



PATIENT

Gator Ivory

SPECIES

Canine

BREED

Pitt Mix

SEX

M

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr Rory Applegate

INVOICE

56363

DATE

1-23-23

PRESENTING CLINICAL SIGNS

Initial impressions of Gator's diagnostics show his prior noted liver mass effect and some associated labwork changes in liver values. He was deemed stable for an anesthetic intervention to evaluate the chest and abdominal cavities both for more specific information on the mass and to assess for complicating and compounding factors in his general health given the overall decline his family has noticed.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

The patient is a non-neutered male. The prostate present moderate symmetric enlargement and measures 2.5 x 3.5 x 3 cm. Small intraparenchymal cysts are seen.

The regional lymph nodes and urinary bladder present within normal limits.

There is a stack stitching artifact in the mid abdomen in the region of the liver and small intestine.

No evidence of small intestinal abnormality is noted.

The spleen presents multiple small hyperenhancing nodules.

The liver is small in size. The lobar margins of the liver are slightly rounded. Attenuation and enhancement of the hepatic parenchyma present within the expected limits.

The gallbladder is moderately distended. The gallbladder content is uniformly fluid attenuating. The gallbladder wall is smooth and thin.

Mild generalized enlargement of the pancreas with mild regional mesenteropathy is seen. No evidence of regional lymphadenomegaly is noted.

The kidneys and adrenal glands present within age related normal limits.

Moderate degenerative lumbosacral stenosis with lumbosacral disc protrusion and spondylosis deformans are noted.

Thorax

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.

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

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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS**BREED**

Pitt Mix

- Hepatopathy with mild microhepatica
- Splenic nodules
- Suspect pancreatitis, acute versus chronic.
- Prostatomegaly with small intraparenchymal cysts suggestive for benign prostatic hyperplasia.
- Normal CT findings of the thorax.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

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The liver is small in size, and the parenchymal attenuation and enhancement are uniform. Anatomic variant, chronic hepatitis, fibrosis, and metabolic or vacuolar hepatopathy are potential differential diagnoses. Consider parenchymal sampling under ultrasonographic guidance versus surgical biopsy for further definition if indicated based on the laboratory values.

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Differential diagnosis for the splenic nodules includes benign nodular hyperplasia, extramedullary hematopoiesis, and secondary neoplasia including metastatic disease of undetermined primary tumor, which however is thought less likely based on the enhancement pattern.

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Consider the possibility of pancreatitis. Age related benign nodular hyperplasia is a potential differential diagnosis.

Differential diagnosis for the prostatic changes includes benign prostatic hyperplasia of the non-neutered male and less likely prostatitis or prostatic neoplasia. Consider ultrasound guided sampling if indicated per the clinical signs and/or palpation.

