



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Pepper Bain

SPECIES
Canine

BREED
Husky

SEX
Female Spayed

AGE
13 Years

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Mobile Pet Imaging

REFERRING VET
Meaux

INVOICE
49291

DATE
1-4-22

Progressive distention of the abdomen on exam and the stomach on radiographs. Intermittent poor appetite. Bilateral rear leg weakness localized to the lumbosacral area by neurologist. Abnormal PE/Chem/CBC/UA Results: Heart and lungs auscult with in normal limits at 12-2021 exam. Abdominal distension on exam with gastric distension on radiograph and ultrasound. Greater curvature of the stomach has an area of mineral density that does not appear to move. The wall is thickened and irregular. Bilateral decrease conscious proprioception, weakness, and urinary and fecal incontinence. CT being preformed as preliminary work up with planned MRI for neuro issues.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & LUMBAR SPINE

Plain and post contrast studies of the abdomen and lumbar spine and dynamic lumbar studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Lumbar Spine

There is moderate lumbosacral disc protrusion with a mild amount of new bone formation in the right ventrolateral aspect of the lumbosacral end plates. Dorsal deviation of the cauda equina fibers appears to be present. A thin rim of epidural fat appears to be maintained dorsal of the cauda equina. No significant neuroforaminal stenosis is seen. The protrusion appears to be mostly localized to the ventral epidural space of the vertebral canal.

A series of moderate ventrally bridging spondyloses are present from T12 through L4.

Mild to moderate chronic intervertebral disc protrusions are seen between L1 and L2, L2 and L3, and L3 and L4. There are multifocal mineralizations of the dura which is an incidental finding.

Mild generalized osteopenia is noted.

There appears to be bilaterally symmetric atrophy of the hind limb musculature.

Mild bilateral coxofemoral joint osteoarthritis is seen.

Abdomen

The urinary bladder is severely distended.

The medial iliac and mesenteric lymph nodes present within normal limits.

Multiple small cortical renal cysts are seen in both kidneys.

Both adrenal glands present within normal limits.

A 2.5 cm sized expansile and heterogeneously enhancing nodule is seen in the tail of the spleen.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. The gallbladder is mildly distended. A



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moderate amount of mineral attenuating material is seen within the gallbladder neck. Small foci of mineral attenuating material adhere to the mildly thickened gallbladder wall.

The pancreas presents within age related normal limits.

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The stomach is moderate distended with a mix of fluid and solid content. A large amount of mineral attenuating material is seen within the gastric body and pyloric antrum and appears to be immobile with a partially layered pattern between the various studies. I cannot connect the material to the gastric wall directly. There is no evidence of altered wall layering or a gastric wall mass. The gastric outlet presents within normal limits. No significant wall thickening is seen in the pylorus.

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The regional lymph nodes present within normal limits.

Small soft tissue attenuating nodules are seen in the right caudolateral abdominal wall.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Gastric distension with fluid and solid material as well as a large amount of gravel.
- Expansile splenic nodule.
- Bilateral cortical renal cysts - likely degenerative.
- Moderate degenerative lumbosacral stenosis with lumbosacral disc protrusion and early spondylosis deformans.
- Moderate spondyloses T12 through L4.
- Mild to moderate chronic intervertebral disc protrusions L1 through L4.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest chronically impaired gastric outflow with a gravel sign. However, the appearance of the mineral attenuating material is aberrant from a typical gravel sign and even though I cannot connect the mineral attenuating material to the gastric wall, I also cannot rule out a pedunculated mineralizing mass entirely. The reason for the gastric dilation remains unclear other than the presence of the mineral attenuating material since no other mechanical obstruction can be identified. Consider further endoscopic workup or ultrasound of the fasted patient if endoscopy is not an option.

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Differential diagnosis for the splenic nodule includes benign nodular hyperplasia and extramedullary hematopoiesis. Early neoplasia of the spleen cannot be ruled out entirely.

The degree of lumbosacral stenosis is moderate and may explain the neurologic deficits of the patient.

