



PATIENT PRESENTING CLINICAL SIGNS

Dante Provost Pet has history of GI signs that were initially treated by veterinary in Manati Clinic around 8/31. Presented to us at San Francisco de Asis on 9/3 as continued with diarrhea, anorexia, and lethargy. Pet had mild neutrophilia that continued to worsen despite IV Metro and ampicillin, continued anorexia although diarrhea improved. Barium study was inconclusive and recommended advanced imaging for further evaluation.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: CBC --- leukocytosis and thrombocytopenia CHEM --- ALB, BUN and TP mild decreased CPL Snap --- negative ParvoTest --- negative

BREED

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

COMPUTED TOMOGRAPHY OF THE ABDOMEN

COMPUTED TOMOGRAPHIC FINDINGS

SEX

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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

13 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the cranial abdomen, centered on the ascending and transverse colon, an ill-defined, irregular mass is visible encompassing the respective segments of the colon. Post contrast administration the abdominal mass is heterogeneous contrast enhancing, sparing multiple multicameral hypoattenuating regions. The cranial abdominal mass is measuring approximately 10 x 7 x 9 cm in size. The distal segment of the ileum and the cecum are located within the mass as well and moderate thickening and loss of wall-layering of the involved segments of the small and large intestinal tract is seen - measuring up to 9 mm in width. The surrounding mesenteric fat presents moderate fat-stranding. The portal vein is running through the mass and presents post contrast multiple intraluminal filling defects. Multiple abnormal tortuous vessels are seen in the periphery of the mass bypassing the occluded segment of the portal vein.

HOSPITAL NAME

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The descending colon contains a moderate amount of fluidity material and is corrugated.

REFERRING VET

Dr. L. Ramos, DVM

Generalized enlargement and rounding of the mesenteric lymph nodes is visible.

The left testicle is seen in the peritoneal cavity, lateral to the urinary bladder. The right testicle is seen within the scrotum.

INVOICE

47363

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

9-6-21

- Cranial abdominal mass centered on the distal segment of the colon, cecum and distal aspect of the ileum with mural thickening of the respective segments
- Surrounding peritonitis
- Segmental obstruction of the portal vein with secondary portoportal collaterals
- Generalized lymphadenopathy of the mesenteric lymph nodes



PATIENT

Dante Provost

- Left sided abdominal cryptorchism

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the young age of the patient and chronic intestinal clinical signs, the findings are concerning for granulomatous inflammation/peritonitis & lymphadenitis versus abscess formation (e.g. Nocardia, Pythiosis), possibly due to perforated foreign body or mural translocation. The inflammatory tissue has incorporated the portal vein with segmental complete obstruction and secondary portoportal collateral formation and secondary reactive hyperplasia of the regional lymph nodes. The odds for neoplastic disease are low. Diagnostic laparotomy would be the next advanced diagnostic and if possible therapeutic step – however complete resection appears not feasible and advanced adhesions with the local anatomical structures is likely.

The prognosis is guarded.

