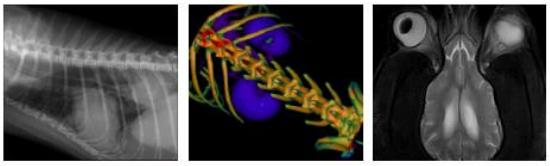
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gucci Saraga

SPECIES

Canine

BREED

JRT

SEX

FS

AGE

16 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Westgarth

INVOICE

54885

DATE

10-31-22

PRESENTING CLINICAL SIGNS

Here for CT scan for further investigation of her hyporexia and lethargy Proteinuria - suspected renal, elevated UPC Elevated ALP and ALT Mild left adrdnomegaly

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

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

Generalized loss of brain parenchyma with widening of the csf spaces is noted. There appears to be ex vacuo dilation of the lateral ventricles and third ventricle with an interthalamic adhesion height of 4.5mm which is still within the reference range. No structural changes of the brain parenchyma are seen. The parenchymal and meningeal attenuation and enhancement appear to be within normal limits. The pituitary gland presents within normal limits. No pituitary enlargement is noted.

The lymph nodes of the head and thyroid glands present within normal limits.

Thorax

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

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.

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.

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

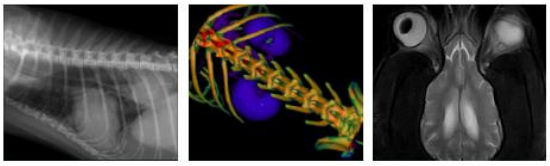
Abdomen

The patient is very obese.

The liver appears to be of normal size. Diffuse heterogeneous enhancement of the liver parenchyma is seen with a 9mm and 4mm sized cyst respectively in the right division of the liver.

The gallbladder presents within normal limits.

Foci of mineral attenuating material are seen in the renal diverticuli of both kidneys. The



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nephrogram appears to be mildly weak and heterogeneous.

The left adrenal gland's cranial and caudal poles measure 9mm and 8mm in diameter each. The right adrenal gland's cranial and caudal pole are within the reference range and measure 9mm and 5mm each.

Multiple faintly hyperattenuating nodules of the spleen are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect generalized brain atrophy.
- Normal CT appearance of the pituitary gland.
- Obesity.
- Mild enlargement of the left adrenal gland.
- Liver cysts and diffuse heterogeneous enhancement of the liver.
- Bilateral hypercalcemic chronic nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No pituitary enlargement was seen. Microadenoma cannot be ruled out entirely.

The liver however was not particularly enlarged. The diffuse heterogeneous enhancement of the liver may indicate presence of hepatopathy such as vacuolar degeneration, metabolic, endocrine, inflammatory/infectious, and less likely diffuse neoplastic infiltrate. To correlate with the laboratory values, parenchymal sampling could be considered depending on the clinical and laboratory context.

The changes of the kidneys support the potential of chronic nephritis and hypercalcemic nephropathy. Correlate with the laboratory values.

The borderline enlargement of the left adrenal gland may be an incidental finding and stress related however early pituitary dependent hyperadrenocorticism cannot be ruled out entirely. To correlate with the laboratory values, further testing of the pituitary and adrenal gland feedback mechanism could be considered.

The presumed brain atrophy is within the range of normal age related variation however early cognitive disfunction / dementia cannot be ruled out. Metabolic/toxic, inflammatory/infectious, and other brain pathology appears less likely.