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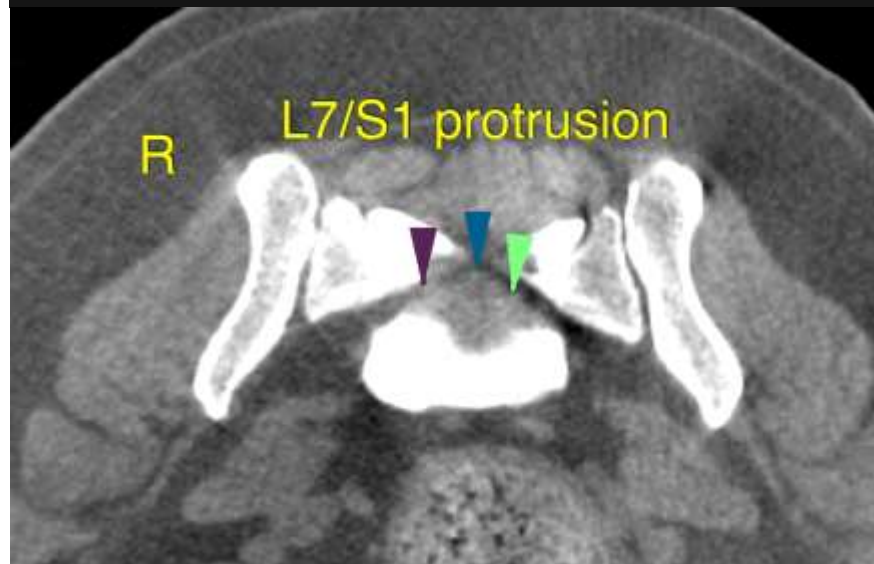
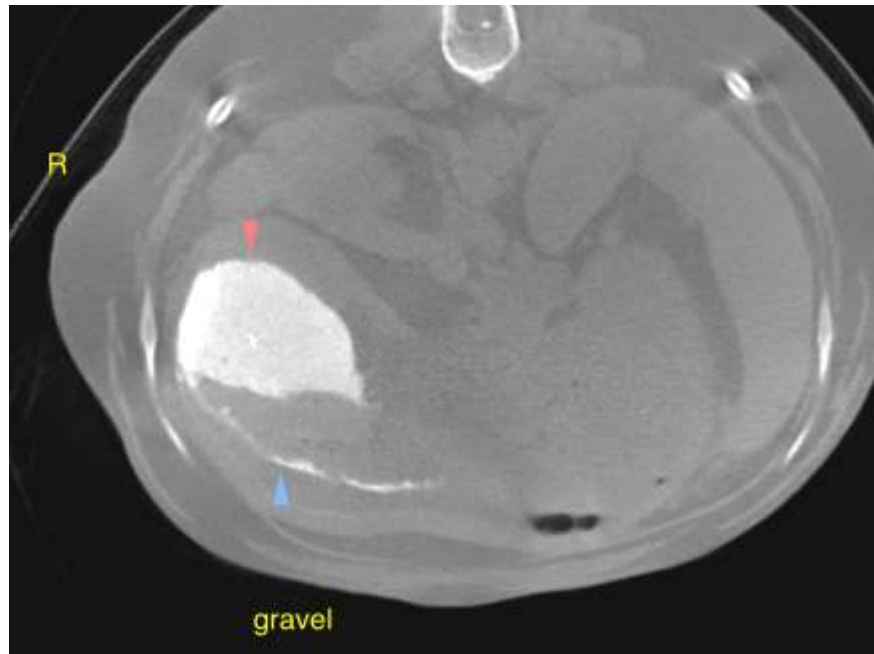
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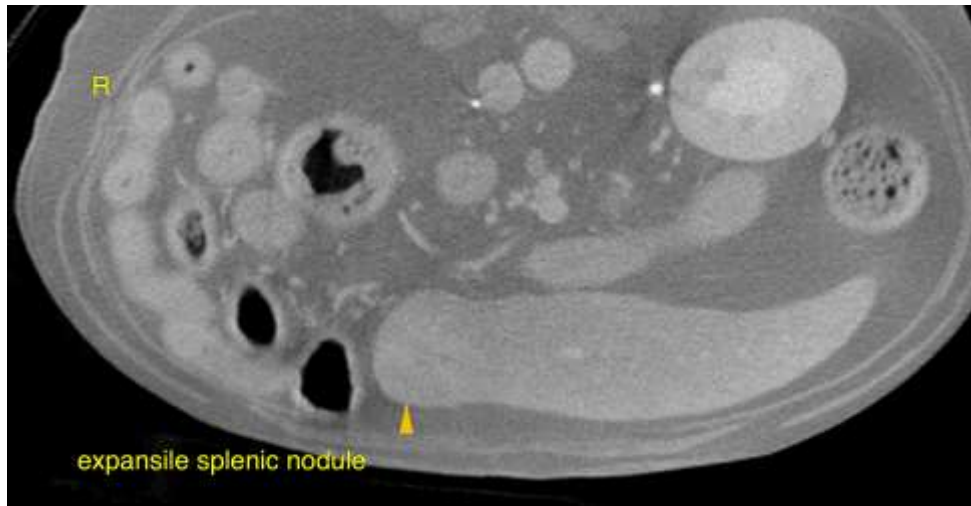
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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