



PATIENT PRESENTING CLINICAL SIGNS

Maxx Sanford
 Chronic Anorexia and weight loss over the last 3-6 months. Free fluid in the abdomen recently observed as of last Friday. Abdominal ultrasound performed one month ago indicated thickening of intestinal loops and enlarged intestinal lymph nodes (r/o lymphoma vs. IBD via cytology viewed via pathologist) Patient currently receiving prednisolone, appetite stimulant, 21 day trial of metronidazole to r/o antibiotic responsive IBD

SPECIES

Feline
 Abnormal PE/Chem/CBC/UA Results: CBC: Low- RBC (3.14 M/uL), HCT (17.4%), HGB (5.5 g/dL), Neu (1.68 K/uL), Eos (0.00 K/uL), PLT (45 K/uL), PCT (0.11%) CBC: High -MCV (55.4 fL), MCH (17.5 pg), Retic-HGB 21.1 pg, Lym (7.40 K/uL), MPV (24.4 fL)

BREED

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Domestic Short Hair
 Plain and post contrast studies available for review.

SEX

COMPUTED TOMOGRAPHIC FINDINGS

Neutered Male
Abdomen

A large amount of effusion is seen within the peritoneal cavity.

AGE

12 Years
 Encapsulated bilateral perirenal fluid accumulation is seen. Both kidneys reveal clusters of multicystic cortical changes with multifocal distribution. Occasional larger expansile cysts emerging from the renal cortex are seen. There is no overall enlargement of the kidneys noted. Both kidneys measure approximately 4.5 cm in length.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Both adrenal glands present within normal limits.

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

HOSPITAL NAME

Petroglyph Animal Hospital

The assessment of the gastrointestinal tract is limited since there are motion related artifacts; however, mild generalized wall thickening, and increased contrast enhancement appear to be present throughout the small intestine without evidence of a mass.

There appears to be moderate mesenteric lymphadenomegaly.

REFERRING VET

Thorax

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

INVOICE

47854

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.

DATE

10-19-21

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.



PATIENT

Maxx Sanford

The assessment of the cranial lung lobes and cranial mediastinum is limited due to motion related artifacts. 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.

SPECIES

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Enteropathy with diffuse distribution throughout the small intestine.
- Moderate mesenteric lymphadenomegaly.
- Ascites.
- Bilateral multicystic renal changes with perirenal fluid accumulation.

BREED

Domestic Short Hair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

The CT study confirms the presence of diffuse enteropathy with mild generalized wall thickening and moderate concurrent mesenteric lymphadenomegaly. The CT findings are as specific as the ultrasonographic findings, and I am not able to narrow down the list of differential diagnoses further. Chronic enteropathy such as IBD is a potential as well as infiltrative disease such as round cell neoplasia which may be slightly less likely based on the CT findings. However, sampling in terms of full thickness biopsies, may be required for a final diagnosis.

AGE

12 Years

The changes of the kidneys are suggestive for perirenal pseudocyst with chronic nephritis and polycystic renal disease. Infiltrative disease and infectious disease such as round cell neoplasia or FIP are thought by far less likely but cannot be ruled out entirely.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

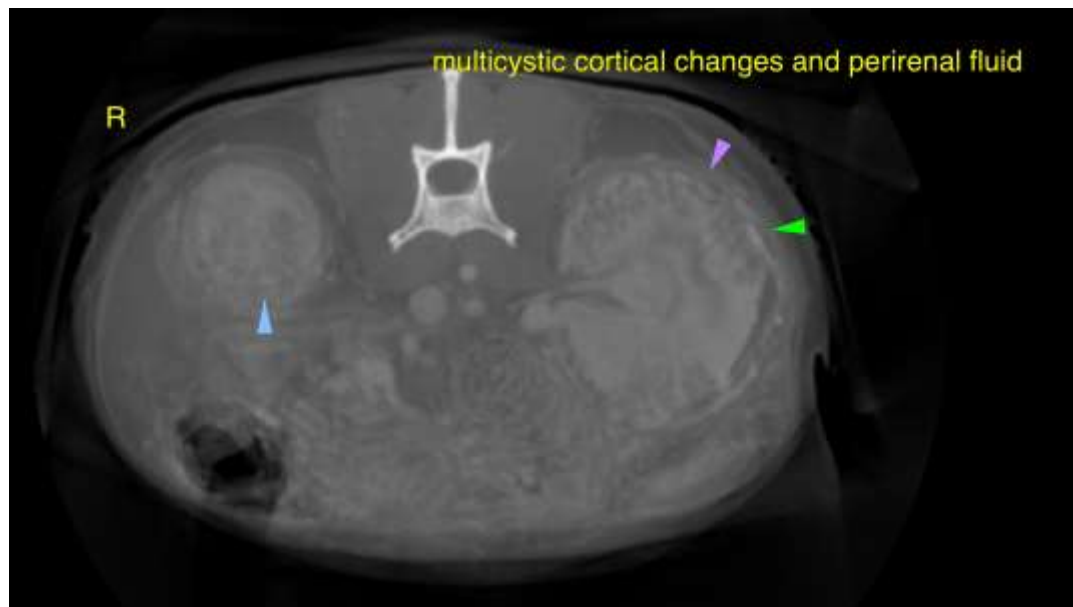
Dr. Raymond Hudgell

INVOICE

47854

DATE

10-19-21





PATIENT

Maxx Sanford

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.

SPECIES

Feline

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.

BREED

Domestic Short Hair

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

SEX

Neutered Male

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Petroglyph Animal
Hospital

REFERRING VET

Dr. Raymond Hudgell

INVOICE

47854

DATE

10-19-21