



PATIENT

Vegeta Carlo

PRESENTING CLINICAL SIGNS

Chronic gastric outflow obstruction potentially due to pancreatitis

COMPUTED TOMOGRAPHY OF THE ABDOMEN

SPECIES

Canine

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

BREED

Husky

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

Neutered Male

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.

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

AGE

7

Marked swelling of the left limb of the pancreas is appreciated, including the body of the pancreas. Post contrast administration, the major parts of the left lobe of the pancreas and the body are surrounded by fluid attenuating material, demarcated by a thin contrast enhancing capsule - the pancreatic parenchyma has a feathered appearance, due to interspersed fluid attenuating material. The surrounding peritoneal fat in the right cranial abdomen presents mild fat-stranding. The proximal segment of the duodenum is partially encompassed by the fluid attenuating material. The most caudal aspect of the left lobe of the pancreas has a nodulated conformation with a heterogeneous contrast enhancement pattern.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Multiple acquired shunts are appreciated, arcing between the caudal aspect of the pancreaticoduodenal vein

HOSPITAL NAME

Aloha Pet & Bird
Hospital

The pyloric antrum of the stomach presents a moderate thickening of the wall, measuring 7.5 mm in width, the wall layering is maintained. The stomach is moderately distended by fluid. The duodenum is mildly distended by fluid and appears rigid; the wall layering of the duodenum is maintained throughout.

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

REFERRING VET

Dr. Pepen

The vertebral endplates L2/L3 present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

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- Peripancreatic walled-off fluid accumulation major parts left lobe and body of pancreas
- Mild localized peritonitis
- Fluid filled stomach with signs of gastric emptying disorder
- Mild mural swelling pyloric antrum of the stomach
- Spondylosis deformans

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8-29-22



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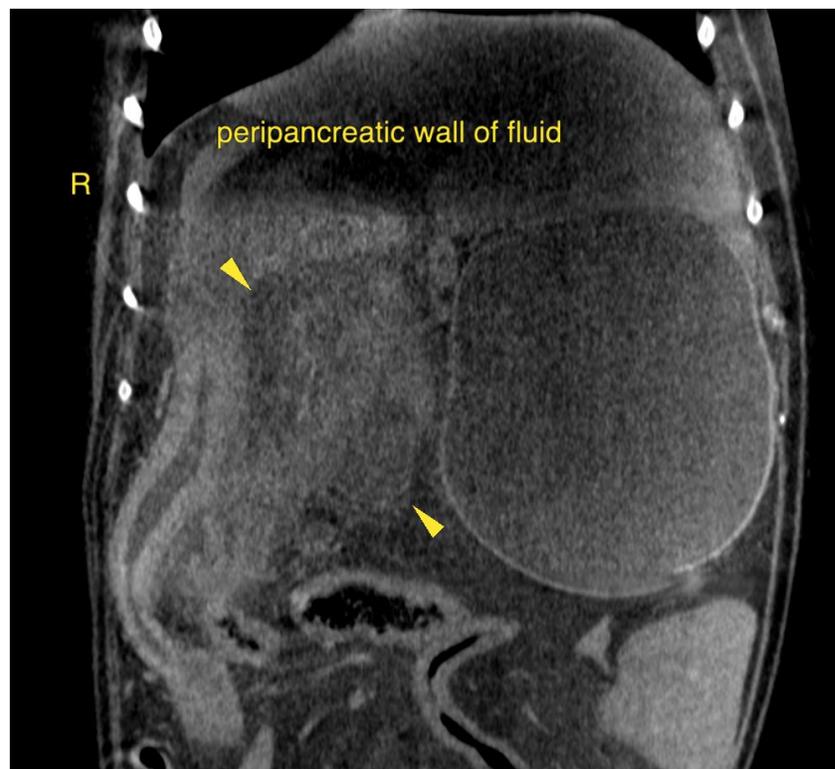
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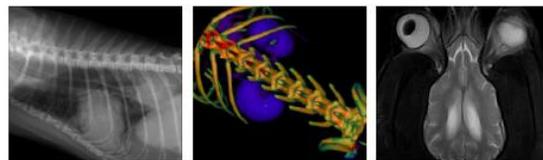
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The peripancreatic fluid accumulation are most suggestive for severe (necrotizing) pancreatitis with potential walled off necrosis or due to the diffuse fluid accumulation less likely pancreatic pseudocyst or pancreatic abscess formation. The findings are unusual for pancreatic neoplasia. Consider surgical intervention to drain the potential necrotic regions, sampling for microbial culture and histopathology to rule out neoplastic transformation entirely.

The finding is a plausible explanation for the presenting clinical signs.

The edema of the gastric wall is considered as secondary gastritis.





