



PATIENT

Maggie Maas

PRESENTING CLINICAL SIGNS

Presented for pu/pd and elevated t.calcium, ionized calcium, creatinir, and sdma. Abnormal PE/Chem/CBC/UA Results: T.Ca<16 Creat 2

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

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

BREED

Husky

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

SEX

FS

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.

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

AGE

11

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

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

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The salivary glands present within normal limits.

Both lobes of the thyroid gland are seen and present within normal limits. The cranial to the left thyroid gland, a soft tissue nodule measuring 6 mm in size is visible, considered as the cranial parathyroid gland. The right cranial parathyroid gland is measuring 2.8 mm in size.

REFERRING VET

Dr. Runde

The prescapular lymph nodes are mildly prominent with right and left prescapular lymph nodes measuring approximately 13mm in diameter with mild nonuniform contrast enhancement.

No evidence of peripheral fat stranding and no mass effect is seen.

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Spine

No evidence of aggressive bone lesions is noted.

Early spondylosis deformans is noted in the upper cervical spine at C2/3 and C3/4.

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Mild T5/6 and L1/2 spondyloses are present.

Thorax



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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.

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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.

BREED

Husky

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.

SEX

FS

Abdomen

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

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Small cortical renal cysts are seen within both kidneys measuring up to 5mm in diameter and rendering the nephrogram slightly heterogeneous.

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

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

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

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Runde

- Small cortical renal cysts in both kidneys.
- Mild bilateral prescapular lymphadenomegaly.
- Nodular enlargement - left cranial parathyroid gland.
- No evidence of abdominal organomegaly, pulmonary masses, or nodules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal findings are compatible with degenerative nephropathy versus chronic nephritis. Correlate with the laboratory values.

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The mild prescapular lymphadenomegaly is likely secondary to reactive hyperplasia. The findings are not typical for lymphomatous or other neoplastic infiltrate; however, fine needle aspiration should be considered for further definition.



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The nodular enlargement of the cranial parathyroid is suggestive for neoplastic transformation. Given the hypercalcemia, functional adenoma or less likely carcinoma is likely. Surgical excision or ultrasound guided alcohol ablation are feasible treatment options.

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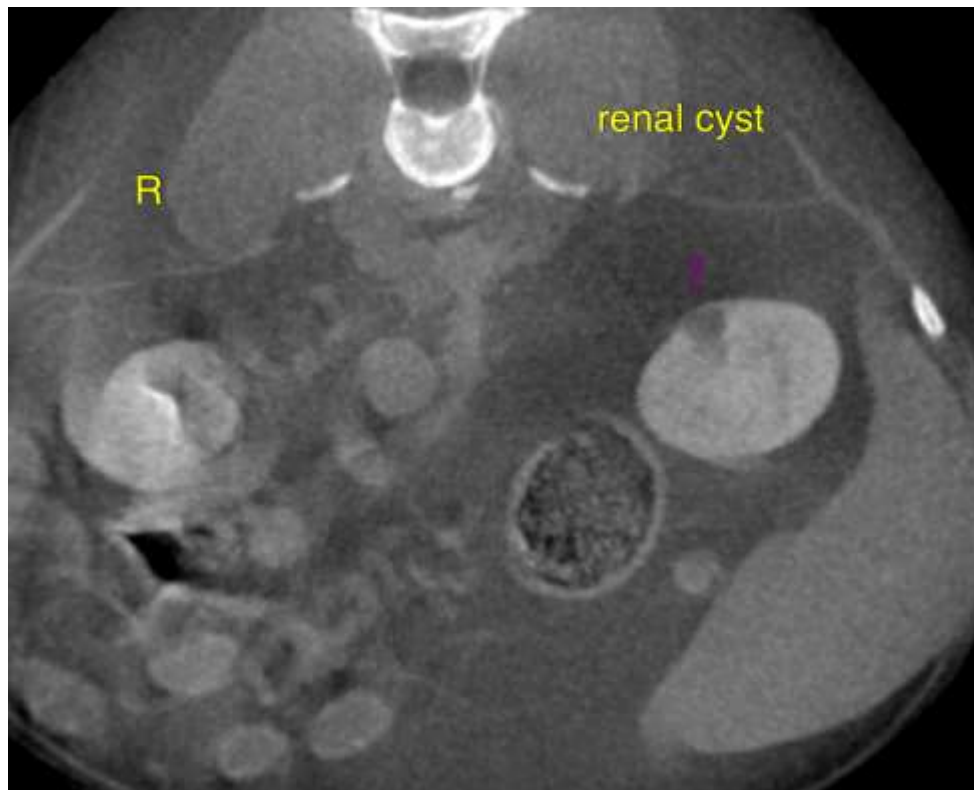
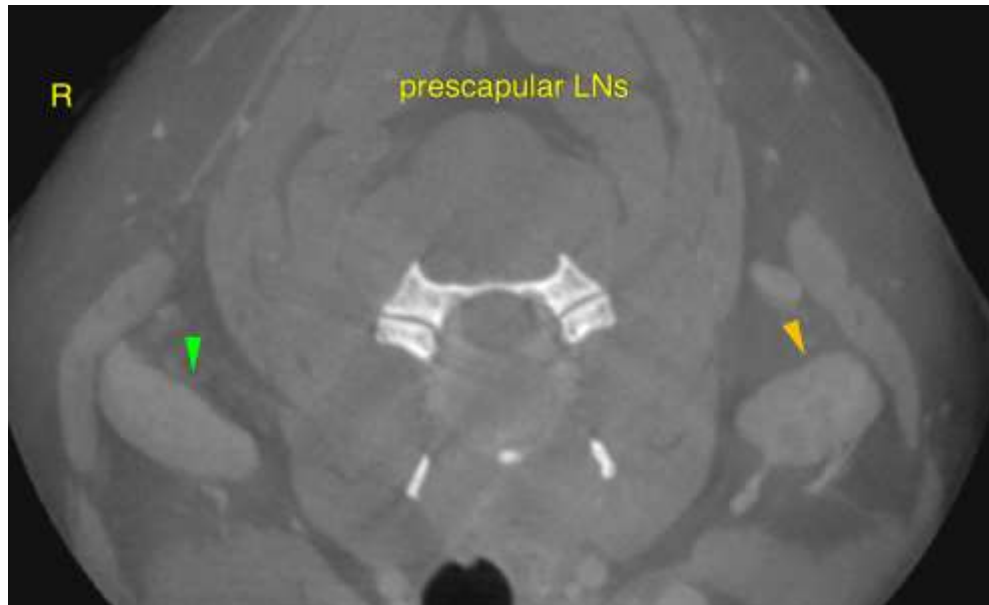
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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