



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Pookie Trahern
SPECIES Canine
BREED Pug
SEX MN

Pookie is an 8-year-old, neutered male Pug who is on day 6 of continued hospitalization for vomiting/regurgitation and elevation in total bilirubin and other liver values secondary to a pyloric/gastric mass. He was initially presented for hyporexia and vomiting. Blood work showed significant elevation in total bilirubin and other liver values, as well as a neutrophilic leukocytosis. Lepto snap test was negative. PT/aPTT were both WNL but at the high end of normal on 8/13/22 and have not been rechecked since then. He was previously hypokalemic but this has since normalized with supplementation. Radiographs performed on 8/13/22 revealed gastric distension, rounding of the hepatic silhouette potentially secondary to gall bladder distension, bilateral hip osteoarthritis, and dynamic tracheal narrowing. Abdominal ultrasound performed on 8/15/22 revealed a mass within the gastric wall which may extend into the duodenum, diffuse cranial abdominal peritonitis with potential concurrent pancreatitis, partial vs complete biliary obstruction with associated cystic/common bile duct dilation, and chronic renal changes. Neutrophilic leukocytosis persists but is improved as of last night (WBC 59.18 at presentation down to 46.79 overnight into 8/17/22). Liver values continue to increase despite being on antibiotics and GI protective medications. All values (ALT, AST, ALP, GGT, and tbili) were all their highest to date on check overnight into 8/17/22.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

8 Years COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY In the cranial abdomen, the serosal fat presents moderate fat-stranding. A central venous catheter is appreciated in the left femoral vein/iliac vein.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The left kidney presents within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally, R>L. The volume of the right kidney is moderately decreased, and the margins are irregular. Post contrast administration, the parenchyma of the right kidney presents decreased contrast uptake. The renal pelvis of the left kidney is mildly dilated as well as the proximal segment of the left ureter.

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Critical Vet
 Care/Suncoast
 Veterinary

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 intrahepatic biliary tree is dilated. The gallbladder is significantly dilated as well as the common bile duct, measuring up to 9.1 mm in diameter. The common bile duct can be followed up to the pancreas.

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The pancreas is generalized significantly swollen and presents ill-defined feathered margins. The pancreatic parenchyma has a mild heterogeneous contrast enhancement pattern. Level with the portal vein, the left lobe of the pancreas presents an ovoid shaped, central fluid attenuating lesion, demarcated by a contrast enhancing capsule, measuring 1.5 x 2.7 x 2.0 cm in size.

DATE

8-17-22

The gastric wall in the region of the pancreas is moderately swollen, the wall-layering is maintained.

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



PATIENT

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

Pookie Trahern

Level with the lumbosacral junction, mineralized disc material is moderately protruding into the vertebral canal, occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level. Both coxofemoral joints present moderate osteophyte new bone formation.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized significant pancreatic swelling with cavitory lesion of the left lobe
- Peritonitis cranial abdomen
- Generalized significant dilation of the biliary system
- Edema gastric wall
- Right sided chronic nephropathy
- Degenerative lumbosacral stenosis with potential dynamic compression of the cauda equina fibers
- Degenerative osteoarthritis coxofemoral joints bilaterally

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suggestive for severe pancreatitis with abscess or pseudocyst formation and secondary obstruction of the common bile duct due to pancreatic swelling. The odds for neoplastic transformation of the pancreas are considered low. The finding is a plausible explanation for the presenting clinical signs. The chances of both conservative management with aggressive supportive care or surgical management should be discussed with surgeon/internal medicine. Depending on development of clinical signs, the prognosis is guarded.

