



PATIENT PRESENTING CLINICAL SIGNS

Seiko Henson P presenting with vomiting, lethargy, and decrease in appetite. P has hx of seizures (controlled). Abnormal PE/Chem/CBC/UA Results: 5/30 exam bloodwork and valley fever test was performed, VF negative, ALP elevated. Ultrasound 5/31: GALL BLADDER: 2.49 cm HYPERECHOIC DEBRIS IN THE GALL BLADDER STOMACH: WNL, 0.44 CM OF THE STOMACH WALL, LARGE AMOUNT OF GAS, POSSIBLE IRREGULAR WALL ON THE GREATER CURVATURE. 0.34 - 0.39 CM WIDTH OF BOWEL WALL.

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Horsley

INVOICE

52314

DATE

6-6-22

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

An 8 cm long and 4 cm wide round mass is seen on the antimesenteric side of the descending duodenum starting immediately after the gastric outlet. A second hypoattenuating ill-defined mass effect measuring approximately 2.5 cm in diameter appears to be present in the greater curvature area of the pylorus. Both masses appear to associated with loss of wall layering. Marked peripheral fat stranding is noted.

The pancreas is enlarged and ill-defined. Pancreatic duct dilation is noted.

Enlargement of the greater duodenal papilla and mild dilation of the common bile duct are seen on the mesenteric side of the mass.

Mild regional mesenteric lymphadenomegaly is noted.

The gallbladder is severely dilated. A moderate amount of hypoattenuating sediment is seen within the gallbladder.

A moderate amount of free fluid is randomly distributed throughout the peritoneal cavity.

The kidneys, adrenal glands, and spleen present within age related normal limits.

Thorax

Moderate bilateral shoulder osteoarthritis is noted.

There is an intermuscular lipoma within the left axillary region.

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.

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



PATIENT normal limits.

Seiko Henson The lung parenchyma presents the expected architecture and attenuation behavior.

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

Canine **Head**

BREED 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.

Terrier Mix

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

Male Neutered

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

AGE 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.

7 Years

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.

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The salivary glands present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Ill-defined duodenal gastric wall masses.
- Enlargement of the major duodenal papilla.
- Regional mesenteropathy.
- Moderate peritoneal effusion.
- Mild common bile duct dilation.
- Distended gallbladder with gallbladder sludge.
- Mild mesenteric lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study supports the presence of a mass within the wall of the gastric pylorus and descending duodenum. Differential diagnosis includes neoplasia such as lymphosarcoma, adenocarcinoma, and less likely stromal cell tumor, leiomyoma, leiomyosarcoma, or granuloma. Final diagnosis, however, will require sampling. Ultrasound guided sampling could be discussed versus surgical exploration. Billroth procedure, however, may be required as there appears to be involvement of the greater duodenal papilla which may represent reactive inflammation as well as neoplastic infiltrate. Aspiration and analysis of the abdominal fluid could be considered for further definition as well.

