anemia, marked reticulocytosis marked leukocytosis, with marked neutrophilia and marked monocytosis biochemistry: nsad

**BREED**

Staffordshire Terrier

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Female

Thorax

The periarticular bones of both elbow joints present moderate osteophyte new bone formation; the medial coronoid process of both elbow joints is irregular marginated.

**AGE**

5 Years

A generalized significant swelling of the mammary complexes along the ventral thoracic & abdominal wall is appreciated, presenting a mild heterogeneous contrast enhancement pattern. The subcutaneous fat along the ventral thoracic & abdominal wall presents mild fat-stranding.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The sternal lymph nodes and axillary lymph nodes bilaterally are prominent, uniform soft tissue attenuating and contrast enhancing.

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 cranioventral aspects of the lung parenchyma present multiple regions with dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

**REFERRING VET**

Bao Truong

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

Abdomen

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51695

A moderate amount of fluid attenuating material is seen in the peritoneal cavity. The peritoneal fat presents moderate fat-stranding.

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.

**DATE**

4-22-22

The uterus is prominent and contains a mild amount of fluid attenuating material.

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.



**PATIENT** Throughout the hepatic parenchyma, multiple well-defined, parenchymal filling defects, measuring up to 8 mm in diameter, are seen.

Indi Bell

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

**SPECIES**

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Canine

The medial iliac lymph nodes are prominent, uniform soft tissue attenuating and contrast enhancing.

**BREED**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Staffordshire Terrier

- Moderate peritoneal effusion
- Lymphadenopathy sternal lymph nodes, axillary lymph nodes and medial iliac lymph nodes
- Hyperplasia of the mammary complexes – consistent with history of lactation
- Hyperplasia of the uterus
- Coronoid pathology elbow joints bilaterally with secondary degenerative osteoarthritis of the elbow joints
- Hepatic cysts

**SEX**

Female

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prominent uterus with mild fluid filling still presents normal uterine involution post- partum and no advanced pathology of the uterus is appreciated. Regarding the history, during diagnostic laparotomy following the CT scan, pathology of the right uterine horn was detected –laceration? – with adhering omentum. The surgical findings are a plausible cause for the peritoneal effusion.

The lymphadenopathy is likely a sequela to reactive hyperplasia due to abdominal pathology – consider FNA sampling if clinical signs are not regressive after surgical intervention.

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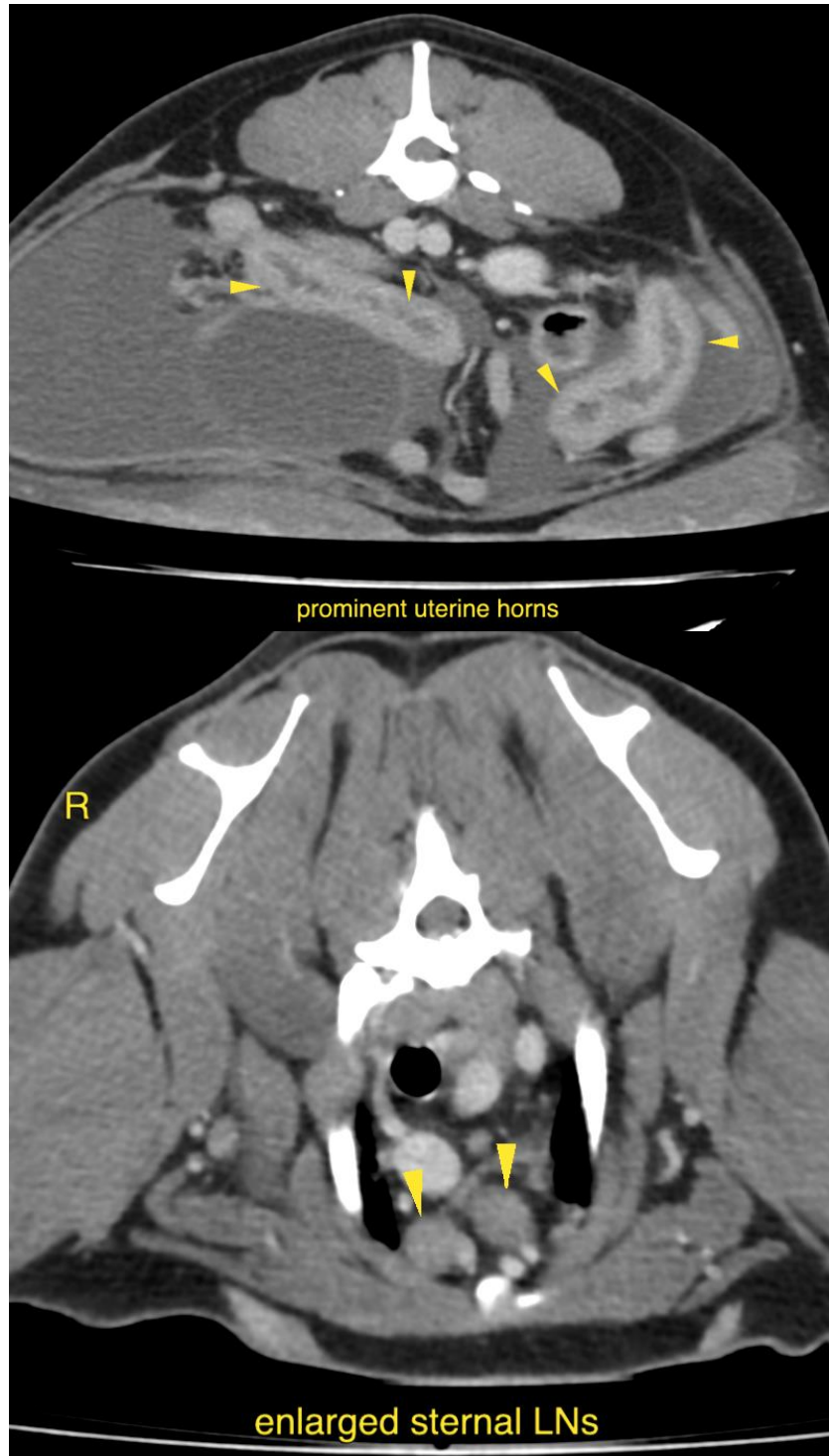
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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