



**PATIENT**

Bianca Desanti

**PRESENTING CLINICAL SIGNS**

Bianca presented for front right leg, first noticed in January/February. Can you please concentrate on the right carpus (wrist)?

**SPECIES**

Canine

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

Post-contrast study only available for review.

**BREED**

Boston Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

Severe bridging spondylosis is seen within the cervical spine between C4 and C5, C5 and C6, and C6 and C7. The intervertebral disc space C6/7 is collapsed with vertebral end plate sclerosis.

**Thorax**

**SEX**

FS

Bilateral elbow osteoarthritis is noted; left more than right.

**AGE**

11 Years

A wedge-shaped hemivertebra is seen within the thoracic spine at T6.

Multiple moderate to severe spondylosis are present throughout the caudal thoracic and lumbar spine with evidence of chronic intervertebral disc protrusion between L1/2, L2/3, L3/4, L4/5, L5/6, and L7/S1.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The lung presents a moderate generalized bronchial pattern with early multifocal cylindrical bronchiectasis. Multiple pulmonary osteomas are seen.

The mediastinal lymph nodes and cardiovascular structures present within age and breed-related normal limits.

**HOSPITAL NAME**

Animal Surgical  
Center

**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.

**REFERRING VET**

Floyd Harbor Animal  
Hospital

A hypoenhancing nodule of 9mm diameter with focal mineralization is seen within the cranial pole of the right adrenal gland. The left adrenal gland presents within normal limits.

An isoattenuating and expansile nodule of 2cm diameter is seen in the splenic tail. The splenic tail is folded upon itself.

**INVOICE**

51403

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

**DATE**

4-5-22

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



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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

**BREED**

Boston Terrier

- Right adrenal gland nodule.
- Splenic nodule.
- Bronchial lung pattern.
- Multiple chronic intervertebral disc protrusions.
- Multiple multifocal spondylosis deformans.
- Degenerative lumbosacral stenosis.
- Bilateral elbow osteoarthritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

The CT study reveals a nodule within the cranial pole of the right adrenal gland. At this time, there is no evidence of vascular invasion. Differential diagnosis includes early adenoma/adenocarcinoma, pheochromocytoma, myelolipoma, and incidentaloma. Further laboratory workup is recommended. At this time, there appears to be no invasion of the caudal vena cava; however, invasion of the right phrenicoabdominal vein cannot be ruled out.

**AGE**

11 Years

The splenic nodule is likely to represent benign nodular hyperplasia; however, metastatic disease or primary splenic neoplasia cannot be ruled out entirely.

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The bronchial lung pattern is likely secondary to chronic lower airway disease such as irritant or allergic bronchopneumopathy. Infectious bronchitis such as viral, bacterial, parasitic, or protozoal cannot be ruled out as a differential diagnosis. Consider further definition by means of endoscopy with lower airway sampling in case of pertinent clinical signs.

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**SEX**

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**AGE**

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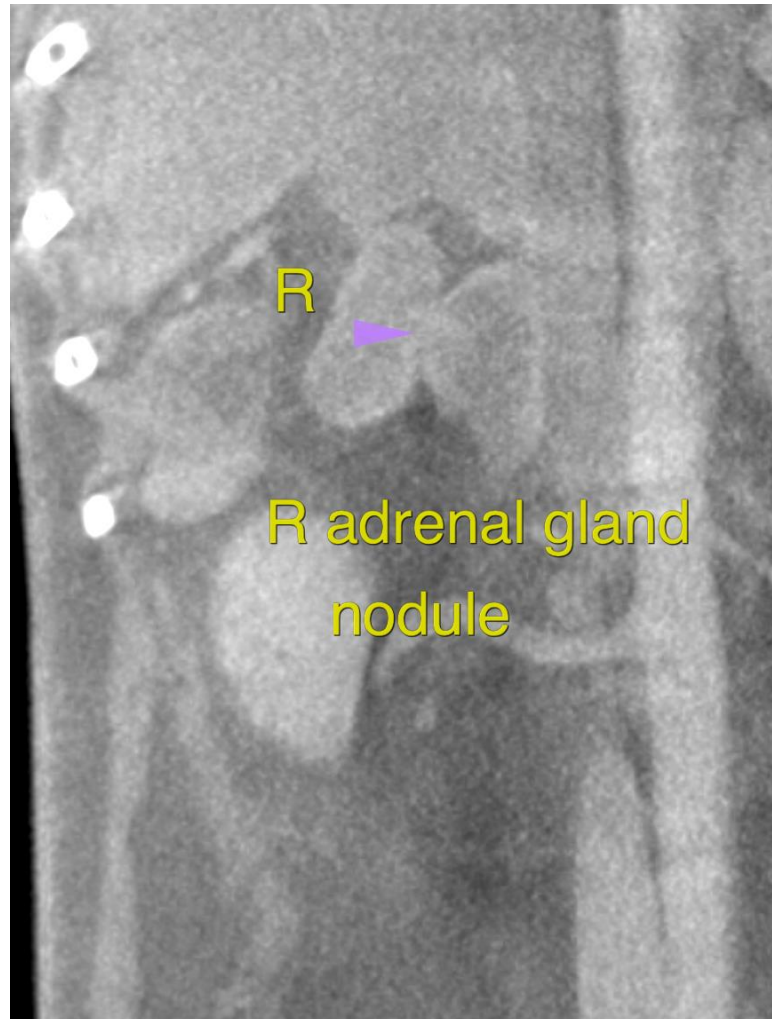
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**DATE**

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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  
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