



PATIENT

Bakari Jarret

PRESENTING CLINICAL SIGNS

Preventative scan. Has lost previous siblings to FeLv so want to ensure there are no enlarged lymph nodes, etc.
Abnormal PE/Chem/CBC/UA Results: sedated prior to our arrival

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies of the head and abdomen and post contrast study only of the thorax available for review.

BREED

Savannah

COMPUTED TOMOGRAPHIC FINDINGS

Head

SEX

Male Neutered

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

AGE

4 Years

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

HOSPITAL NAME

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The salivary glands present within normal limits.

The visible dentition is within normal limits.

REFERRING VET

Meaux

Thorax

The bony and surrounding soft tissue structures are within normal limits.

INVOICE

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

A small thymic remnant of approximately 20mm x 6mm is seen which is a normal finding.

DATE

1-18-22

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.



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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.

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Abdomen

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

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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.

SEX

Male Neutered

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

AGE

4 Years

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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A 5mm sized nodule is seen in the right inguinal subcutaneous fat.

Minimal subcutaneous emphysema is seen to the right of the mid lumbar spine and considered iatrogenic.

HOSPITAL NAME

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There is an area of 6.0 x 2.0 cm in the dorsum level with the caudal thoracic spine that presents regional swelling and fat stranding.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- No evidence of deep or superficial lymphadenomegaly.
- Regional subcutaneous fat stranding dorsal of the caudal thoracic spine.
- Small soft tissue nodule - right inguinal area.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals no evidence of deep or superficial lymphadenomegaly. No other organomegaly is identified in the thorax or abdomen.

Differential diagnosis for the subcutaneous fat stranding level with the caudal thoracic spine includes iatrogenic due to prior injection, regional cellulitis, hematoma, and early soft tissue neoplasia. Correlate with the clinical history and consider fine needle aspiration for further definition.

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The subcutaneous nodule may represent fibrosis, nodular lipomatosis, hematoma, and early soft tissue neoplasia. Fine needle aspiration could be considered for further definition here as well



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versus clinical monitoring.

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The emphysema in the right flank is likely iatrogenic.

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HOSPITAL NAME

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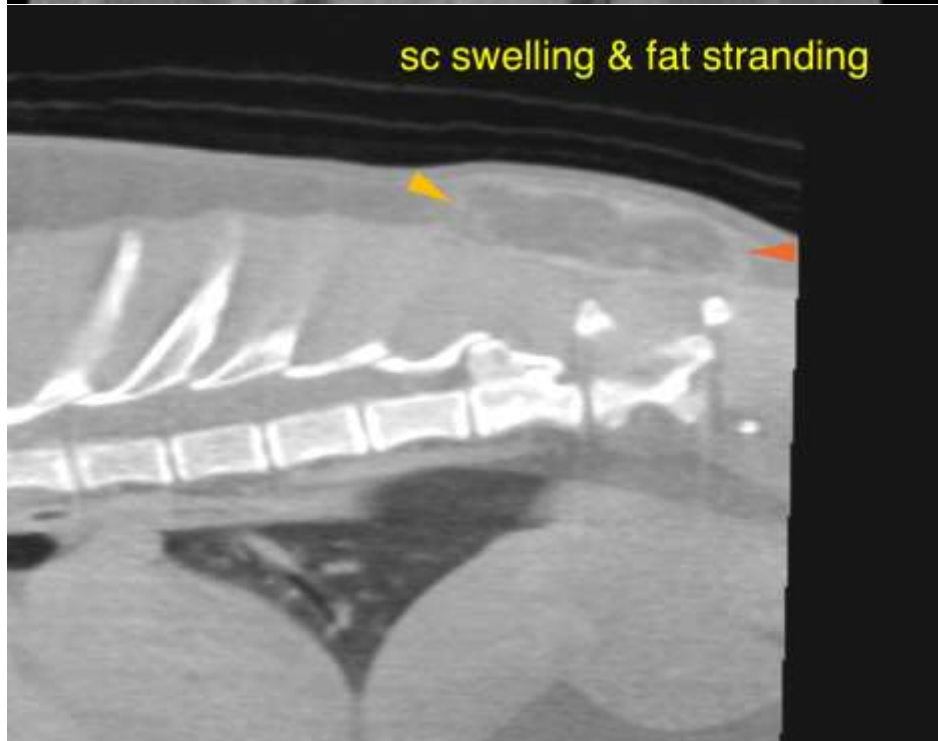
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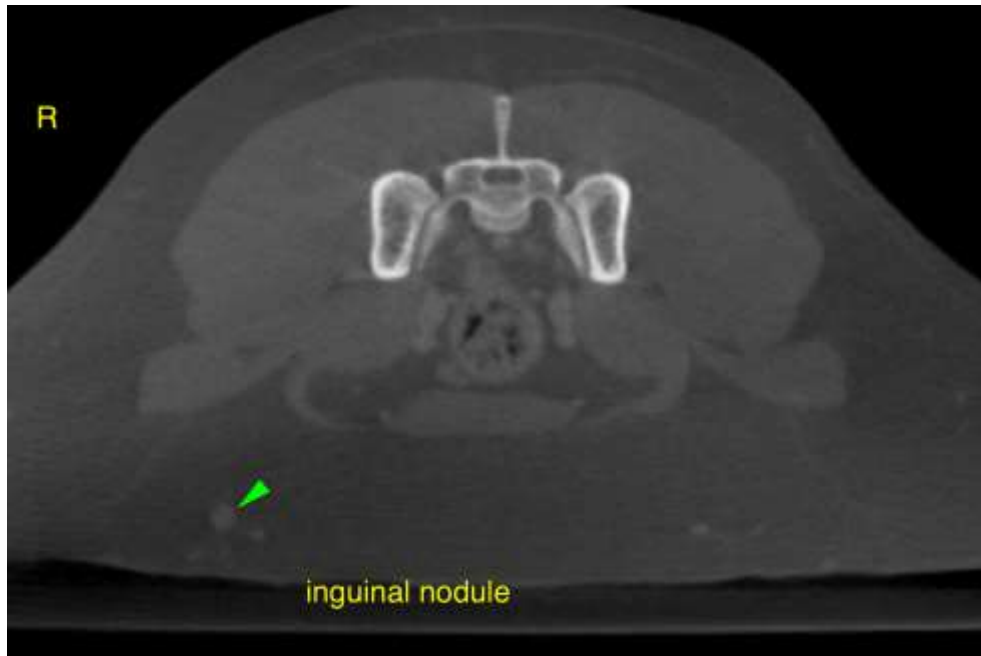
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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