



PATIENT PRESENTING CLINICAL SIGNS

Lucy Licari Very PU/PD, Elevated ALP & Cholesterol, low USG, LDDST consistent with HAC but unable to distinguish between PD HAC vs AT. Recent history of seizures and facial tremors.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED Head

Chihuahua/Doxi 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.

SEX

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

AGE

10 Years 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 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

Animal Clinic of Queens The salivary glands present within normal limits.

The dentition is incomplete. Severe multifocal periodontal disease accentuating the right maxillary and mandibular quadrant is seen.

Abdomen

REFERRING VET

Dr Piotr Kwasnik The patient is obese.

A small soft tissue attenuating nodule is seen in the right caudal abdominal wall.

INVOICE

48087 The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A mild amount of mineral attenuating material is present within both renal pelvises without evidence of pyelectasia. Multiple cortical renal cysts are seen.

DATE

10-28-21 Mild bilaterally symmetric adrenomegaly is noted with left cranial and caudal pole diameters of 9mm. The right caudal pole measures 8mm and the cranial pole measures 11mm. Both adrenal glands are stunted in appearance.

**PATIENT**

Lucy Licari

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Moderate generalized enlargement of the liver is noted with slightly rounded lobar margins. A small parenchymal cyst is seen in the mid division of the liver. Multiple small mineral attenuating calculi are seen within the moderately distended gallbladder.

SPECIES

Canine

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

BREED

Chihuahua/Doxi

The stomach is post-prandial.

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

Spayed Female

- No evidence of pituitary enlargement.
- Moderate bilaterally symmetric adrenomegaly.
- Hepatomegaly.
- Small uncomplicated liver cyst.
- Gallbladder calculi.
- Mild amount of renal sand and multiple cortical renal cysts.
- Subcutaneous nodule in the right caudal abdominal wall.

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**Nele Eley, DVM
Dr. med. Vet. DipECVDI

No macromorphological pituitary enlargement is seen. The brain presents no deviation from its expected anatomy. Microadenoma cannot be ruled out.

The changes of the adrenal glands are suggestive for bilateral hyperplasia.

HOSPITAL NAMEAnimal Clinic of
Queens

The changes of the liver would support the presence of metabolic/endocrine hepatopathy such as steroid induced hepatitis. Diffuse neoplastic or inflammatory infiltrates are thought unlikely.

The renal changes are most likely degenerative in nature. Hypercalcemic nephropathy cannot be ruled out.

REFERRING VET

Dr Piotr Kwasnik

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SPECIES

Canine

BREED

Chihuahua/Doxi

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REFERRING VET

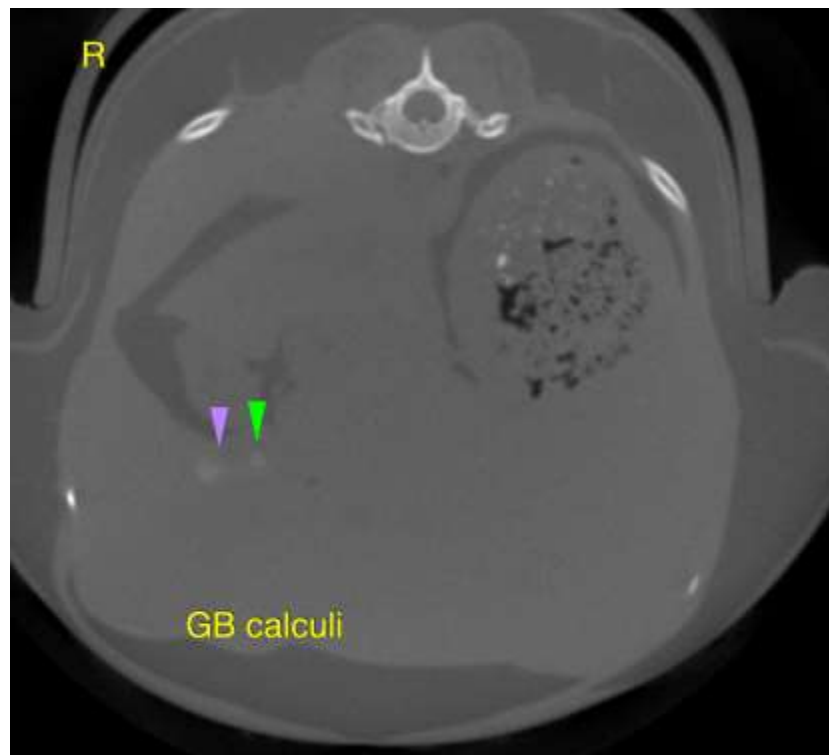
Dr Piotr Kwasnik

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PATIENT

Lucy Licari

SPECIES

Canine

BREED

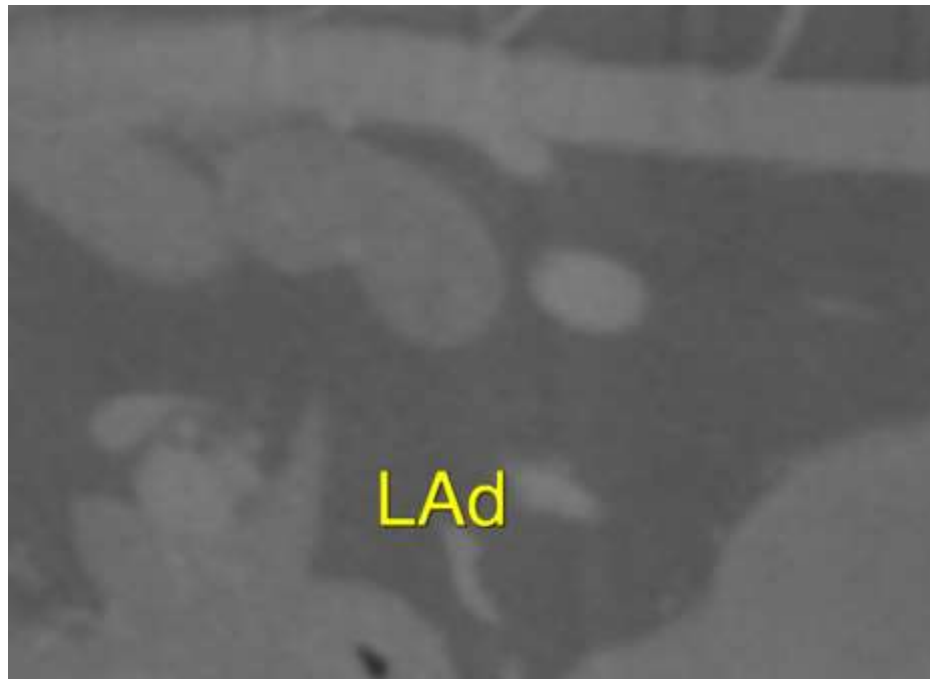
Chihuahua/Doxi

SEX

Spayed Female

AGE

10 Years



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Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

Animal Clinic of
Queens

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