



PATIENT PRESENTING CLINICAL SIGNS

Brandon Kuan Ai We

Pet had history of pancreatitis. Was hospitalized here last month for the complaint of vomiting and abdominal pain. Pet is being referred here for an abdominal CT scan to check for any abnormality of gall bladder, bile duct and liver. Ultrasound abdomen showed hyperechoic sludge within gallbladder and hyperechoic bile duct were observed. No obvious calculi nor acoustic shadowing within gallbladder or surrounding the area were noted. Hyperechoic fat tissue were noted caudal to the gallbladder. Stomach was distended and unremarkable. liver parenchyma was homogenous and no obvious masses detected. Consistent elevation of ALT & AKLP
 Abnormal PE/Chem/CBC/UA Results: - Cranial abdominal pain/discomfort. - Pyrexia (40 degree Celsius).

SPECIES

Canine

BREED

Mongrel

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT of the abdomen, transverse plane images, acquired prior to and following intravenous administration are provided for review.

SEX

Male

COMPUTED TOMOGRAPHIC FINDINGS

The liver is normal in size and shape, homogeneous soft tissue attenuating, and is uniformly contrast enhancing. No nodules or masses are seen.

AGE

9 Years

The gallbladder is moderately filled with hypoattenuating fluid material admixed with dependent hyperattenuating dense material; however, there is no evidence of cystic or common bile duct dilation. No evidence of radiopaque calculi in the biliary tract.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The left pancreatic lobe is mildly enlarged with a lobular texture and a mildly undulant contour in the more proximal portion, measures 2.4cm. The pancreatic body and right lobe are normal. Minor changes are seen in the left side adjacent mesenteric fat stores, fat stranding. The right pancreatic lobe and body measures respectively 1.7cm and 1.5cm thickness.

The portal vein is normal in size and the contrast media fills adequately.

HOSPITAL NAME

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The stomach is empty, filled with minimal hypoattenuating fluid material and gas. In the arterial contrast phase, normal wall and mucosal enhancement are seen.

The duodenum is mildly distended and contains a mild amount of intraluminal gas and homogeneous fluid material; the duodenum wall is normal in thickness; no mass or irregularities were identified. The wall measures 0.39cm thickness.

REFERRING VET

Dr. Sivan

The small intestines are nondilated and contain a mild amount of fluid, hypoattenuating material, and gas. There is no evidence of a thickened wall or mass effect. There is no evidence of mechanical gastrointestinal obstruction. No evidence of radiopaque foreign material.

INVOICE

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The ascending, transverse and descending colon wall are normal in thickness. The colon and rectum are empty, with minimal intraluminal gas.

The spleen is moderately enlarged, has regular borders, and has homogeneous enhancement, no nodules or masses.

DATE

5-9-23



PATIENT The renal silhouettes are normal in size; however, the left renal silhouette is more undulated in shape with thin hypoattenuating linear and cortical retraction. The renal length is 6.1cm in the right kidney and 5.6cm in the left kidney. The pelvis and ureters are unremarkable.

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SPECIES The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque and admixed with hyperattenuating material on post-contrast series. No evidence of radiopaque calculi.

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The abdominal lymph nodes and adrenal glands are normal.

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The prostate is hypoplastic, unremarkable.

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The collimated thoracic structures are normal.

Mild spondylosis deformans is present at L5-L6 and L6-L7.

SEX

COMPUTED TOMOGRAPHIC DIAGNOSIS

Male

- Mild left-lobe pancreatitis and minor regional peritonitis.
- Cholestasis and biliary sludge. No evidence of radiopaque calculi or extrahepatic biliary obstruction.

AGE

9 Years

- Mild splenomegaly likely correlated to the anesthesia.
- Left side few renal infarcts, and undulant shape. The differential diagnosis includes mild degenerative renal changes.
- L5-L6 and L6-L7 spondylosis deformans, incidental.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

Mild left-lobe pancreatitis and regional peritonitis were identified, and this finding is correlated to the previous history of pancreatitis. No evidence of common bile duct obstruction or radiopaque cholelithiasis. Similar to the abdominal ultrasound, biliary stasis and biliary sludge are identified.

HOSPITAL NAME

Recommend medical management for pancreatitis. The minor peripancreatic peritoneal changes may suggest a chronic pancreatitis process, however, it is mild.

