



**PATIENT**

Tina Manolas

**PRESENTING CLINICAL SIGNS**

Has been rapidly losing weight Abdo US- suspected IBD/IBS commenced git diet - progressively worsening vomiting, lethargy and inappetence  
Abnormal PE/Chem/CBC/UA Results: mild elevation alk/alt

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

Staffordshire Bull Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The vertebral endplates T8T/9 and T9/T10 present moderate to marked spondylosis formation and mild chronic osseous remodeling of the respective vertebral endplates is appreciated.

**SEX**

Female

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.

**AGE**

11

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization of the lung parenchyma.

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

**HOSPITAL NAME**

Advanced Veterinary Imaging

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.

**REFERRING VET**

Eamon Ryan

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.

**INVOICE**

52711

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.

The pancreas is evenly contoured. The pancreatic parenchyma presents generalized mild increased contrast enhancement in the arterial phase.

**DATE**

7-5-22

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



**PATIENT**

Tina Manolas

Multifocal moderate spondylosis formation is seen along the lumbar spine. A vacuum phenomenon is seen in the intervertebral disc space L4/L5. Moderate new bone formation is seen at the ventral aspect of the facet joints L7/S1, narrowing the respective neuroforamina, R>L. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level. The intervertebral disc L6/L7 is mildly bulging into the vertebral canal. The osseous and surrounding soft tissue structures of the pelvis – including the coxofemoral joints – are within normal limits. The pictured parts of the right stifle joint present moderate osteophyte new bone formation.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

Staffordshire Bull  
Terrier

- Mild increased contrast enhancement of the pancreatic parenchyma in the arterial phase.
- Degenerative lumbosacral stenosis with bilateral neuroforaminal stenosis due to osseous new bone formation of the respective facet joints
- Degenerative osteoarthritis right stifle joint
- Mild intervertebral disc protrusion L6/L7 without compressive myelopathy
- Spondylosis deformans

**SEX**

Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

11

The pancreatic contrast enhancement pattern can indicate underlying pancreatitis – correlate with findings from blood work. No other macromorphological abnormality of the thorax and abdomen is appreciated, explaining the clinical signs.

The clinical relevance of the spinal changes is questionable, due to the lack of respective clinical signs.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Advanced Veterinary  
Imaging

**REFERRING VET**

Eamon Ryan

**INVOICE**

52711

**DATE**

7-5-22



**PATIENT**

Tina Manolas

**SPECIES**

Canine

**BREED**

Staffordshire Bull Terrier

**SEX**

Female

**AGE**

11

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Advanced Veterinary Imaging

**REFERRING VET**

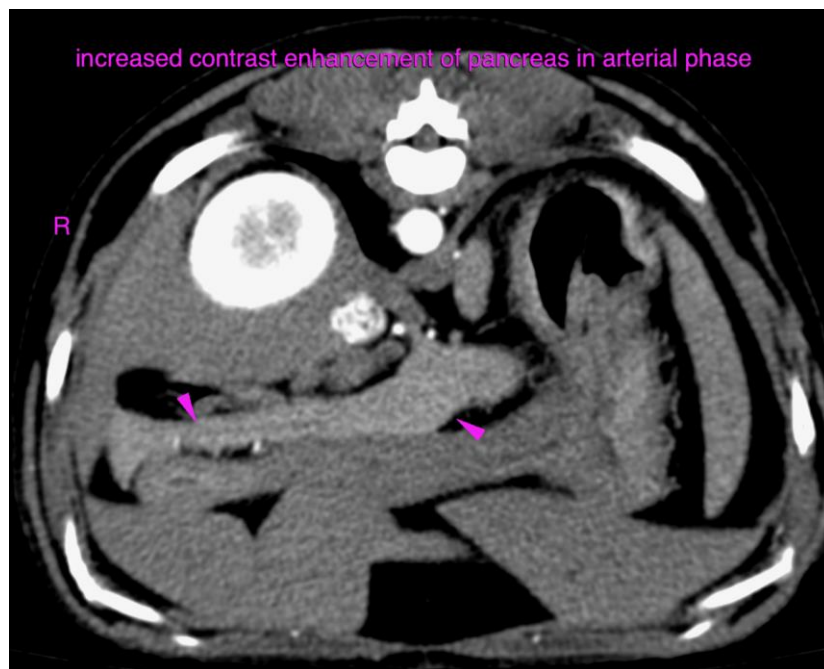
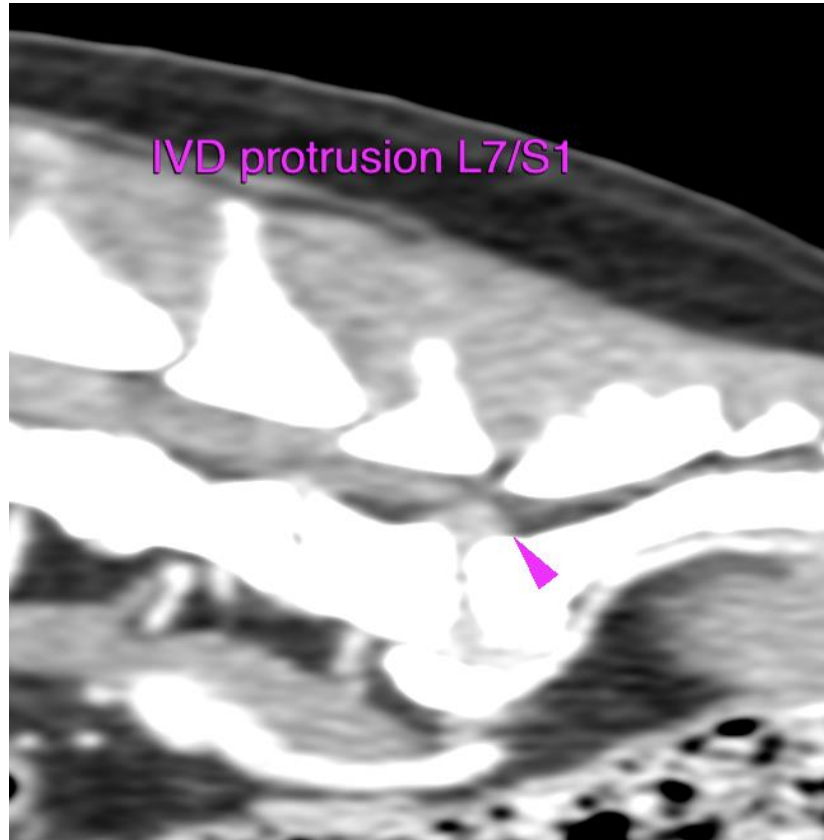
Eamon Ryan

**INVOICE**

52711

**DATE**

7-5-22





**PATIENT**

Tina Manolas

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.

**BREED**

Staffordshire Bull  
Terrier

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

Female

**AGE**

11

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Advanced Veterinary  
Imaging

**REFERRING VET**

Eamon Ryan

**INVOICE**

52711

**DATE**

7-5-22