



PATIENT PRESENTING CLINICAL SIGNS

Sam Willis
SPECIES Canine
BREED Heeler
SEX Female Spayed
AGE 12 Years

Presenting Complaint: Lethargy, decreased appetite, lameness Significant PE Findings: Lethargy, dehydration, mildly delayed CRT, Lameness LH with pain on stifle extension. Fever. DDx: Fever, ascites and increased ALP: hepatic abscess vs neoplasia Lameness: Suspect partial left CCL tear
DIAGNOSTICS: BP: 140 CBC: Low grade anemia 31%, non regenerative. Mild neutrophilia with bands. Lymphopenia. Normal platelets. Chemistry: ALP elevation 692 (23-212) Urinalysis: Isosthenuria. Quiet sediment. U/S guided urine collection: Bladder appears normal. Scant freed abdominal effusion. Radiographs hindlimbs: L6-7 and L7-S1 spondylosis and disc space narrowing. No bony lesions noted. Client Discussion: Discussed that full labwork in May was normal but with the fever and depression, would recommend repeating some of the labwork in addition to taking radiographs of the stifle and getting a UA. Owners approved initial diagnostics/therapy plan. Diagnostics showed anemia, mild leukocytosis and elevated liver enzymes. Radiographs of the hindlimbs are unremarkable aside from some LS area spondylosis. aFAST showed scant free abdominal fluid. Tried to aspirate but only got a very small amount. Cytology mostly neutrophils and monocytes but a couple intracellular bacterial seen. Limited sample however- slide saved. Full abdominal ultrasound recommended. Approved. Ultrasound showed a cavitated mass involving one of the liver lobes and scant free abdominal fluid. Main differentials of neoplasia vs hepatic abscess. Recommended hospitalization on IV fluids, pain meds, antibiotics and GI support. Plan to continue care with internal medicine tomorrow and discuss abdominal explore vs cytology of liver vs medical management. Plan to monitor BP and BG overnight to ensure she is not starting to develop sepsis. **update overnight: BP and BG stable. Temperature improving. Eating in hospital. Still seems overall depressed in hospital. **ASSESSMENT/Dx:** Fever Lameness LH stifle- suspect partial CCL tear. Scant abdominal effusion Mild non-regenerative anemia Hepatopathy

INTERPRETED BY
 Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: GEN: QAR to depressed, mildly dehydrated, MM pink, tacky, CRT 2-3 seconds CVS: Normal sinus rhythm, no murmur or arrhythmia ausculted; femoral pulses strong and synchronous PULM: Eupenic; normal respiratory effort; clear bronchovesicular sounds in all quadrants EENT: Clear corneas OU, lenticular sclerosis OU; No ocular or nasal discharge; No debris on external ear exam; Stage 2/4 periodontal disease and gingivitis ABD: Soft and non-painful with palpation; no palpable organomegaly. MS: Ambulatory x4 limbs; Lameness LH limb. Pain on hyperextension of the stifle on the left. No obvious drawer or thrust. Mild discomfort right hind hip extension. appropriate muscle condition; BCS 5/9 DERM: Haircoat mildly dry. Some foxtails within haircoat. SQ soft masses on right axilla and right ventral/ lateral abdomen. No visible ectoparasites UG: Externally normal RECTAL: Smooth mucosa; non-painful; normal feces on glove NEURO: Mentally appropriate; cranial nerves intact on limited exam PLN: No peripheral lymphadenopathy PAIN: 1-2/4 (Colorado)

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 Veterinary Specialty
 Center

REFERRING VET COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Kim Winters
 Plain and post contrast studies of the thorax and abdomen are available for review, respectively. The thoracic study is right/left flipped.

INVOICE 59335
 Unfortunately, severe motion related streak artifacts do render the abdominal study nondiagnostic.

COMPUTED TOMOGRAPHIC FINDINGS

DATE 7-12-23
Thorax
 The bony and surrounding soft tissue structures are within normal limits.



PATIENT

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Moderate sternal lymphadenomegaly is noted.

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

SPECIES

Canine

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.

BREED

Heeler

A 10mm and 3mm sized bulla are seen in the right cranial lung lobe. The remainder of the pulmonary parenchyma presents within age related normal limits. No evidence of interstitial pulmonary nodules or masses is seen.

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

SEX

Female Spayed

Abdomen

The abdominal assessment is unfortunately very limited, especially in the cranial abdomen.

