



PATIENT PRESENTING CLINICAL SIGNS

Cage Jones P in here 2 days ago due to knee pain from previous sx. O has only been able to get codeine in P, O struggles pilling p so methocarbamol and gabapentin have been inconsistent. Now p is dry heaving, panting, restless and not eating or taking treats since leaving.

SPECIES Abnormal PE/Chem/CBC/UA Results: DIAGNOSTICS: BP 135, 118 ECG: supraventricular tachycardia CBC: HCT 38, WBC 17160, neut 14860, lymph 790, mono 1320 CHEM 17/lytes: glob 4.7, ALP 299 UA: USG 1.044, pH 6, protein 30, blood 250 WBC 26/ hpf, no overt bacteria

Canine RESP: panting, harsh lung sounds. GEN:QAR- anxious and panting MM: pink and slightly tacky CRT: <2 sec INTEG: Skin turgor adequate, clean full hair coat, several SC masses. Ultrasound: Gall Bladder and Biliary Tree - Normal in size (1.89cm). Moderate amount of echogenic fluid present in the lumen. Wall appears normal. No masses seen. No obstruction of the CBD appreciated, mild sub lumbar lymphadenopathy

BREED

Boxer

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

SEX Plain and post contrast studies available for review.

MN COMPUTED TOMOGRAPHIC FINDINGS

AGE Head

10 Years 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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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

The right tympanic bulla presents mucosal swelling and mild fluid attenuating content. The external auditory meatuses present within normal limits.

REFERRING VET

Ravi Seshadri

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.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

INVOICE

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Spine

Multiple spondyloses are seen throughout the cervical, thoracic, and lumbar spine. The degree and number of spondyloses is accentuating the thoracolumbar junction and lumbosacral junction areas.

DATE

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L6/7 and L7/S1 disc protrusions are seen.



PATIENT Thorax

Cage Jones 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.

SPECIES

Canine

The cardiovascular structures including the pulmonary vasculature are within normal limits.

A 15mm sized soft tissue attenuating nodule is seen in the dorsal and caudal aspect of the right cranial lung lobe. The remainder of the lung presents multiple pulmonary osteomas and a mild bronchial lung pattern.

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

SEX

MN

Abdomen

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

AGE

10 Years

Multiple small cysts and infarcts are seen within the left and right kidneys.

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

- Single interstitial pulmonary soft tissue nodule within the right cranial lung lobe.
- Right sided otitis media.
- Multiple spondyloses.
- Degenerative lumbosacral stenosis.
- Bilateral renal infarcts and cysts.

REFERRING VET

Ravi Seshadri

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals a single right cranial lobe interstitial soft tissue nodule of the lung. Differential diagnosis includes primary and secondary neoplasia of the lung including bronchial carcinoma and round cell neoplasia such as histiocytic sarcoma and lymphosarcoma as well as metastases of an undetermined primary tumor. Granulomatous lung disease such as eosinophilic or infectious cannot be ruled out entirely but is thought less likely. The findings are not compatible with an abscess or cyst. The pulmonary nodule is not accessible for ultrasound guided sampling. Lung lobectomy with the histopathology of the lung lobe could be considered for further definition but needs to be discussed critically since metastasizing / multicentric tumor

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PATIENT

including round cell neoplasia is a potential differential diagnosis.

Cage Jones

The renal changes are of uncertain clinical significance. Renal staging should be considered.

SPECIES

Canine

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SEX

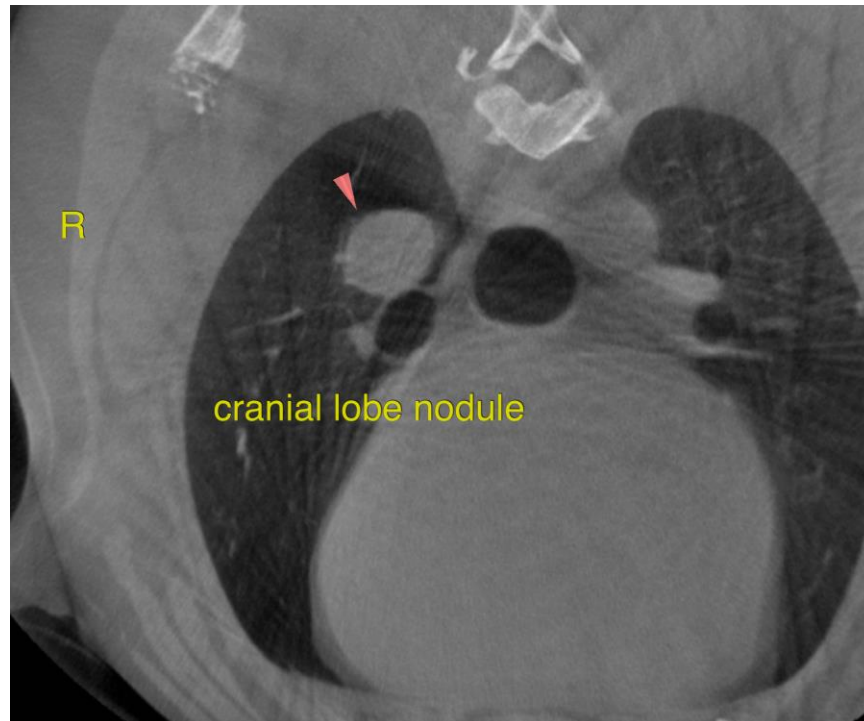
MN

AGE

10 Years

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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.

REFERRING VET

Ravi Seshadri

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