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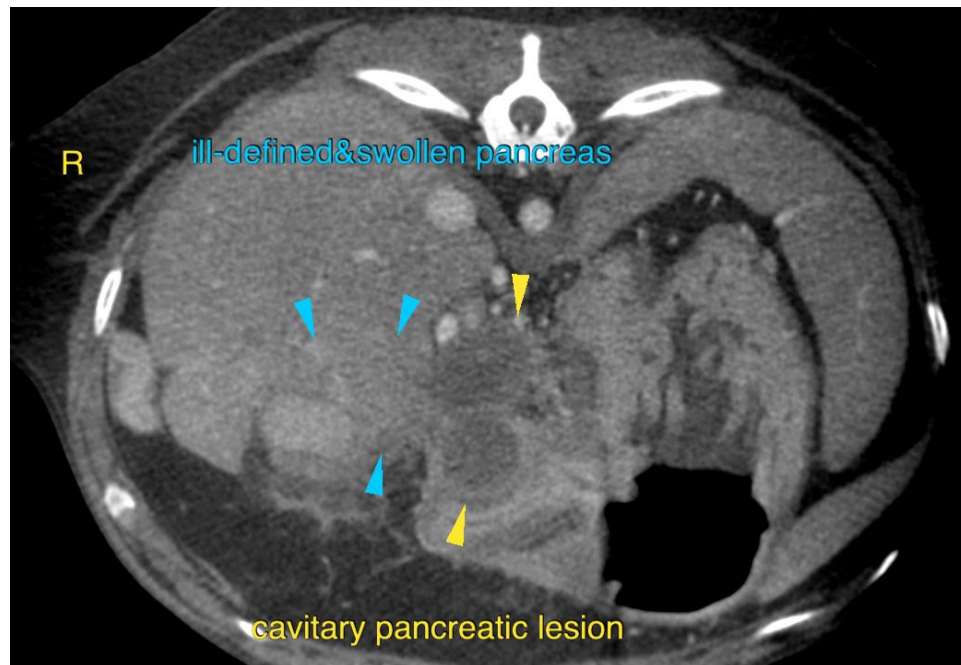
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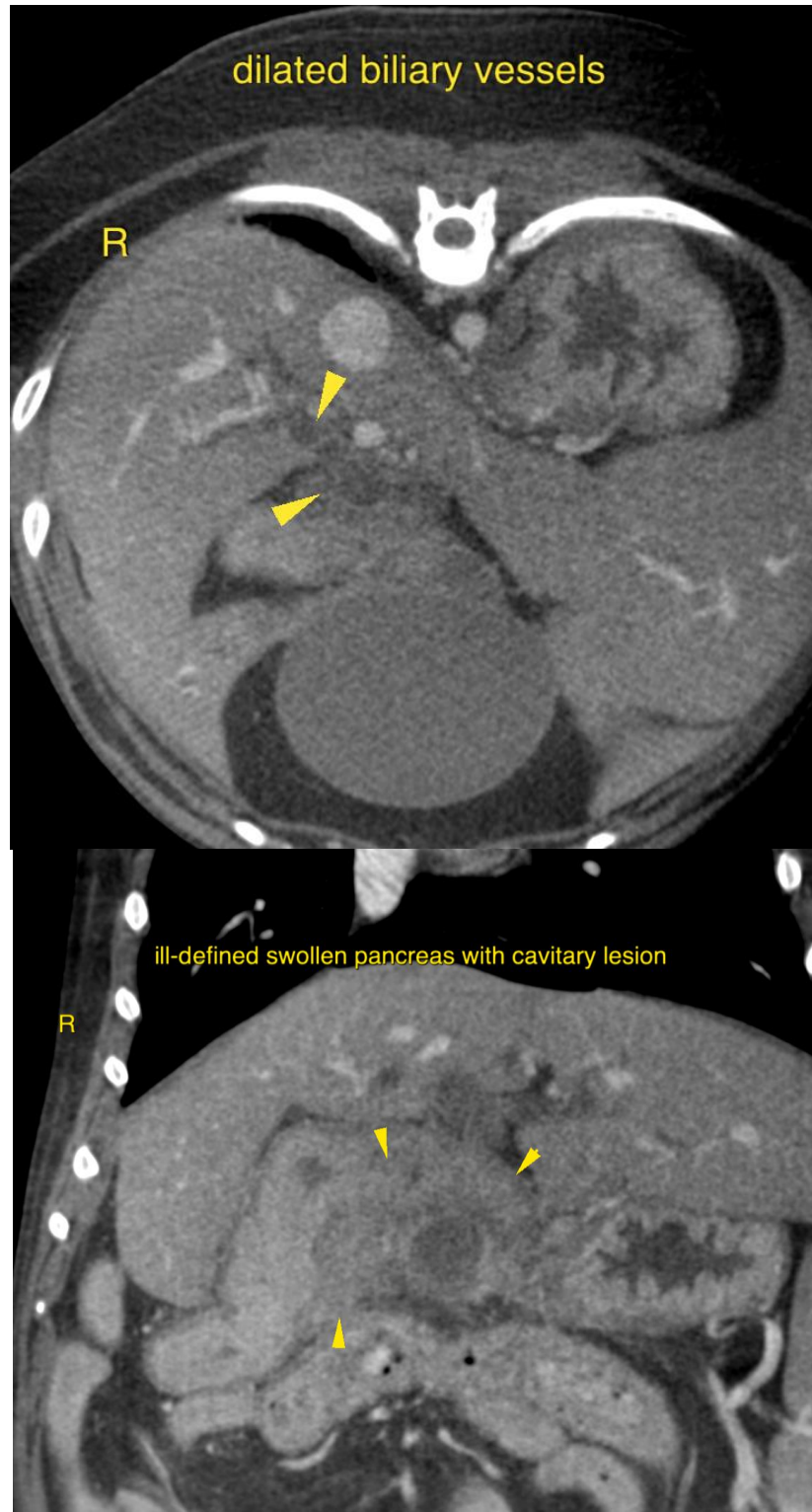
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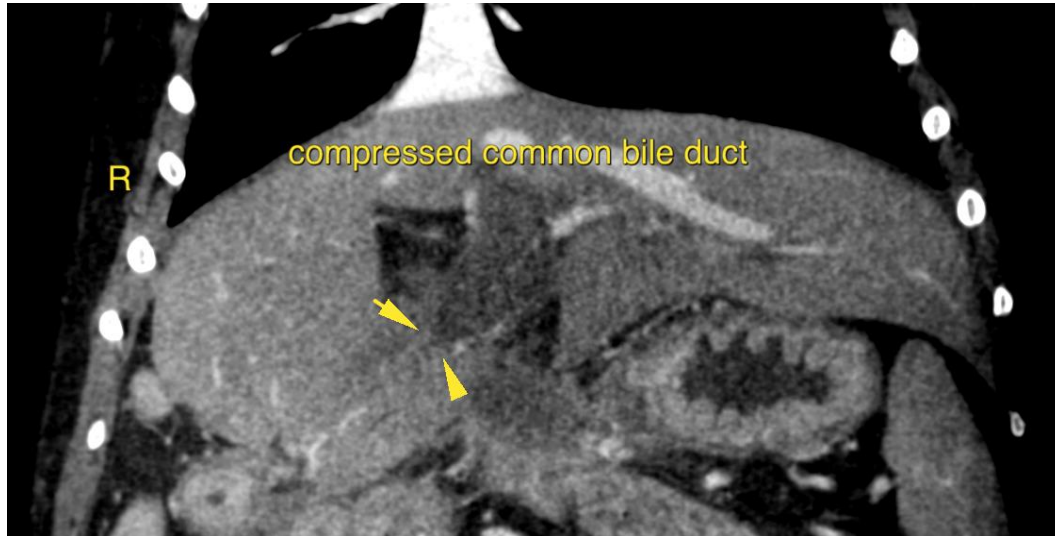
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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