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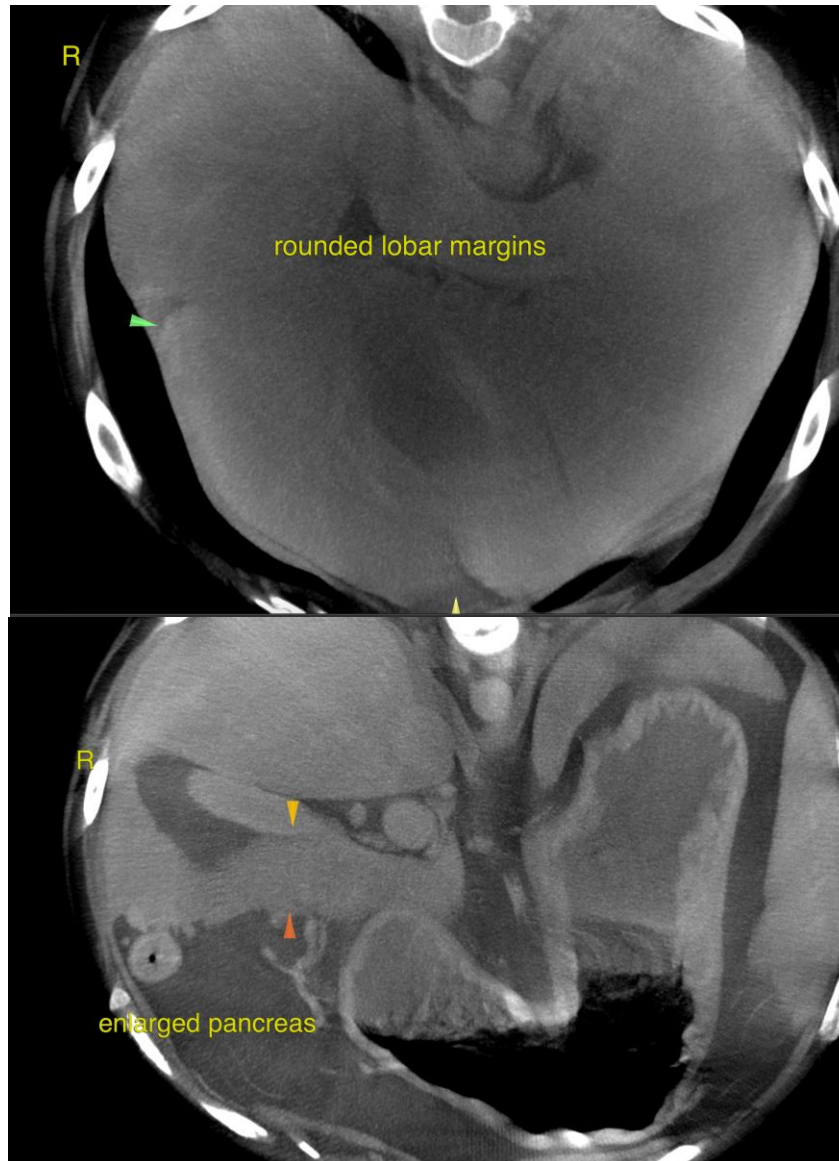
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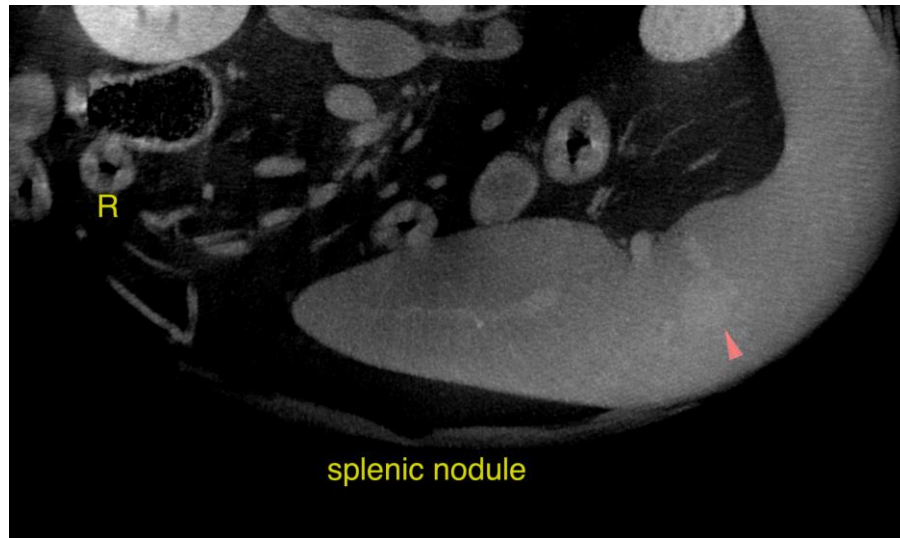
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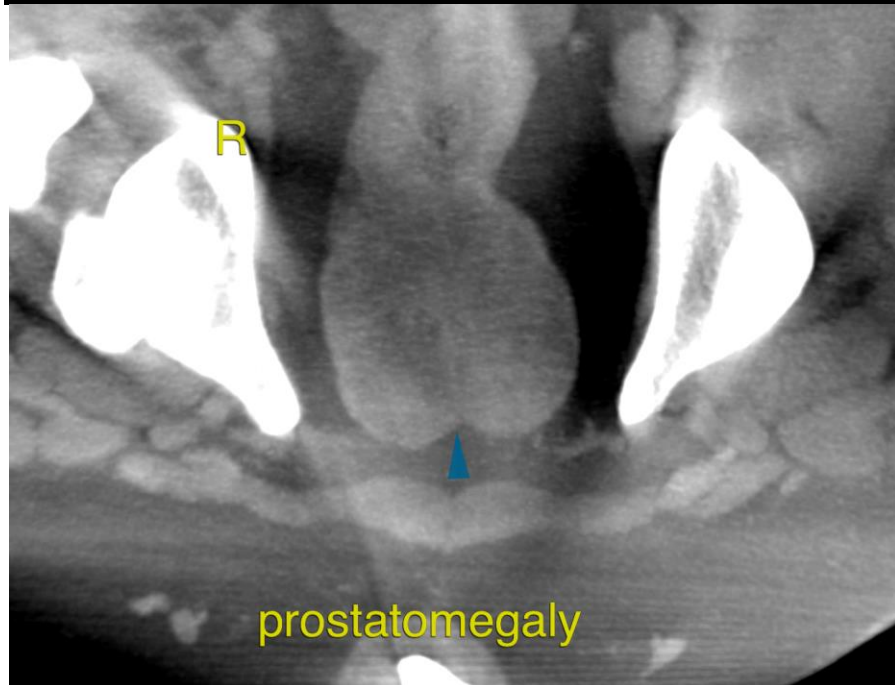
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splenic nodule



prostatomegaly



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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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