



PATIENT

Leo Novitsky

PRESENTING CLINICAL SIGNS

~6 week hx of poor stool quality with intermittent bloody diarrhea. Ultrasound ~4weeks ago revealed lymphadenopathy. Symptoms improved w/ antibiotics and pred but returned before the treatments were discontinued. Abdominal exploratory sx revealed mesenteric lymphadenopathy w/ caseous purulent material inside. Pathology of lymph nodes, as well as biopsies of Stomach, SI and LI revealed abscess in place of lymph nodes (no lymph cells seen on path), and plasmocytic lymphocytosis in the GI walls. rDVM wanted CT to rule out chronic foreign body and if IBD was more likely. Abnormal PE/Chem/CBC/UA Results: Mild elevations to ALT, ALP, and GGT. Chloride didn't run.

SPECIES

Canine

BREED

Spinone Italiano

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

SEX

Male

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

AGE

4 Years

The sternal and cranial mediastinal lymph nodes are mildly enlarged. The tracheobronchial lymph nodes present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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 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.

REFERRING VET

Gover

Abdomen

Severe multiple abdominal lymphadenomegaly is noted including the visceral and parietal lymph nodes. The jejunal lymph nodes are more severely effected and measure up to 10 x 6 cm in diameter; however, the remainder of the mesenteric and epigastric lymph nodes including the portal lymph nodes all present moderate to severe enlargement and rounding as well. The medial iliac lymph nodes and multiple paraaortic sublumbar lymph nodes are enlarged.

INVOICE

52890

There is mild generalized gallbladder wall edema.

DATE

7-14-22

The liver presents mild generalized enlargement and mottled contrast enhancement.

The spleen presents within normal limits.



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The adrenal glands and kidneys present within normal limits.

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Moderate lumbosacral intervertebral disc protrusion and spondylosis deformans are seen.

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There is no evidence of free abdominal fluid, mesenteric fat stranding, gastric or intestinal wall changes or foreign material.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Multiple moderate to severe viscera and parietal abdominal lymphadenomegaly.
- Mild to moderate mediastinal lymphadenomegaly.
- Hepatopathy with mild generalized enlargement and mottled enhancement.
- Gallbladder wall edema.
- No structural changes of the gastrointestinal wall other than hyperemia.

SEX

Male

AGE

4 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without knowing the patient history, round cell neoplasia with multicentric manifestation including the parietal and visceral lymph nodes of the abdomen, mediastinal lymph nodes, and liver would be a primary differential diagnosis. Granulomatous disease and multifocal lymph node abscessation appears to be a differential diagnosis based on the history and results of prior histologic examinations even though considered by far less likely based on the imaging findings. Repetition of the sampling of the lymph nodes and hepatic parenchyma could be considered. Based on the severity of the lymph node enlargement, both granulomatous disease and IBD are significantly less likely.

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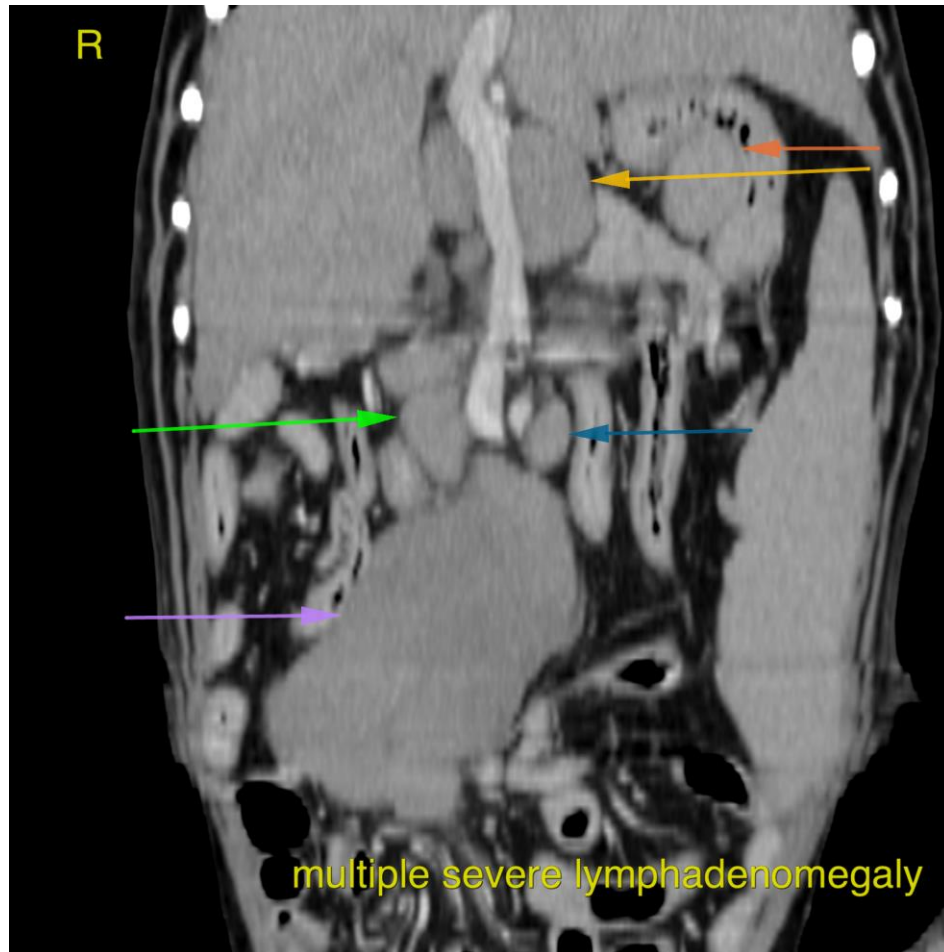
Gover

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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