



PATIENT

Minnie Monroy

PRESENTING CLINICAL SIGNS

Elevated bile acids, presented today with some dyspnea- thoracic xrays showed no obvious signs other than hepatomegaly

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bile acids 37, post 131.8 Chemistry: ALB 2.0, ALKP 1333, ALT 226 CBC: Eosinophils 3.23, HCT 37 %, WBC 31.2, Neutro 25.4

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

There is a large amount of free peritoneal fluid seen and evenly distributed throughout the abdomen.

The liver presents mild generalized enlargement. Diffuse mottled enhancement is seen on the post contrast study. The lobar margins are irregularly undulating. No discreet mass effect is seen within the liver. The gallbladder is moderately enlarged with mild generalized thickening of the gallbladder wall and mild dilation of the cystic duct. A 3.5mm sized calculus is seen within the gallbladder as well as a mild amount of mineral attenuating sediment. The extrahepatic bile ducts appear to be mildly enlarged and there is mild generalized dilation of the common bile duct up to the duodenal papilla without evidence of mechanical obstruction.

SEX

Female Spayed

AGE

11 Years

Diffuse enlargement of the pancreas is seen. There are hypoattenuating and hypoenhancing nodules within the epigastrium. A central nodule measures 3.0 x 2.5 cm and is seen to the left of the portal vein with a significant mass effect on the left limb of the pancreas. The ventral wall of this "central nodule" appears to blend into the pancreatic parenchyma. Two other nodules are to the left and right of the central nodule and measure approximately 12mm in diameter with mild nonuniform contrast enhancement.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

One cortical renal infarct is seen in the right kidney. The left kidney presents within normal limits.

The adrenal glands present within normal limits.

No structural abnormality of the stomach and bowel is seen.

REFERRING VET

Meaux

Two areas of focal interstitial consolidation are seen in the dorsal and caudal aspect of the left caudal lung lobe.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

49432

- Diffuse hepatopathy with mild enlargement and heterogeneous contrast enhancement.
- Gallbladder calculus and biliary microlithiasis.
- Mild dilation of the biliary system.
- Pancreatic cyst/nodule.
- Epigastric lymphadenomegaly.
- Right cortical renal infarct.
- Ascites.
- Multifocal interstitial consolidation of the lung.

DATE

1-10-22



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BREED

Miniature Schnauzer

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support the presence of diffuse hepatopathy. A diffuse inflammatory/infectious or neoplastic infiltrate is thought likely based on the CT findings. Mild dilation of the extrahepatic biliary system is seen without evidence of mechanical obstruction throughout the pathway of the common bile duct.

A large pancreatic cyst/nodule appears to be present with the differential diagnoses of pancreatic retention cyst/pseudocyst and pancreatic abscess.

There appears to be multiple epigastric lymphadenomegaly which involves the left gastric and portal lymph nodes. Lymphadenitis versus lymphomatous or other neoplastic infiltrate are potential differential diagnoses.

The ascites may be secondary to peritonitis, hypoalbuminemia with hepatic dysfunction, or less likely portal hypertension.

Consider aspiration and analysis of the peritoneal effusion as well as sampling the pancreatic "cyst/nodule," enlarged epigastric lymph nodes, as well as the liver, which can all be obtained under ultrasonographic guidance provided appropriate coagulation is maintained.

The areas of interstitial consolidation may well represent interstitial scarring. Presence of interstitial nodules cannot be ruled out entirely. Correlate with thoracic radiographs if available or consider obtaining three view thoracic radiographs or thoracic CT.



