



**PATIENT**

Maxine Camilo

**PRESENTING CLINICAL SIGNS**

Patient has presented with episodes of seizures, ONLY ONE. But at home he has been displaying symptoms of incoordination and other apparent episodes of seizures. Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- mild hyperglycemia BILE ACID --- Pre: 28.5 HIGH Post: 30.7 HIGH

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN**

Plain and post contrast studies available for review.

**BREED**

Maltese

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

**SEX**

SF

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

Small mineral attenuating foci are seen within the renal diverticuli of both kidneys.

**AGE**

5 Years

One mineral attenuating focus is seen in the craniodorsal aspect of the left adrenal gland. Adrenal gland size and shape present within normal limits.

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

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Mild generalized enlargement of the liver is noted. The liver margins are pointed. The attenuation and enhancement of the hepatic parenchyma are uniform and within normal limits.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma

**HOSPITAL NAME**

Veterinary Image  
Center

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**REFERRING VET**

Dr. L. Ricci, DVM/Dr.  
R. Lefranc, DVM

The bony and surrounding soft tissue structures reveal no abnormalities.

**Head**

**INVOICE**

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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 lateral and third ventricles of the brain present mild enlargement without evidence of active distension.

**DATE**

11-7-22

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.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

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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.

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The salivary glands present within normal limits.

The visible dentition is within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

SF

- Hepatopathy with no evidence of extra- or intra-hepatic portosystemic shunts.
- Renal calculi with no evidence of obstruction.
- Suspect dystrophic mineralization of the left adrenal gland and of uncertain clinical significance.
- Ventriculomegaly of the brain.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The CT study does not reveal evidence of extra- or intra-hepatic portosystemic vascular bypasses yet there is evidence of hepatopathy with a diffusely enlarged liver. Differential diagnosis includes hepatitis, primary cirrhotic biliary hypertension / microvascular dysplasia, vacuolar, endocrine, and metabolic hepatopathies as well as storage disease that can alter the liver function.

**HOSPITAL NAME**

Veterinary Image  
Center

Note the presence of renal calculi reported to be ammonium urates due to liver dysfunction.

The ventriculomegaly of the brain is unlikely to be concurred by increased intracranial or intraventricular pressures and unlikely to be of clinical significance.

Liver biopsy and csf analysis could be considered for further definition in this patient in order to rule out encephalopathy with nonstructural damage and underlying hepato-encephalic syndrome.

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Veterinary Image  
Center

**REFERRING VET**

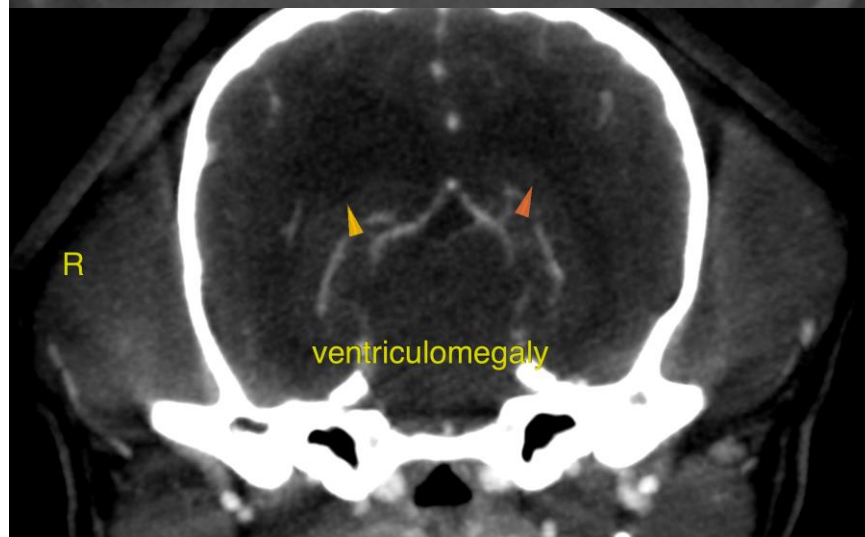
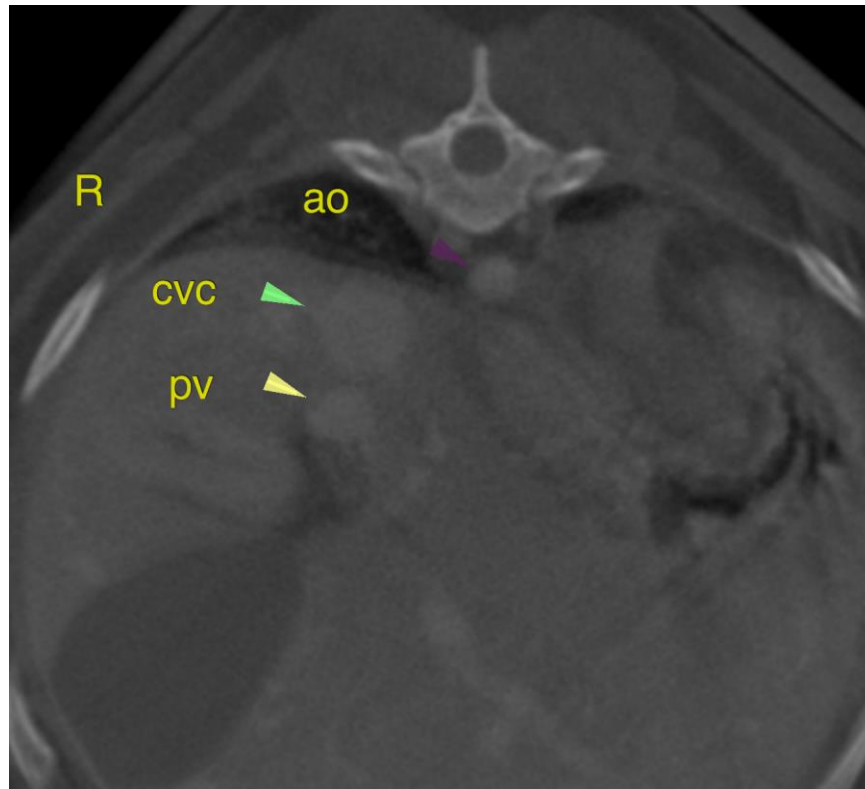
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Maltese

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