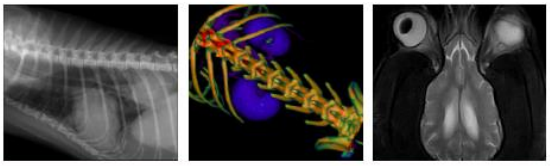


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Nadia Cervino Woodhull

**SPECIES**

Canine

**BREED**

Collie

**SEX**

Female Spayed

**AGE**

7 Years

**INTERPRETED BY**

Nele Eley, DVM
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Westwood Regional Veterinary Hospital

**REFERRING VET**

Taylor McConnell, DVM

**INVOICE**

56766

**DATE**

2-15-23

## PRESENTING CLINICAL SIGNS

Hx Addisons, diabetes insipitus, vocal cords cut before adopted, was on desmopressin intranasal but began frequent inverted sneezing. Past few weeks- slower going down stairs, getting tired more easily on walks, walking slower, and starts panting after 3-4 blocks, also panting inside house at rest (lasts a few min and has been on/off occurring) No hx of ortho issues. Has always had hx of throat clearing cough. Has not been as interested in food and is on/off acting lethargic. Hx of incontinance- wears diaper, is taken out every 3 hrs. Drinking more this past week. On Proin, Percortin, Dessmopressin.

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

Plain and post contrast studies available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head & Neck

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. No pituitary gland enlargement is seen.

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

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.

Mild bilaterally symmetric submandibular and medial retropharyngeal lymphadenomegaly is noted.

The salivary glands present within normal limits.

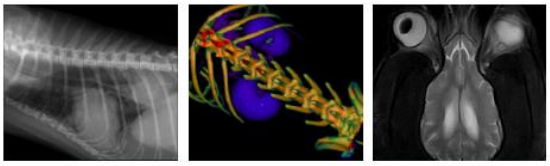
The hypaxial musculature and cervical lymph nodes present within normal limits.

Both lobes of the thyroid gland present within normal limits.

### Thorax

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.



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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.

Mild generalized dilation of the esophagus with subjective generalized wall thickening and mild fluid content is seen.

## Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

There appears to be mild generalized thickening of the gastric wall and mild generalized enlargement of the pancreas without evidence of concurrent mesenteropathy.

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

## Spine

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

Moderate L1/2 and L2/3 spondylosis deformans is seen.

Occasional fat attenuating round areas are seen within the vertebrae compatible with islands of fatty bone marrow.

Mild subcutaneous fat stranding is seen in the left caudal dorsum, likely iatrogenic due to prior injection.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Esophageal dilation and suspect esophageal wall thickening.
- Suspect gastritis and pancreatitis.
- No pituitary gland enlargement seen.
- Spondylosis deformans L1/2 and L2/3.
- Otherwise benign presentation of thorax and abdomen.

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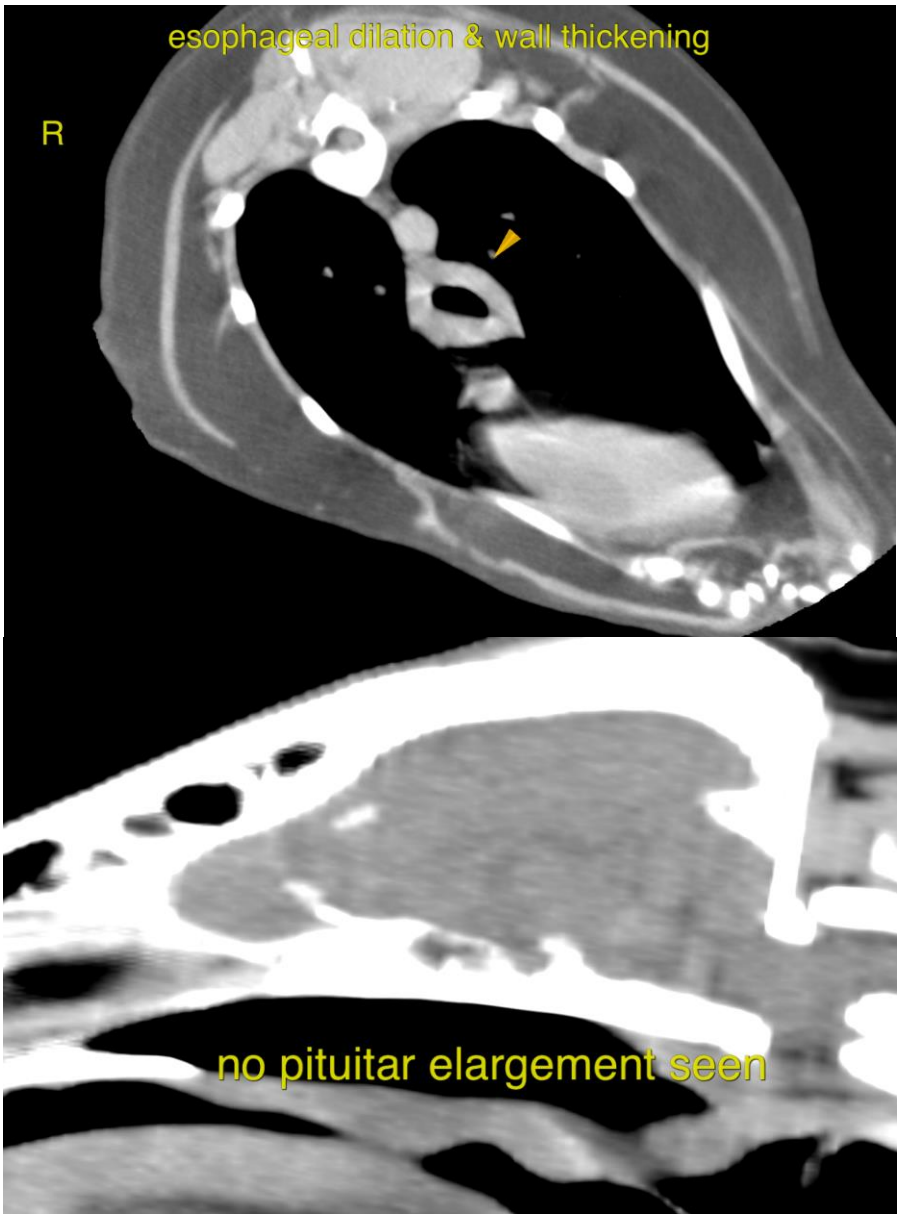
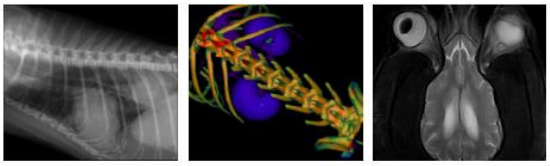
## INTERPRETATION OF THE FINDINDGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the esophageal findings includes esophagitis and esophageal dysmotility/megaesophagus. Correlate with the clinical presentation and consider treatment for esophagitis with gastroesophageal reflux and gastritis as well as pancreatitis. Infiltrative disease of the esophageal wall cannot be ruled out entirely but appears by far less likely based on the CT presentation.

Macromorphological pituitary gland enlargement was not seen at the time of the presentation which, however, does not rule out microadenoma or other pituitary gland pathology.





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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