



PATIENT

Achilles Mitchell

PRESENTING CLINICAL SIGNS

Patient has been seen multiple times since July for cough/hack/gagging episodes. He has also had occasional episodes of diarrhea. Abdominal u/s showed hard shadowing in stomach with extension into the duodenum, cyst in the left kidney with degenerative changes, prostate consistent with benign hyperplasia and prostatitis or neoplasia. Patient has been on amoxi, pred, carafate, cerenia, cough tabs, endozorb, fortiflora. With some improvement.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX, & ABDOMEN

BREED

Plain and post contrast studies available for review.

Mixed

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A large amount of layered soft tissue attenuating material mixed with gas is arranged in the stomach in a very structured way and extends into the descending duodenum where a fluid/solid gas interface is seen, and mild dilation of the descending duodenum is present. There is no evidence of plication. The remainder of the small intestinal loops are evenly distributed throughout the mid abdomen. No abnormal content is seen within the remainder of the small intestine.

SEX

Male

AGE

9 Years, 4 Months

Moderate symmetric enlargement of the prostate with uniform enhancement compatible with benign prostatic hyperplasia is seen. No evidence of regional lymphadenomegaly.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The left kidney presents a 3.0 cm sized cortical cyst which slightly expands the renal cortex. The right kidney presents within normal limits.

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

HOSPITAL NAME

Neel Veterinary
Hospital

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.

REFERRING VET

Dr. Deepan Kishore

Severe bridging spondylosis is present at L1/2. Moderate lumbosacral spondylosis is seen.

Thorax

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

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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.

DATE

10-5-21

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



PATIENT normal limits.

Achilles Mitchell The lung parenchyma presents the expected architecture and attenuation behavior.

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

Canine **Neck**

The larynx and cervical trachea present within normal limits.

BREED Both lobes of the thyroid gland are seen and present within normal limits.

Mixed There is no evidence of esophageal dilation or wall changes of the esophagus.

SEX The axial musculature presents within normal limits.

Male Number, alignment, and anatomy of the cervical vertebrae present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- “Foreign material” within the stomach and descending duodenum.
- Normal age related thoracic findings.
- No structural abnormality of the larynx and trachea noted.
- Large cortical renal cyst of the left kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The material in the stomach may well represent fluid and solid ingesta mixed with a large amount of grass, hair, or other organic material. Partial obstruction of the gastric outflow appears to be present and may explain the clinical signs.

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No structural evidence of upper and lower airway disease was found; however, functional abnormality of the airways including laryngeal dysfunction cannot be ruled out.

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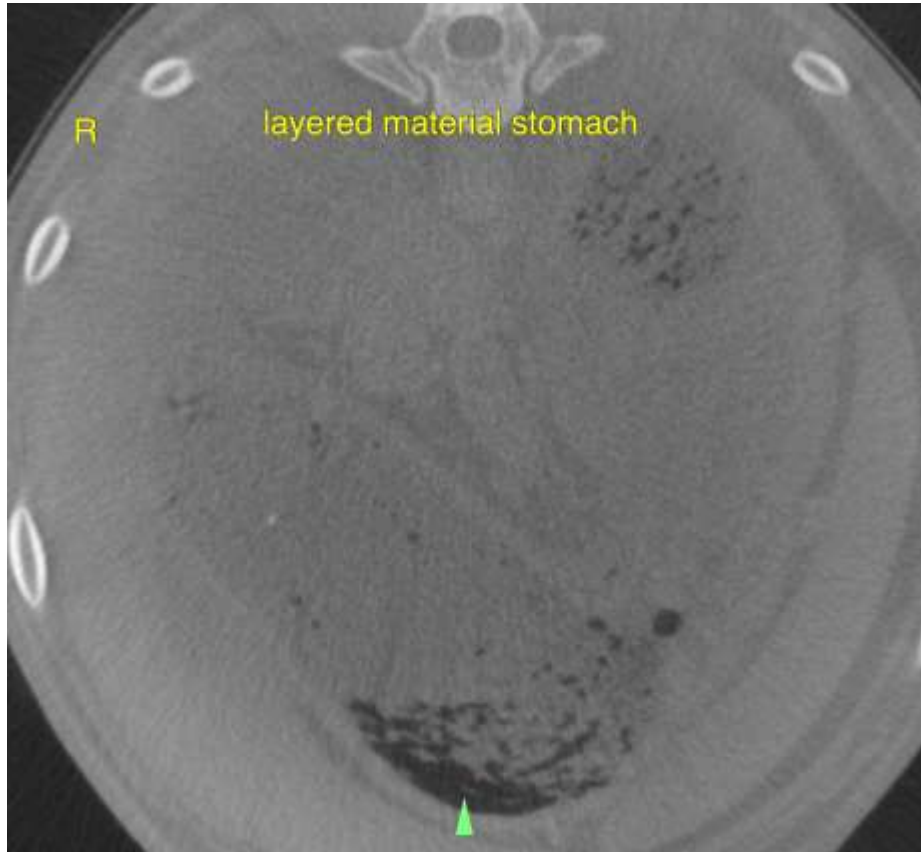
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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