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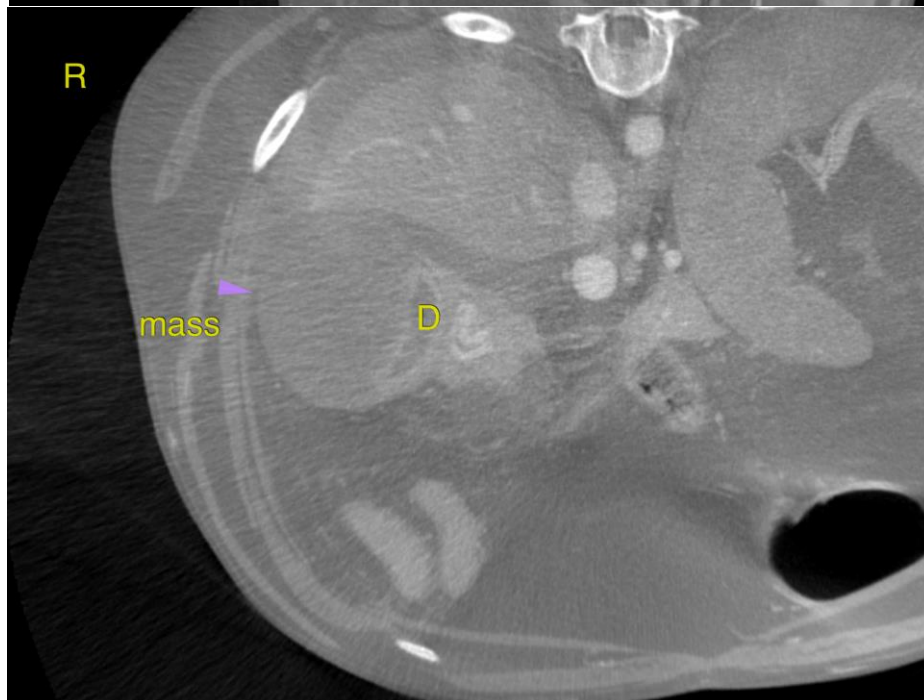
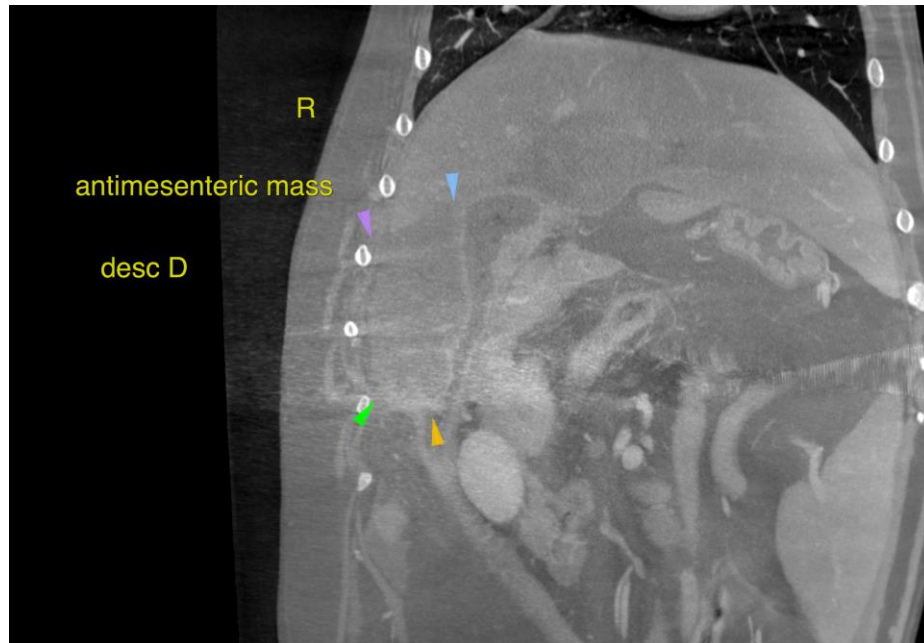
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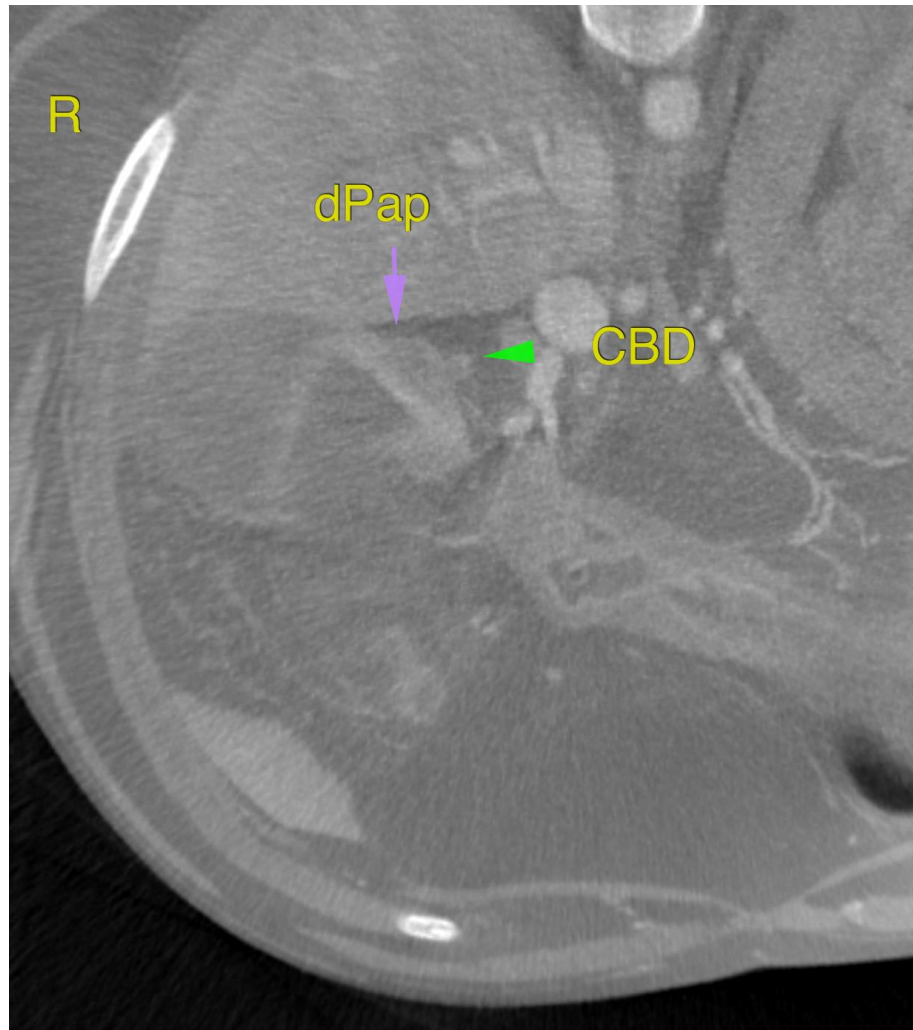
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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