



**PATIENT PRESENTING CLINICAL SIGNS**

Nessa Stockton Continually retching and then swallowing. Drinking lots of water, not eating, even favourite foods. Passed formed f+ this am, smaller than usual. Physical Examination/Findings: V dull in cons, Ambulatory, Sclera yellow tinge - jaundice?# mm=hyperpigmented, sl tacky ultrasound under sedation appears large hyperechoic soft tissue area associated with stomach wall liver appears fairly normal and uniform CT abdomen and chest today. BAST this eve once starved for 24 hours to see if raised liver enzymes associated with primary concurrent or related liver issue.

**SPECIES** Canine

Abnormal PE/Chem/CBC/UA Results: ALT- 1882 U/L ALP- 1508 U/L Bilirubin - Total- 157 µmol/L Globulin- 59 g/L Total Protein- 86g/L Cholesterol- 10.24 mmol/L Eosinophils- 0.01 x10<sup>9</sup>/L

**BREED** Labrador

Monocytes- 1.23x10<sup>9</sup>/L

**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.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

Female Thorax

The vertebral endplates T12/T13 present mild spondylosis formation.

**AGE**

9 Years, 8 Months

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.

**INTERPRETED BY**

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 lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

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

**REFERRING VET**

James Portsmouth

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.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

**DATE**

7-21-23

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



**PATIENT** The stomach is distended by fluid and appears hypomotile. The wall of the pylorus is mildly prominent.

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

**SPECIES** The bony and surrounding soft tissue structures reveal no abnormalities.

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect gastric emptying disorder
- Equivocal mild thickened pyloric wall
- Spondylosis deformans T12/T13
- Normal thorax

**BREED**

Labrador

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX** An underlying cause for the supposed gastric emptying disorder cannot be specified and the odds for functional gastric emptying disorder are high – e.g. secondary to gastritis or pancreatitis. The prominent pyloric wall is very likely still normal anatomy. Workup might be complemented by gastroscopy including biopsy for further definition.

Female

**AGE** No additional abnormalities are appreciated, explaining the presenting clinical signs.

9 Years, 8 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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Ellesmere Port

**REFERRING VET**

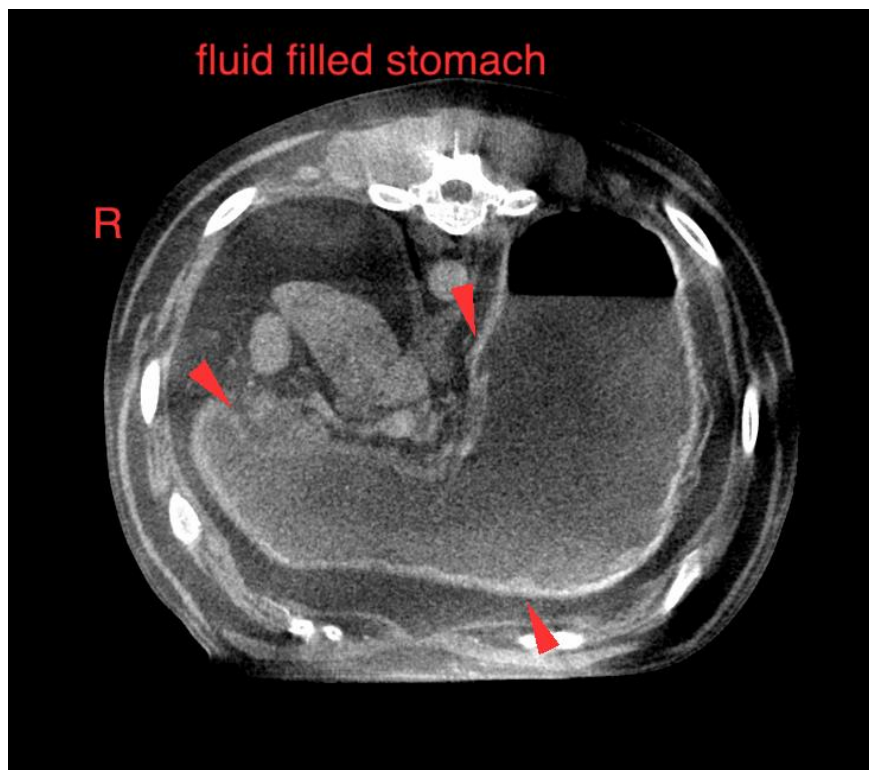
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**PATIENT**

Nessa Stockton

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Female

**AGE**

9 Years, 8 Months

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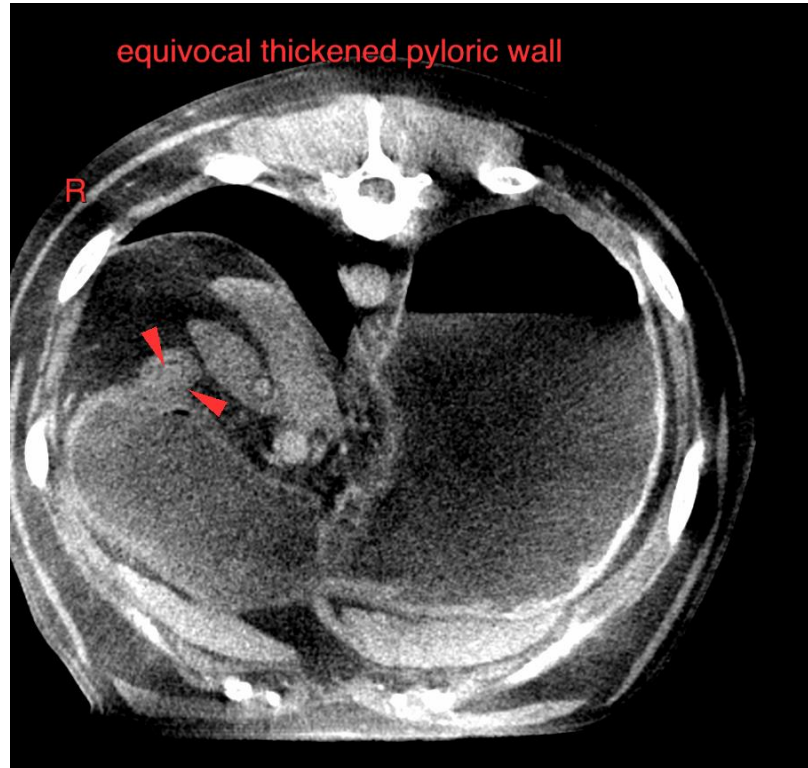
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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