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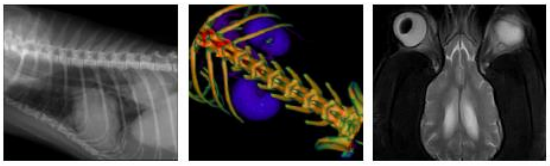

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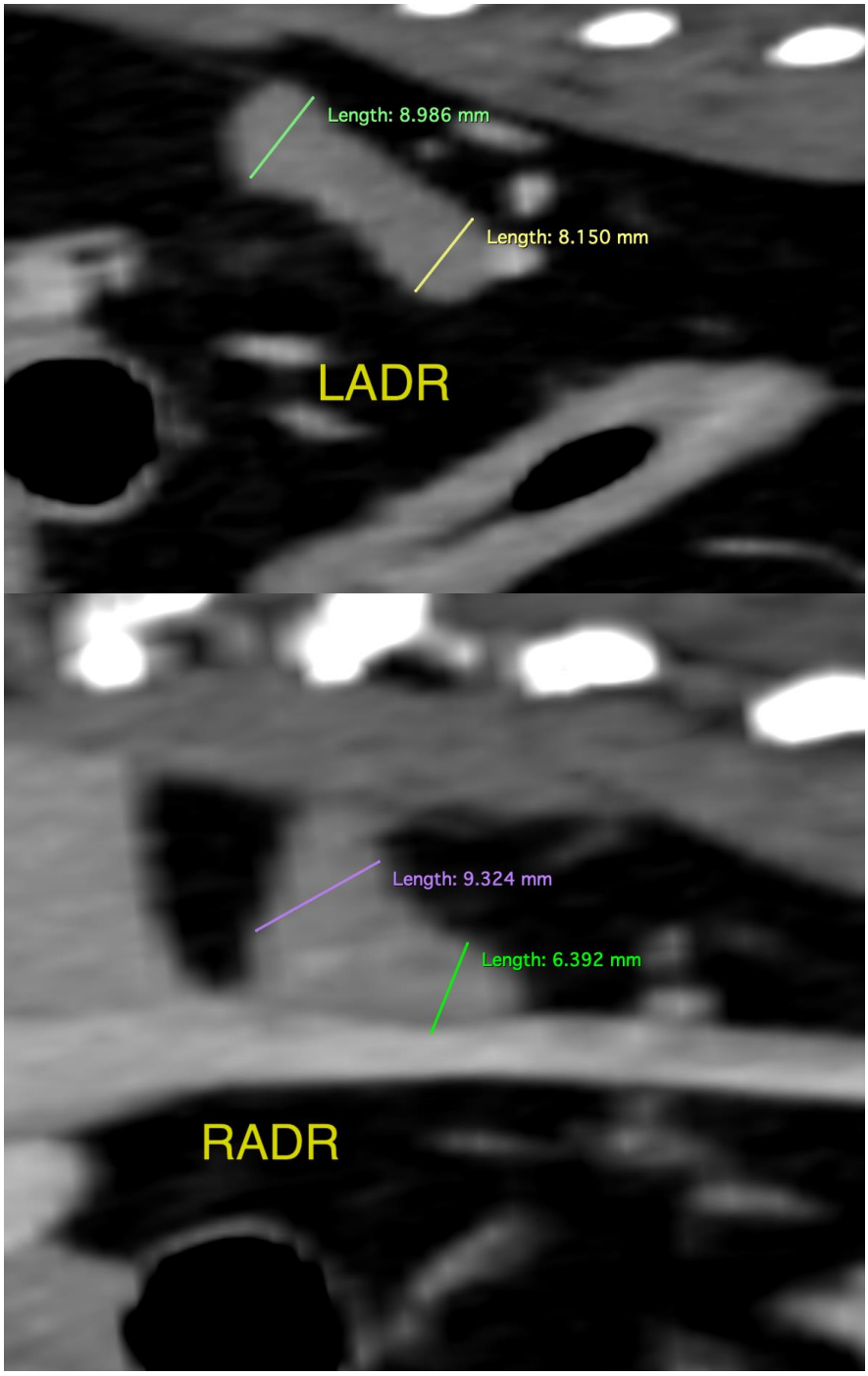

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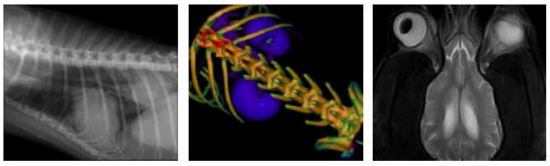

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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