



PATIENT

Jackson Patskou

PRESENTING CLINICAL SIGNS

Lethargy, anorexia, elevated liver enzymes. Previous hx thyphothyroid, obesity, skin allergies, seizures

Abnormal PE/Chem/CBC/UA Results: ALT 1367 (125) AST 231 (50) ALKP 2552 (212) TBIL 31 (15)

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain studies in soft tissue, lung, and bone windows available for review.

BREED

Husky

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

There is a small intramuscular lipoma within the left pectoralis muscle.

SEX

MN

Mild sternal lymphadenomegaly with the lymph nodes measuring up to 13mm is noted. The cranial mediastinal and tracheobronchial lymph nodes present within normal limits.

AGE

10 Years

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior.

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

HOSPITAL NAME

Animal Health
Partners

Abdomen

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

REFERRING VET

Dr. Dickinson

Both kidneys present within normal limits for size, shape and organ architecture.

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

The spleen presents with normal shape, even surface, and uniformly attenuating parenchyma.

INVOICE

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The liver presents mild generalized enlargement. The assessment of the liver parenchyma is limited to the availability of a plain study.

There appears to be mild portal lymphadenomegaly.

DATE

1-17-23

The pancreas is evenly contoured, and the pancreatic parenchyma is homogeneous.

Two 14 x 8mm sized mineral attenuating structures are seen within the gastric outlet and oral portion of the descending duodenum. No evidence of gastric dilation or fluid accumulation is



PATIENT seen.

Jackson Patskou The patient is obese.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild hepatomegaly
- Mild portal and sternal lymphadenomegaly
- Foreign matter in the gastric outlet/descending duodenum
- Intramuscular lipoma left pectoralis
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals mild generalized hepatomegaly. Differential diagnosis includes vacuolar, metabolic, and endocrine hepatopathy, storage disease, hepatitis, and diffuse neoplastic infiltrate. Further definition by means of ultrasound guided or surgical biopsies could be considered.

The mild portal lymph node enlargement suggests presence of reactive lymphadenitis. Early metastatic disease is a lower potential but cannot be ruled out entirely.

The sternal lymphadenomegaly is also likely due to pathology in the cranial abdomen such as the hepatopathy and reactive lymphadenitis is a primary differential diagnosis. A neoplastic infiltrate cannot be ruled out but is thought less likely.

The foreign material within the upper gastrointestinal tract is likely to be able to pass naturally. Recheck radiographs could be considered in case of vomiting.



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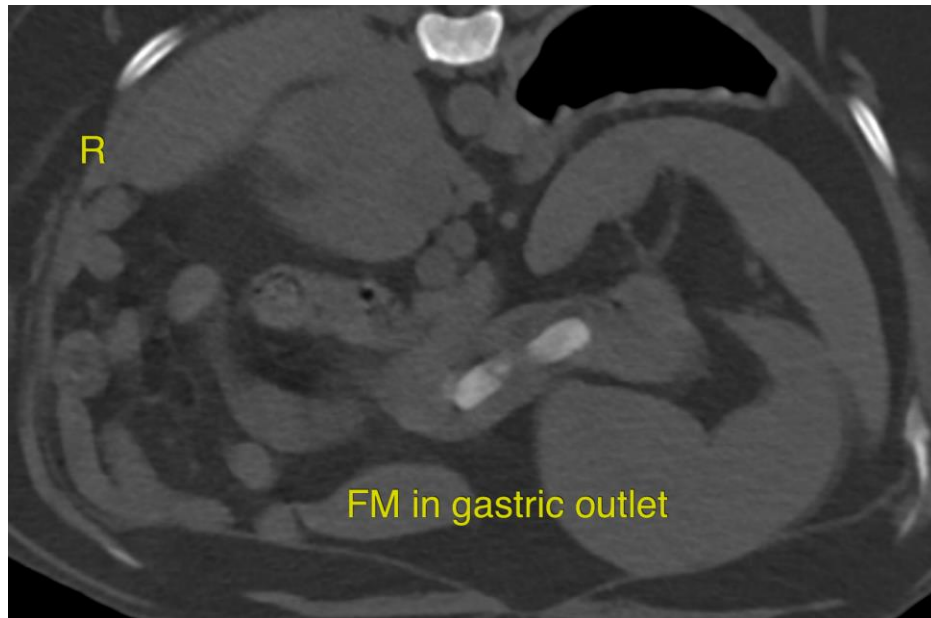
Dr. Dickinson

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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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