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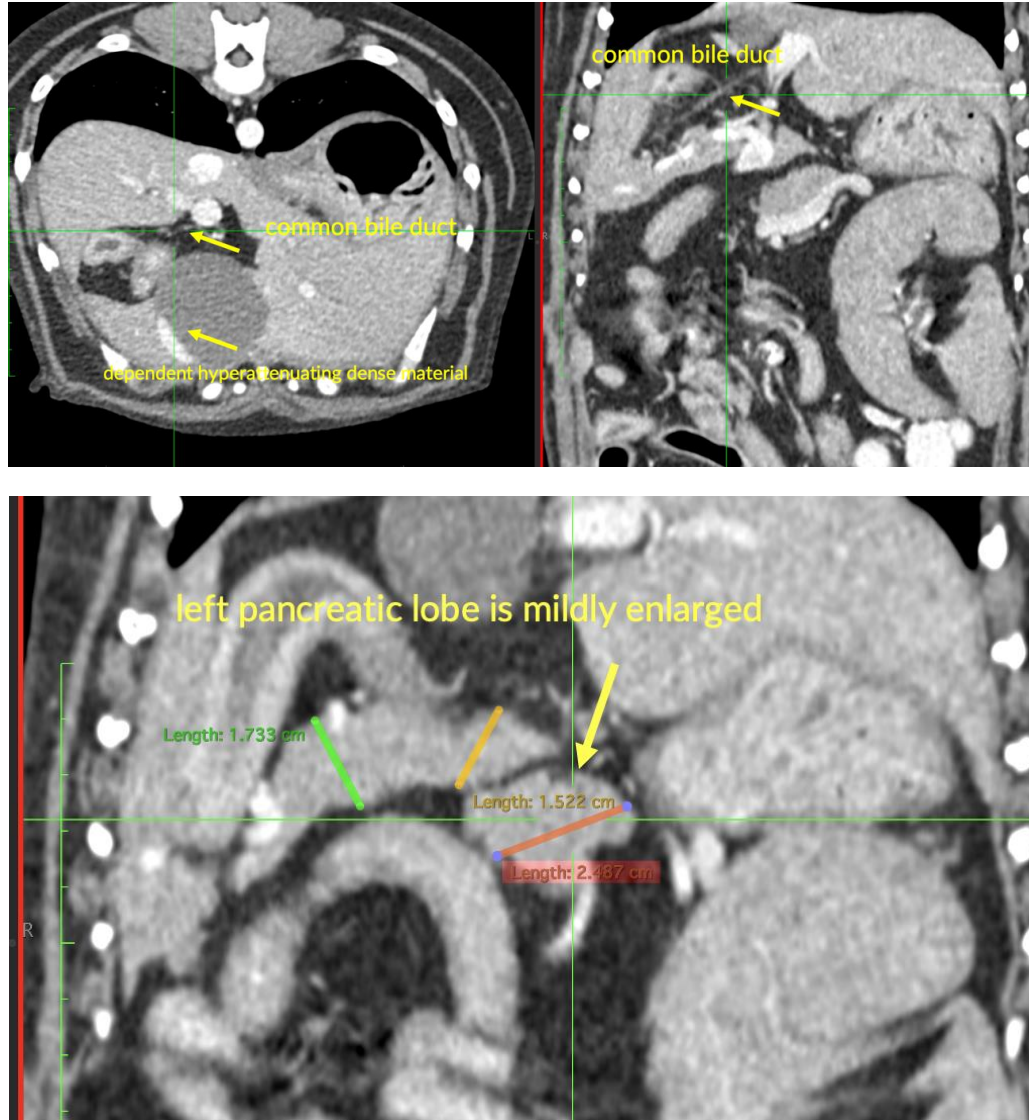
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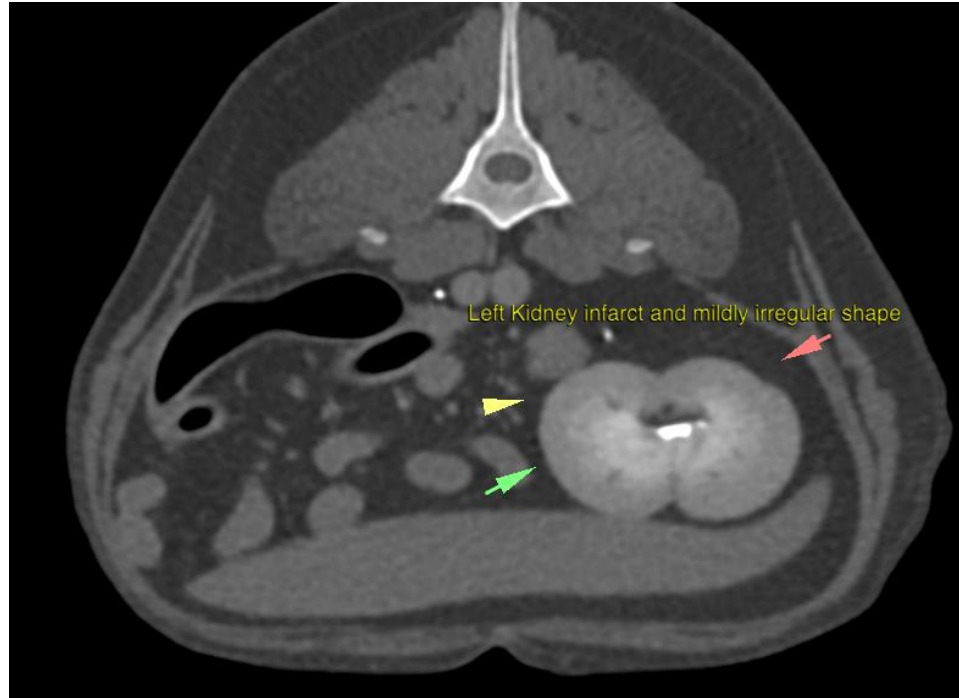
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Vet., Dipl. CBraRVet

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.

HOSPITAL NAME

Animal Medical
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