



**PATIENT**

Violet Stamenkovic

**PRESENTING CLINICAL SIGNS**

Pyrexia spikes since April at least once a month. C reactive protein 112.8mg/L (<10) Multiple vet visits and investigations to find cause still unknown. Abnormal PE/Chem/CBC/UA Results:

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**BREED**

Greyhound

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**

Female

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.

**AGE**

2 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Mild focal thickening of the gastric wall in the caudoventral aspect of the gastric fundus is appreciated. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**HOSPITAL NAME**

Adelaide Plains  
Veterinary Surgery

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Focal mural thickening of the gastric wall

**REFERRING VET**

John Katakasi

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The clinical relevance of the focal mural thickening of the gastric wall for the presenting clinical signs is unclear and might be the result of gastritis. Gastroscopy can be used for further evaluation of the gastric wall.

**INVOICE**

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No additional abnormalities are appreciated, explaining the pyrexia. If not done so yet, recommend complementing workup by FNA sampling of the spleen and liver and rule out underlying systemic infectious disease (e.g. Ehrlichiosis).

**DATE**

9-29-22



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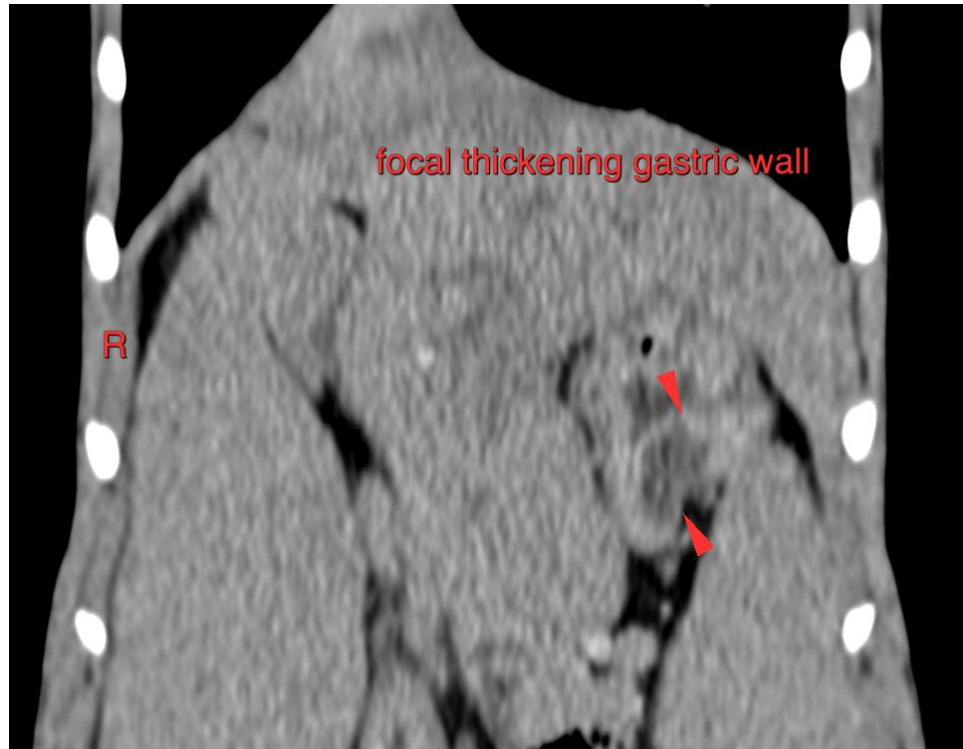
John Katakasi

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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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