



PATIENT PRESENTING CLINICAL SIGNS

Bella Lester not eating since Monday; vomited after pepto bismol last night; vomited small amount this AM; no diarrhea Had pancreatitis 2 years ago, now has pancreatitis again, elevated liver enzymes, and hypoproteinemia

SPECIES Abnormal PE/Chem/CBC/UA Results: CPL: abnormal HCT 28%, HGB 9.9, MONO 1.55, RBC 4.29, WBC 28.31, NEUT 24.46, PLT 93, ALB 2.2, ALKP 751, ALT 433, AMYL 2374, BUN 47, Ca 7.2, Phos 7.2, TBIL 3.1, TP 4.1, sodium 127, glob 1.8 EPOC after IV fluids x12 hours in hospital, post CT with contrast values: sodium 122, chloride 89, ionized calcium 0.91, BUN 52, glucose 74, HCT 16%

K9

BREED COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

Chihuahua A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

FS

Skull

Triadan 205, 305, 311, 405 and 411 are absent. Triadan 103, 105-107, 203, 206 and 207 present a moderate widening of the periodontal space.

AGE

A mild amount of fluid attenuating material is attached to the nasal mucosal lining.

6 Years

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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Animal Emergency
Hospital Volusia

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

REFERRING VET

Dr. Van Nieuwal

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

INVOICE

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

The lung parenchyma presents with multiple thickened interstitial bands present with disseminated nodular lesions throughout the lung parenchyma.

DATE

9-17-22

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



PATIENT Abdomen

Bella Lester The abdominal serosal detail is lost, and a moderate amount of fluid attenuating material is seen throughout the peritoneal cavity. The peritoneal fat presents moderate fat-stranding. In the cranioventral abdomen, a migrating small wire is appreciated level, measuring 11 mm in length.

SPECIES The jejunal lymph nodes are prominent and have a heterogeneous contrast enhancement pattern.

K9

The dorsal aspect of the gastric fundus presents marked thickening of the gastric wall, measuring up to 14 mm in width; post contrast administration the wall-layering is lost.

BREED

Chihuahua

In the left cranial abdomen, a mural mass of a small intestinal segment is appreciated – measuring approximately 45 mm in length and up to 11 mm in width.

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.

SEX

FS

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

The hepatic parenchyma has a heterogeneous contrast enhancement pattern with multiple hypoattenuating intraparenchymal lesions.

AGE

6 Years

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INTERPRETED BY

Sebastian Schaub, DVM
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In the gallbladder, a gravity dependent, mineral attenuating calculus , measuring 3 mm in diameter is noted.

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.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mural gastric mass – fundic region
- Mural small intestinal mass
- Lymphadenopathy jejunal lymph nodes
- Structured nodular interstitial lung pattern
- Moderate peritoneal effusion
- Heterogeneous contrast enhancement pattern of the liver
- Advanced periodontal disease 103, 105-107, 203, 206 and 207
- Mild rhinitis
- Multiple absent teeth
- Small peritoneal migrating foreign body – wire – incidental finding

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9-17-22

The CT study is consistent with disseminated neoplastic disease, possible due to primary gastrointestinal neoplasia – such as carcinomatosis, round cell tumor or sarcoma. FNA sampling of gastric/intestinal mass can be used for further differentiation. Unfortunately, treatment options are limited to palliative management and the long term prognosis is poor to infaust.



PATIENT

Bella Lester

The peritoneal effusion is considered paraneoplastic.

The heterogeneity of the contrast enhancement pattern of the liver can be due to metastatic disease, hepatitis, hepatic cysts, regeneration nodules.

SPECIES

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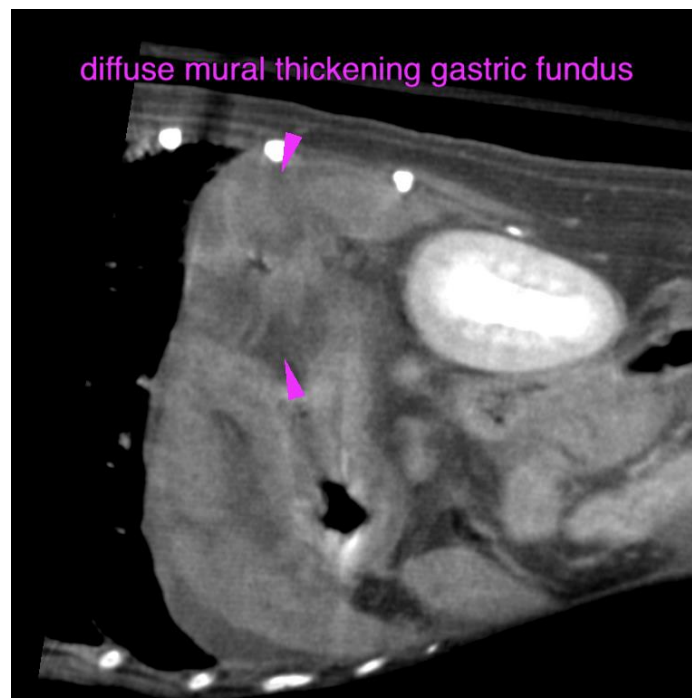
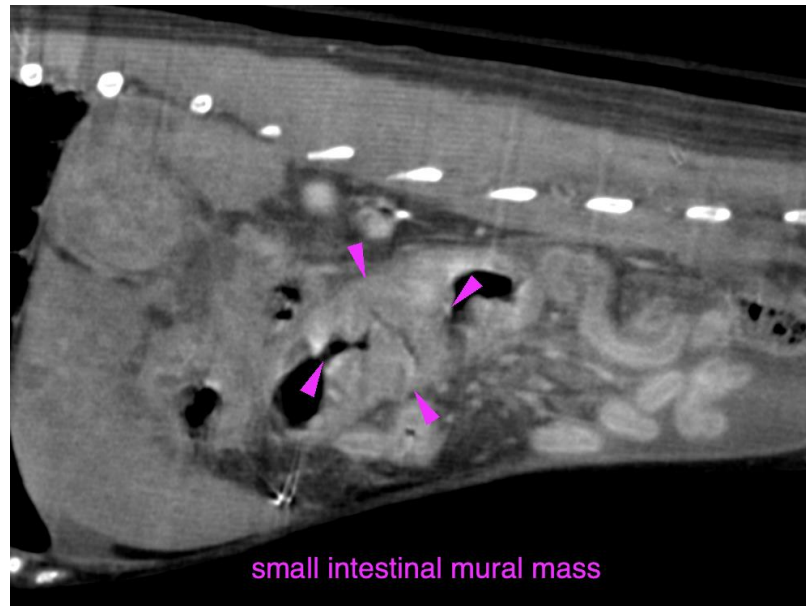
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Bella Lester

SPECIES

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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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