



**PATIENT**

Casey Linker

**PRESENTING CLINICAL SIGNS**

Presented for further evaluation after a Nu.Q test showed very high values (>650ng/ml). Echocardiogram was normal. Ultrasound was normal owner requests full body CT. Abnormal PE/Chem/CBC/UA Results: Normal

**SPECIES**

Canine

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

Plain and post contrast studies available for review.

**BREED**

Siberian Husky

**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.

**SEX**

MN

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

**AGE**

7

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

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

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.

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.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

The salivary glands present within normal limits.

The visible dentition is within normal limits.

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

**REFERRING VET**

Dr. Runde

There is no evidence of parathyroid gland enlargement.

The cervical lymph nodes present within normal limits.

**INVOICE**

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**Thorax**

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

**DATE**

4-5-23

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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**Abdomen**

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

**SEX**

MN

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.

**AGE**

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Mild generalized enlargement of the spleen with no obvious scalloping and uniform enhancement is seen.

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

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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.

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The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Runde

- Normal head
- Normal thorax
- Mild generalized splenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study of the head and thorax presents no deviation from the expected anatomy. The skeletal structures present within normal limits.

Mild generalized splenomegaly is noted which may simply be a consequence of congestion under general anesthesia. However, diffuse splenopathy such as idiopathic hypersplenism, reactive hyperplasia, splenitis, and diffuse neoplastic infiltrate cannot be ruled out entirely and fine needle aspiration of the splenic parenchyma could be considered.

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**REFERRING VET**

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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