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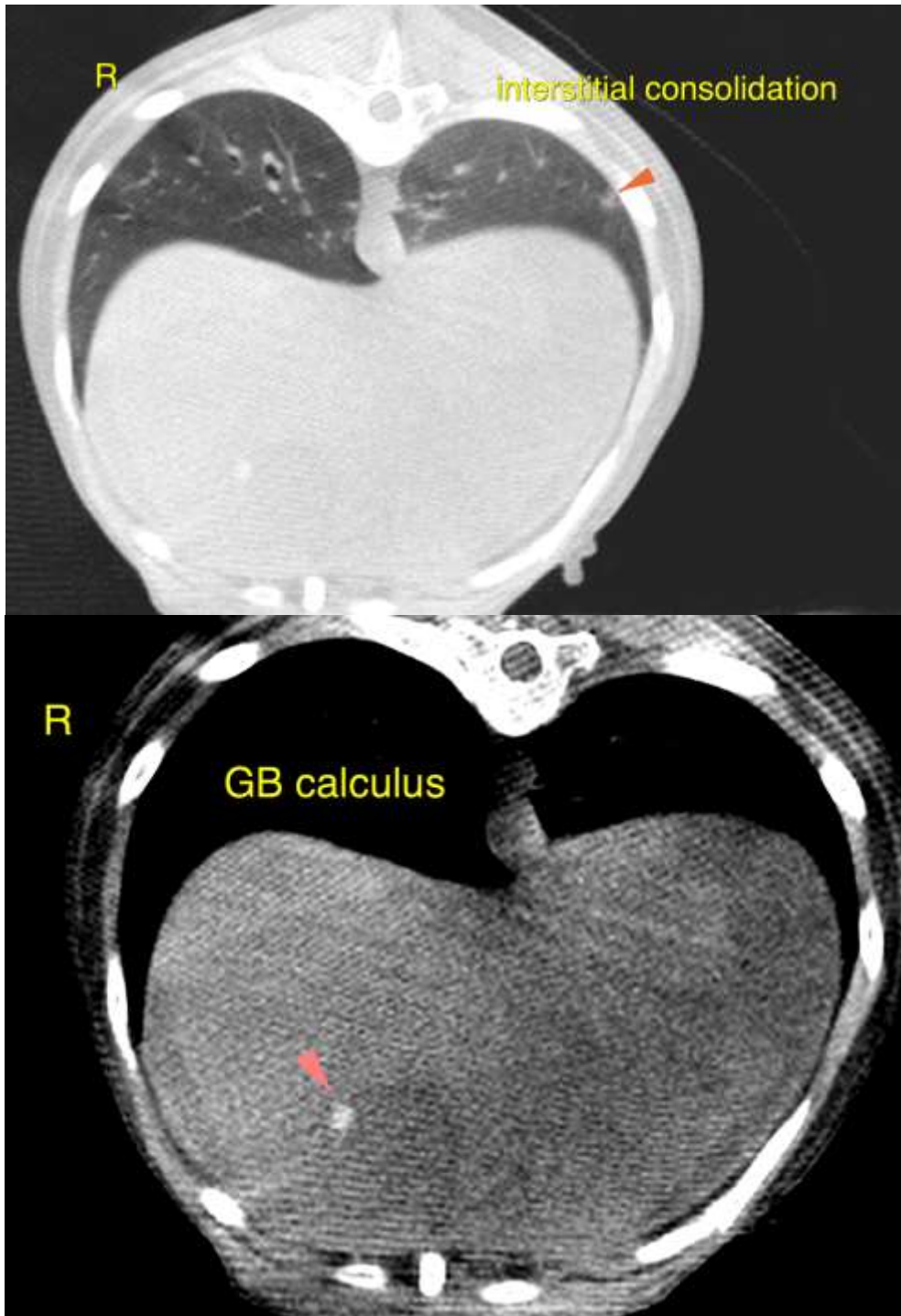
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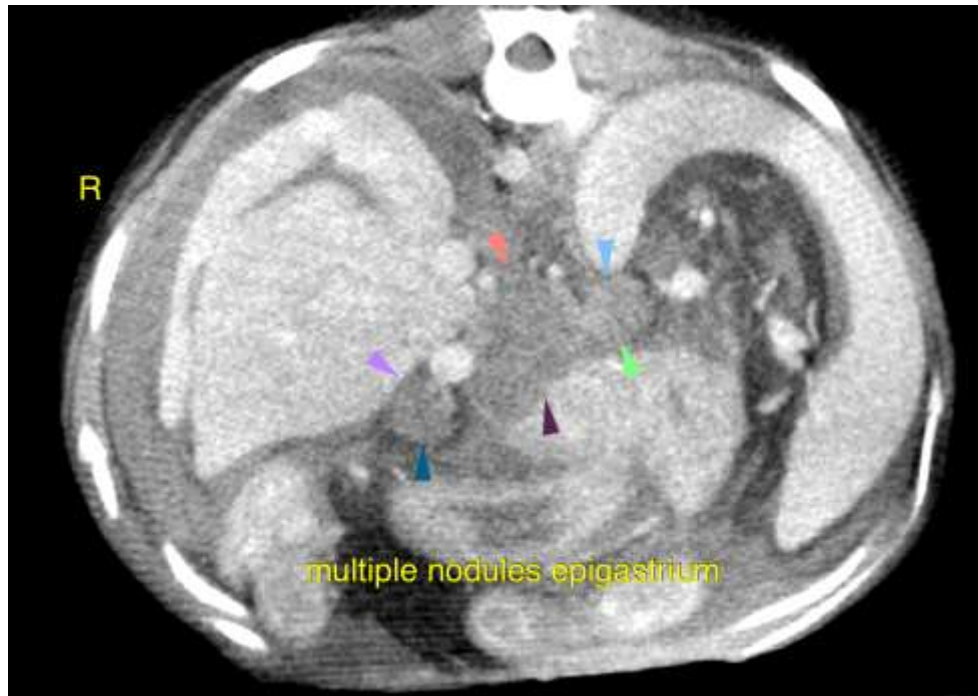
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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