



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Bennett
SPECIES Canine
BREED Labrador
SEX Female
AGE 13 Years

History: loose d+ with fresh blood and mucus for last 2 weeks o tried bland diet (chicken and rice) + probiotic + worm. no improvement no change in diet prev to this no weight loss had splenectomy ~1y ago admitted for diagnostic workup but unfortunately xray machine not working, so CT scan performed chest + abdo AUS: stomach empty. wall thickness measurements vary from 4.8mm - 8.6mm. muscularis layer subjectively thickened. no discrete masses noted. SI wall thickness wnl and wall layering NAD. fluid filled content, mild hypermotility colon wall thickness wnl. distended with fluid filled content hepatomegaly. normal architecture, no discrete masses noted GB distended, walls NAD and normal content lack of spleen due to splenectomy ~1y ago kidneys and urinary bladder NAD rectal exam - no masses or polyps noted. loose orange stools on glove. no fresh blood bloods - v mild RG anaemia (likely normal with her age), rest wnl

COMPUTED TOMOGRAPHIC STUDY OF THE 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

In the caudal aspect of the right axillary region, a well-defined, lipoma measuring 5.4 x 2.4 x 8.2 cm is noted.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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.

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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 lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

REFERRING VET

Morgan O'Mahony
 Parkin

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE

7/14/23



PATIENT 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.

Daisy Bennett

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

SPECIES The spleen is absent.

Canine In the cranial aspect of the left lateral liver lobe, a heterogeneous contrast enhancing roundish lesion, measuring approximately 5.5 cm in diameter is visible. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

BREED

Labrador

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

SEX

Female

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.

AGE

13 Years

The pelvic canal is cropped by the field of view.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Heterogeneous contrast enhancing parenchymal region left liver lobe
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease
- History of splenectomy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study presents without abnormalities, explaining the described gastrointestinal clinical signs. The heterogeneous contrast enhancing zone of the left lateral liver lobe is not specific and potentials include regeneration nodule or neoplastic disease such as hepatocellular adenoma versus carcinoma. Ultrasound guided FNA sampling can be performed further workup.

REFERRING VET

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Parkin

An underlying cause for the hematochezia is not seen, regarding the history the digital rectal was unremarkable without signs of mural lesions.

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PATIENT

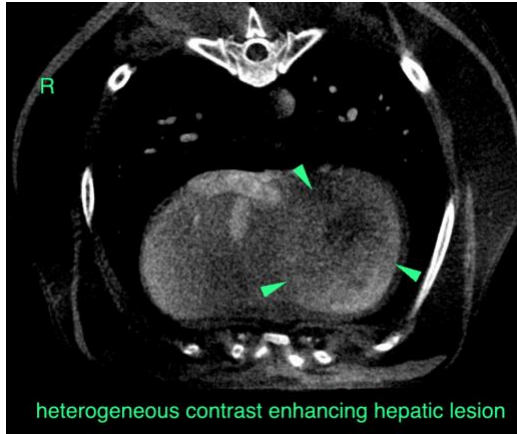
Daisy Bennett

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AGE

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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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