



PATIENT

Lucie Lou Del Toro

PRESENTING CLINICAL SIGNS

Has not been eating well since Saturday. She ate a small amount of chicken on Saturday night. She has been given Nutrical TID. Owner has noticed head pressing on floor. She is disoriented and circling. Has not had vomiting. She is lethargic. She is on glucosamine, denamarin, amoxiclav and famotidine.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- mild leukocytosis, NEU and MONO mild increased, mild thrombocytosis CHEM --- BUN mild increased, ALT(502) mild increased, ALKP(462) mild increased and AMYL(1523) mild increased UTI culture --- ***NO GROWTH***

BREED

Chihuahua

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

Plain and post contrast studies of the head and thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

SF

Head

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. Mild symmetric dilation of the lateral and third ventricles of the brain is seen.

AGE

11 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

REFERRING VET

Dr. M. Biello, DVM

The salivary glands present within normal limits.

The visible dentition is within normal limits.

Abdomen

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

There is mild generalized enlargement of the spleen with diffuse heterogeneous contrast enhancement.

DATE

4-24-23

Mild heterogeneous nephrograms are noted. The pyelogram of both kidneys presents within normal limits.



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The urinary bladder is only mildly distended. Mild generalized wall thickening accentuating the cranioventral urinary bladder wall is seen.

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

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Mild generalized enlargement of the liver is seen. Multiple angiocentric nodules with increased enhancement and a contrast sparing rim are seen within all liver lobes centering the portal and hepatic veins. There is no evidence of portal hypertension or acquired portosystemic shunts.

BREED

Chihuahua

Mild generalized thickening of the gallbladder wall with increased contrast enhancement and mild dilation of the cystic duct is noted.

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

SEX

SF

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

Moderate epigastric lymphadenomegaly involving the portal, gastric, and splenic lymph nodes is seen.

AGE

11 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the brain.
- Mild ventriculomegaly – unlikely to be of clinical significance.
- Multinodular hepatopathy.
- Suspect cholecystitis.
- Multiple epigastric lymphadenomegaly.
- Splenomegaly with diffuse heterogeneous enhancement.
- Thick appearance of the urinary bladder wall.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not reveal evidence of structural brain injury. Mild ventriculomegaly is noted and is most likely congenital in origin. Signs of increased intracranial pressure are not noted.

REFERRING VET

Dr. M. Biello, DVM

The CT study also reveals multinodular hepatopathy. Nodular hepatitis/cholangiohepatitis and round cell neoplasia are primary differential diagnoses.

The lymph node changes may represent reactive lymphadenitis versus lymphomatous infiltrate.

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Differential diagnosis for the splenomegaly includes reactive hyperplasia, splenitis, and round cell neoplasia as well as less likely extramedullary hematopoiesis or idiopathic hypersplenism. Further definition by means of sampling of the liver, lymph nodes, and spleen is recommended if not performed already.

DATE

4-24-23

The mild thickening of the urinary bladder wall is likely due to the low degree of urinary bladder distension. Urinary tract infection and chronic cystitis cannot be ruled out entirely. Consider urinalysis including sediment and culture for further definition.