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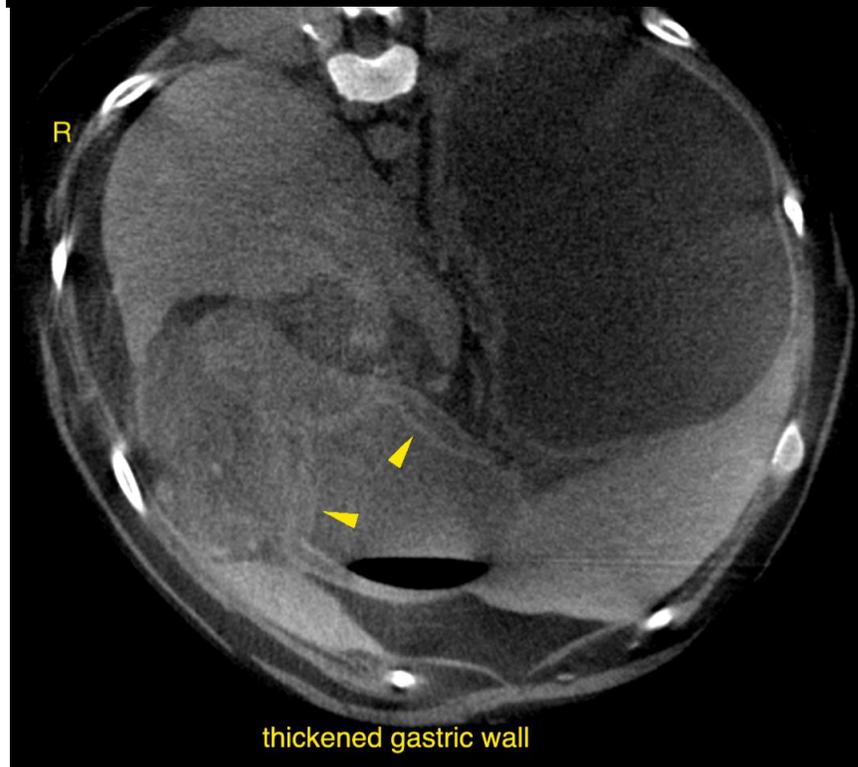
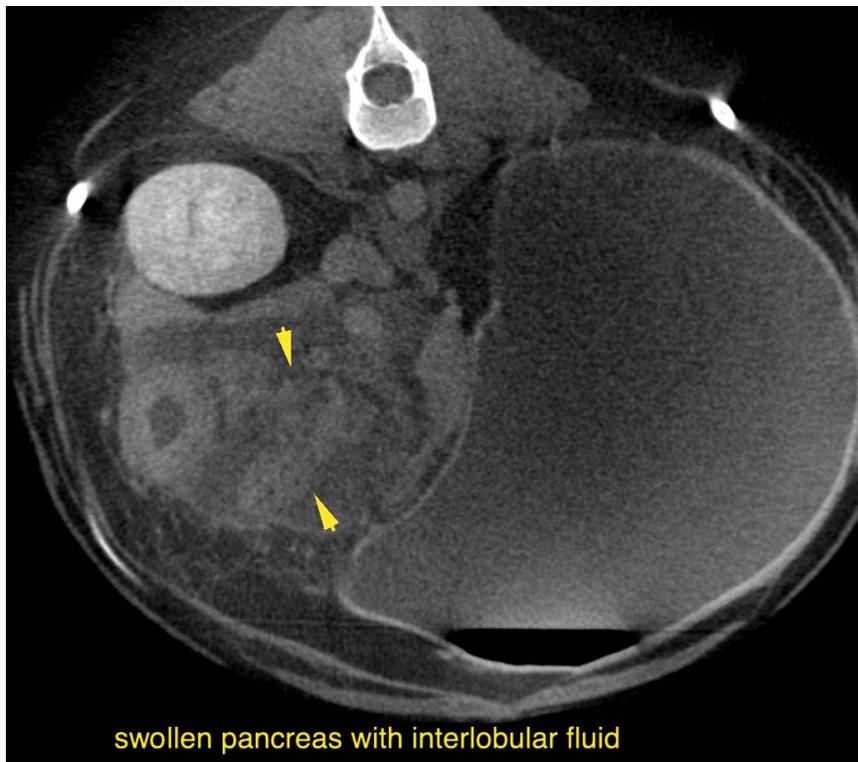
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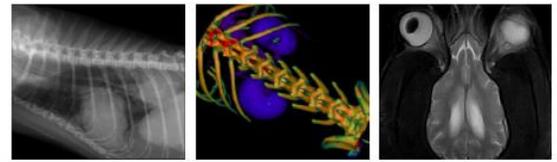
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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