



**PATIENT PRESENTING CLINICAL SIGNS**

Ember Coccia

P was seen by rDVM in Colorado in November/December, had rads that showed generalized hepatomegaly, cardiomegaly, small pleural fissure lines and bronchial changes. rDVM also did BW that showed elevated liver values (ALT >1000, ALP/GGT moderately elevated). Has been seeing another rDVM in Florida that has not repeated BW but started p on liver diet and was concerned for liver mass. Rad report from Nov/Dec only stated hepatomegaly. Has not had BW since then until today at ER as o wanted CT scan of lungs and liver. BW is the same as in November. P on exam has a tense abdomen but no murmur and normal vitals. P is eating and has normal energy at home. P has been blind since birth per ophthalmologist. Abnormal PE/Chem/CBC/UA Results: 2/16/23 - CBC WNL, Potassium 6.1, Chem shows Chol >450, ALT >1000, ALP 350, GGT 24, normal total bilirubin

**SPECIES**

Canine

**BREED**

Australian Shepherd

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN**

**SEX**

Plain and post contrast studies available for review.

SF

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

**AGE**

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.

6 Years

**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.

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

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. A mild amount of hypoattenuating material is seen medially within both external auditory meatuses.

Minimal enlargement of the bilateral medial retropharyngeal lymph nodes is noted.

**REFERRING VET**

Bogolian

The salivary glands present within normal limits.

The visible dentition is within normal limits.

**INVOICE**

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**Neck**

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

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

**DATE**

2-16-23

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

**Thorax**



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

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.

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

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Mild generalized bronchial wall enhancement is noted with no significant peribronchial infiltrates and no structural changes of the pulmonary interstitium other than peripheral atelectasis.

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

**SEX**

SF

**Abdomen**

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

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Multiple thin cortical infarcts are seen within both kidneys.

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

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

Mild generalized enlargement of the liver is noted. The lobar margins are pointed. Attenuation and enhancement of the hepatic parenchyma present within normal limits. There is no evidence of a mass lesion or nodules.

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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**

Bogosian

Moderate spondylosis deformans is seen between L4 and L5.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Normal CT presentation of the eyes, orbital soft tissues, and brain.
- Minimal bilateral medial retropharyngeal lymphadenomegaly.
- Mild bilateral otitis externa: left > right.
- Mild generalized bronchial lung pattern.
- Mild generalized hepatomegaly.
- Bilaterally symmetric nephropathy with multiple cortical renal infarcts.
- Spondylosis deformans L4/5.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

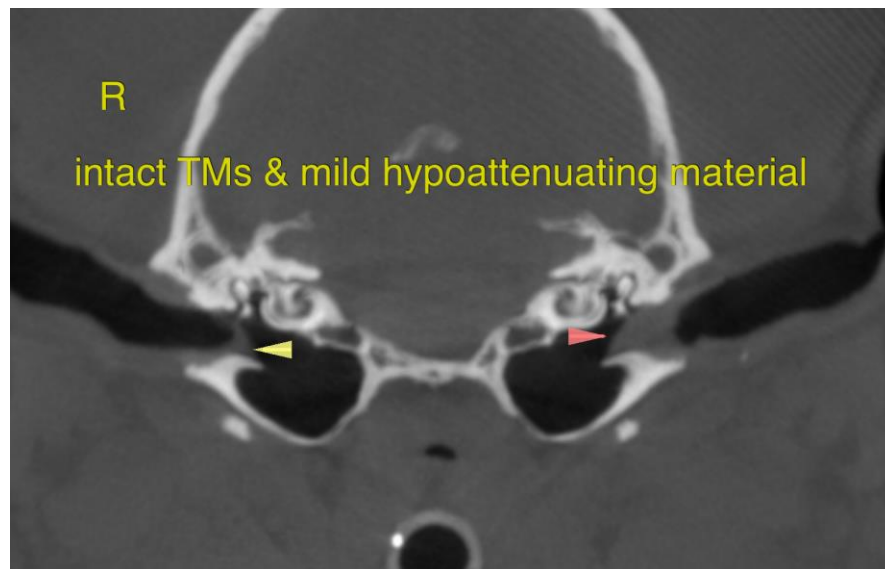
Differential diagnosis for the minimal retropharyngeal lymph node enlargement is primarily reactive hyperplasia. Lymphomatous or other neoplastic infiltrate is considered highly unlikely based on the minimal macromorphological changes. Fine needle aspiration of the lymph nodes could be considered in case of doubt.

Differential diagnosis for the bronchial lung pattern includes normal age related versus lower airway disease such as allergic / eosinophilic bronchopneumopathy or infectious bronchitis including viral, bacterial, or parasitic. Airway endoscopy with airway sampling could be considered in case of coexisting clinical signs.

Differential diagnosis for the mild hepatic changes vacuolar, metabolic, endocrine hepatopathy versus hepatitis or infiltrative disease. Correlation with the laboratory values and parenchymal sampling could be considered for further definition.

There was no evidence of a hepatic or other abdominal mass.

Renal changes are not necessarily of clinical or functional significance. Chronic nephritis is a potential differential diagnosis. Correlate with the laboratory values.





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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.

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

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