



PATIENT PRESENTING CLINICAL SIGNS

Paw Becker
 Transfer for abdominal mass. Paw as an autoimmune disease. Has been on Prednisone every 3 days. He started vomiting on Saturday and then stopped. Monday morning he would vomit and drink excessively and he also slept a lot. Tuesday he continued vomiting, so O took him to the rDVM this morning. Took rads and there is a mass that is about a softball size in his abdomen. Transferred here for AUS because they have concern for it rupturing. He doesn't want to eat - last meal was Sat or Sunday, but O free feeds him, so they aren't quite sure. He has lost about 2kg. Abnormal PE/Chem/CBC/UA Results: AUS -Fluid filled intestine gastric dilation ALT 299 U/L 10 125 = ALKP 738 U/L 23 212 = GGT 52 U/L 0 11

BREED COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Labrador X
 Plain and post contrast studies available for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

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

AGE
 A pinpoint mineral attenuating structure is seen ventrally within the urinary bladder.

5 Years
 Both kidneys present within normal limits for size, shape and organ architecture.

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

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

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

HOSPITAL NAME

Mountain West
 Veterinary Hospital

The liver is small in size with rounded appearance and diffuse heterogeneous contrast enhancement of all liver lobes. Branching mineral attenuating structures are seen in the right and central divisions of the liver. The gallbladder is severely distended and contains a moderate amount of mineral attenuating material which is seen in a gravity dependent position in the cystic duct. No evidence of obstructive pathology is noted.

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

REFERRING VET

Andrew Burton

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

The bony and surrounding soft tissue structures reveal no abnormalities.

INVOICE

48783

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

12-5-21

- Microhepatica with rounded liver lobes and heterogeneous parenchymal enhancement as well as mineralizations of the biliary tree.
- Distended gallbladder with biliary microlithiasis.
- No evidence of peritoneal effusion.
- No evidence of an abdominal soft tissue mass.



PATIENT

- Minimal urinary bladder microlithiasis.

Paw Becker

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the liver changes includes chronic hepatitis including cholangiohepatitis and other fibrosis, microvascular dysplasia with primary biliary cirrhotic hypertension, and early cirrhosis. Neoplastic infiltrate is thought unlikely based on the CT findings. Consider further definition by means of liver biopsies after ensuring appropriate coagulation. At this time, there is no evidence of peritoneal effusion or extrahepatic portosystemic shunting; however, the possibility of portal hypertension should be considered and could be checked by means of spectral doppler ultrasound.

SPECIES

Canine

BREED

Labrador X

The minimal amount of urinary bladder sand may represent ammonium urates considering the potential presence of hepatic dysfunction.

SEX

M

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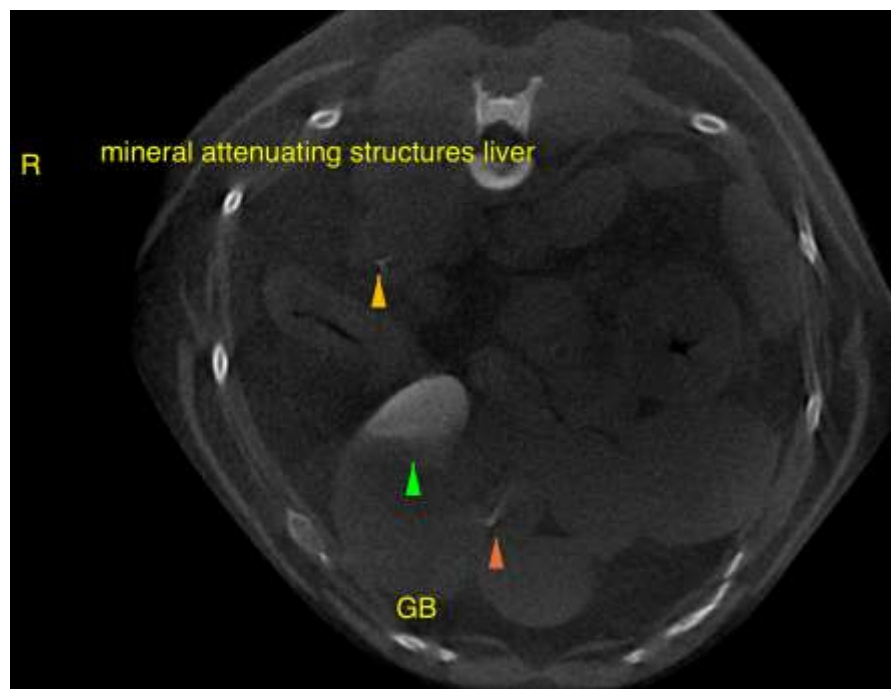
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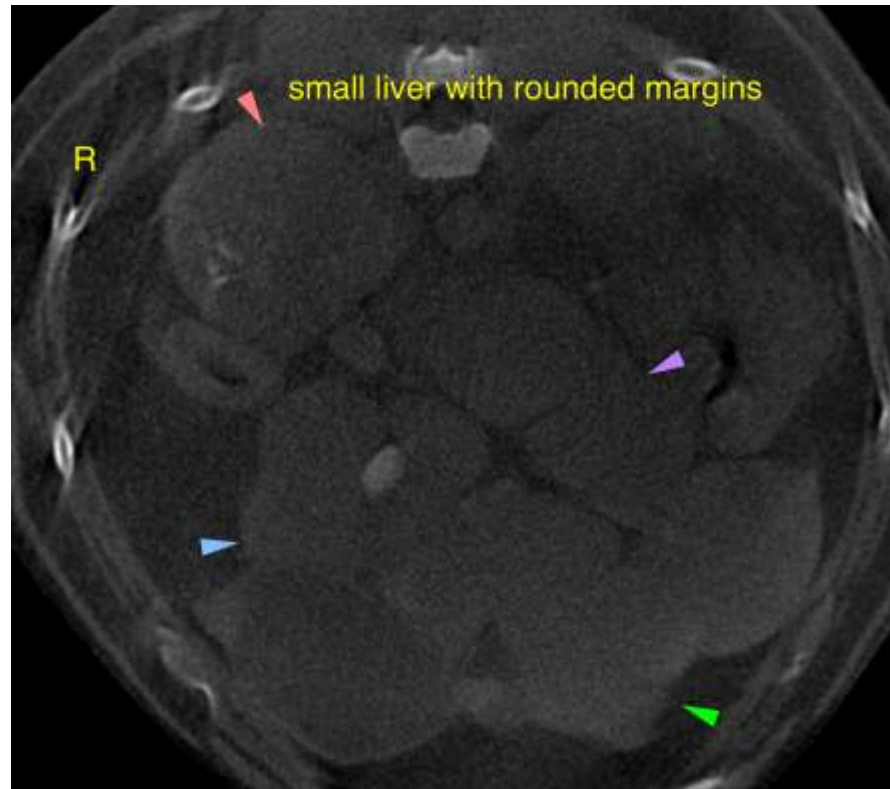
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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