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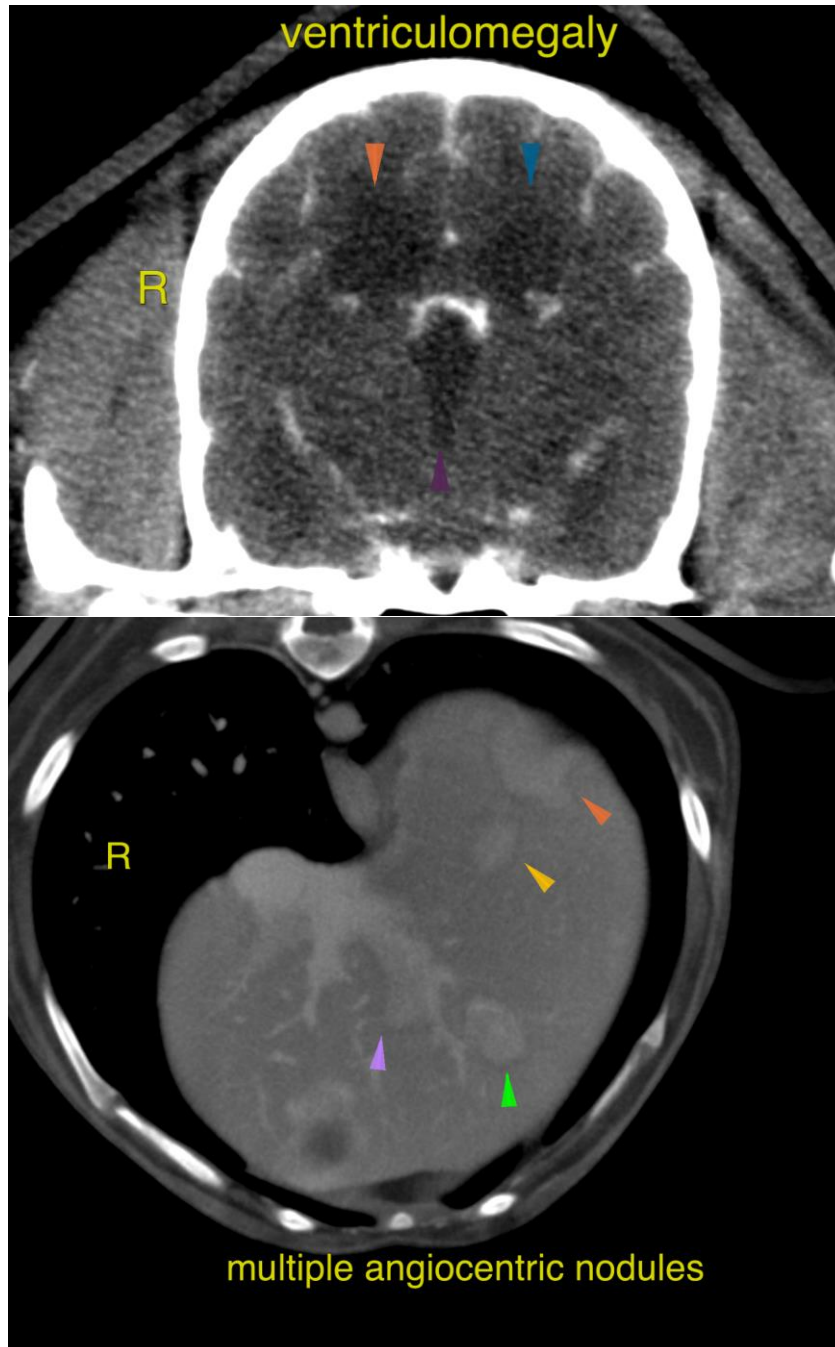
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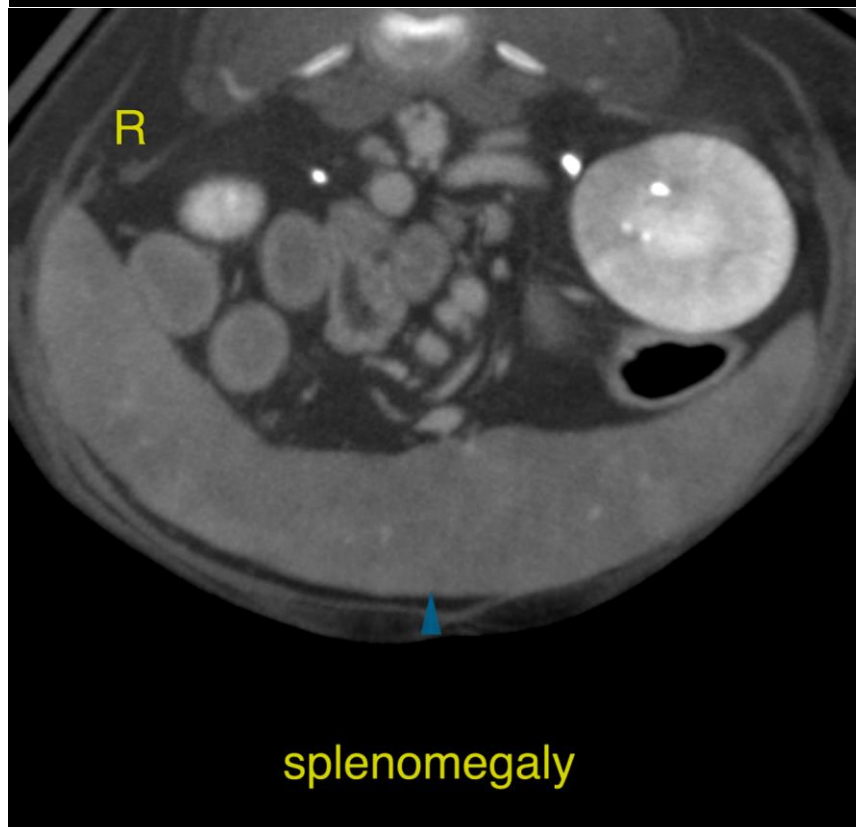
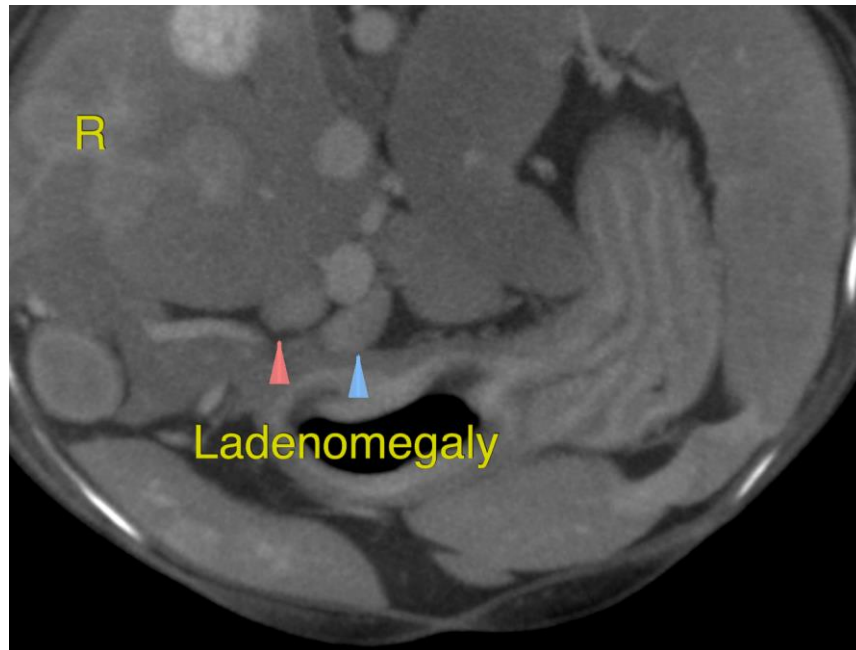
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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