AGE

12 Years

A mild amount of peritoneal effusion is seen.

Mid lumbar spondyloses and degenerative lumbosacral stenosis are noted.

The bilateral coxofemoral joints present moderate dysplasia and coxofemoral joint osteoarthritis.

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Multiple variably sized subcutaneous and intermuscular lipomas are seen in the thoracic and abdominal wall.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Open - limited assessment due to artifacts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cavitated liver mass could not be visualized unfortunately.

REFERRING VET

Kim Winters

There is a mild amount of fluid within the abdomen which should be aspirated for further analysis. Differential diagnosis includes hemorrhage, exudate, modified transudate, and transudate. Correlation with the results of the abdominal ultrasound recommended.

There was no evidence of metastatic spread to the lung. The bullae are likely to represent spontaneous cavitory lesions. No structural evidence of generalized bronchopulmonary disease was found.

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The sternal lymphadenomegaly is likely secondary to the pathology in the abdomen. Differential diagnosis includes reactive hyperplasia and metastatic disease. FNA recommended for further definition under ultrasonographic guidance.

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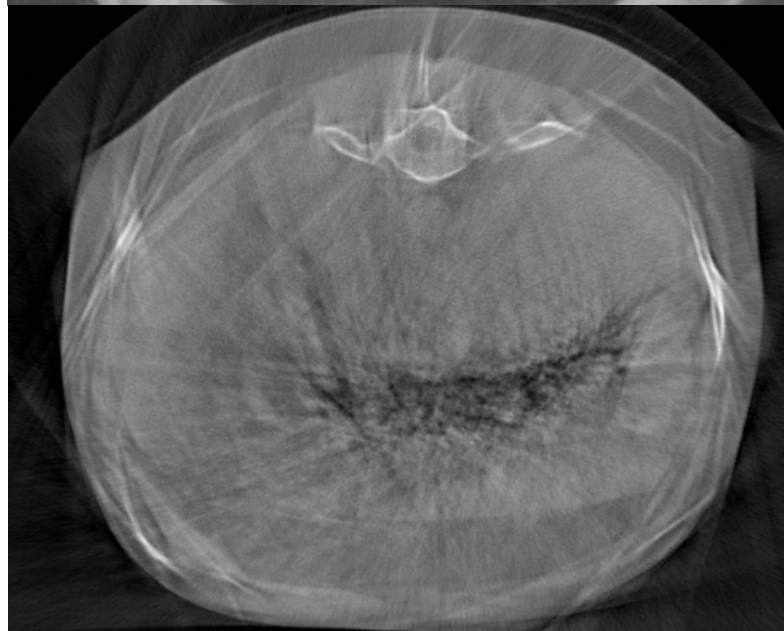
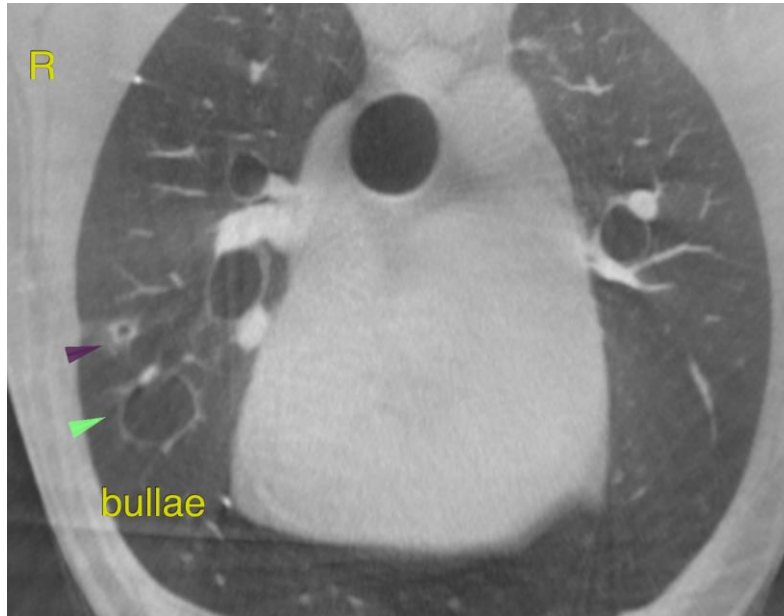
Kim Winters

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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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