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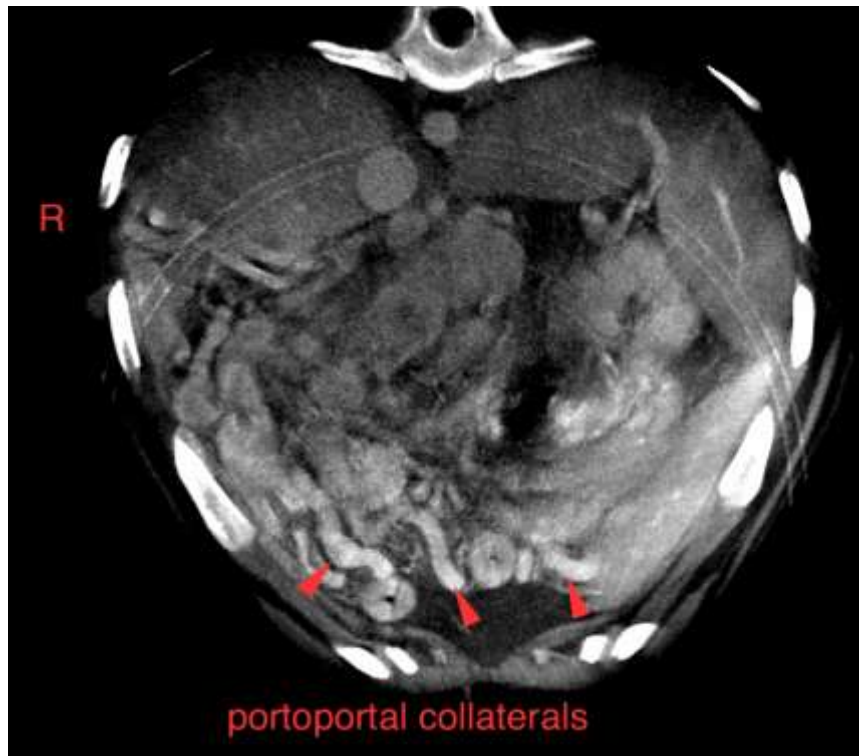
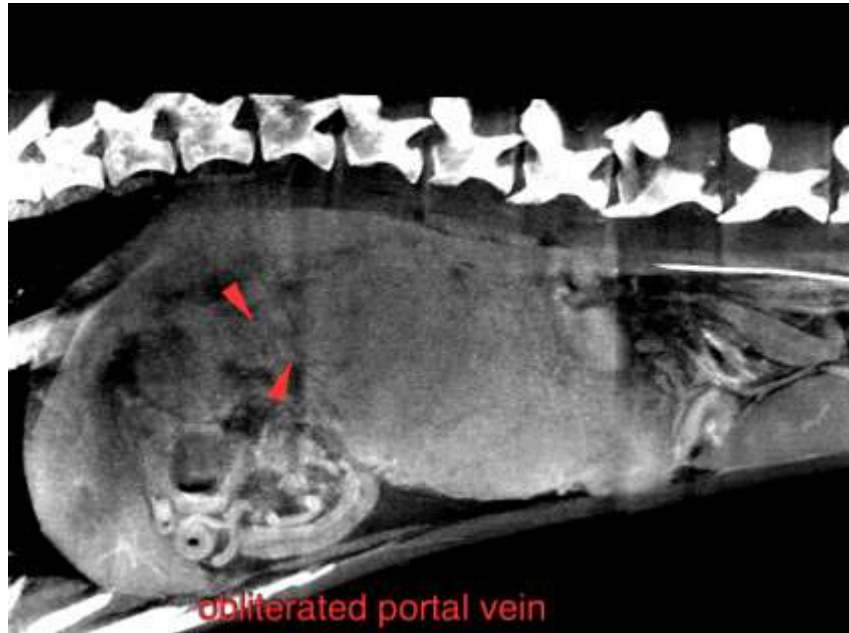
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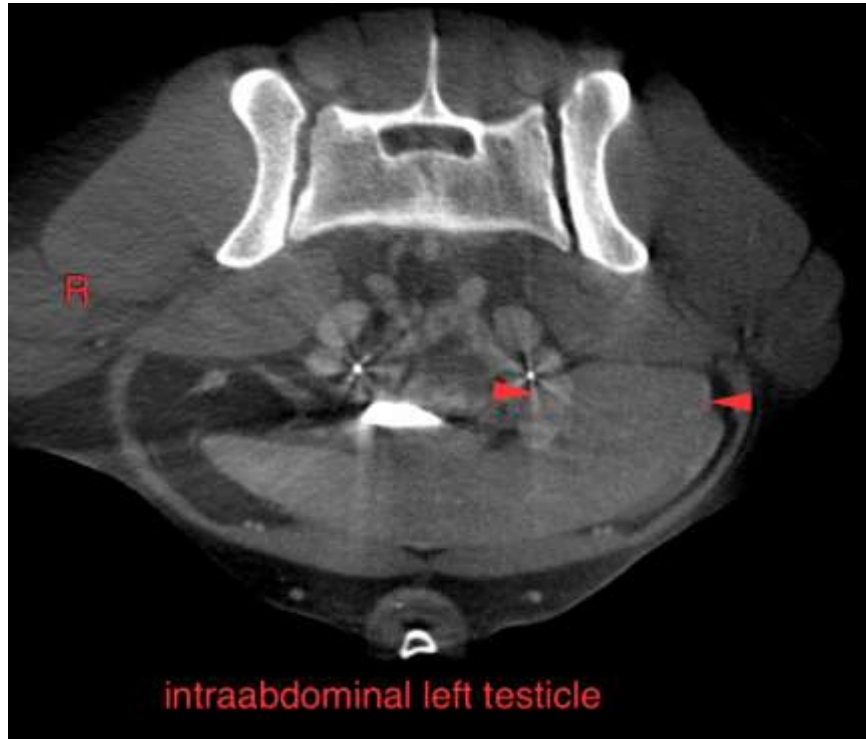
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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