



**PATIENT**

Ozzy Cooper

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Ravi Seshadri

**INVOICE**

59119

**DATE**

7-2-23

**PRESENTING CLINICAL SIGNS**

Premedication with butorphanol and micro-dose acepromazine for sedation. Induction with propofol. Intubated and maintained on isoflurane and oxygen with SCCS, IPPV support. Crystalloid fluids through the procedure. Monitored with oximetry / capnometry. Uneventful anesthesia and recovery, see SmartFlow sheet for details, and data. Patient placed in dorsal recumbency and CT scan completed to include L axilla and thorax / abdomen. R thoracic wall marker placed in post contrast sequence Pre and post contrast CT - breath hold through the thorax. Uneventful recovery from sedation, plan discharge pending radiology report from Sonopath. Amputation planned for L fore for antebrachial histiocytic sarcoma in the near future

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

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

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

Moderate enlargement of the left axillary and cervical lymph nodes is seen. The lymph nodes are rounded and measure more than 3 cm in height and 2 cm in width. Mildly increased contrast enhancement is noted within the affected lymph nodes.

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.

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.

**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.

The adrenal glands are within normal limits for size, shape and organ architecture.

A 3 cm sized isoattenuating and isoenhancing nodule is seen in the splenic tail.

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**

**BREED**

- Moderate left axillary and cervical lymphadenomegaly.
- Isoenhancing splenic nodule.

Australian Shepherd

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

MN

The findings of the left axillary and left cervical lymph nodes are highly suggestive for a round cell infiltrate such as with the reported histiocytic sarcoma. Further definition by means of FNA is recommended to rule out the very unlikely possibility of reactive hyperplasia. There was no evidence of metastatic disease to the mediastinal or abdominal lymph nodes. No evidence of interstitial pulmonary nodules or masses is seen.

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The splenic nodule may represent a histiocytic infiltrate too. However, extramedullary hematopoiesis or lymphoid hyperplasia are potential differential diagnoses. Consider ultrasound guided FNA for further definition.

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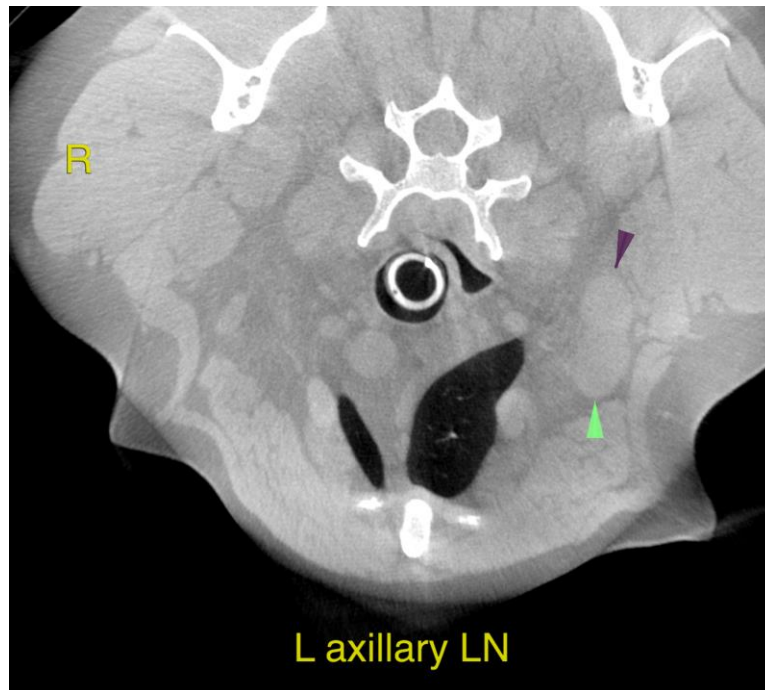
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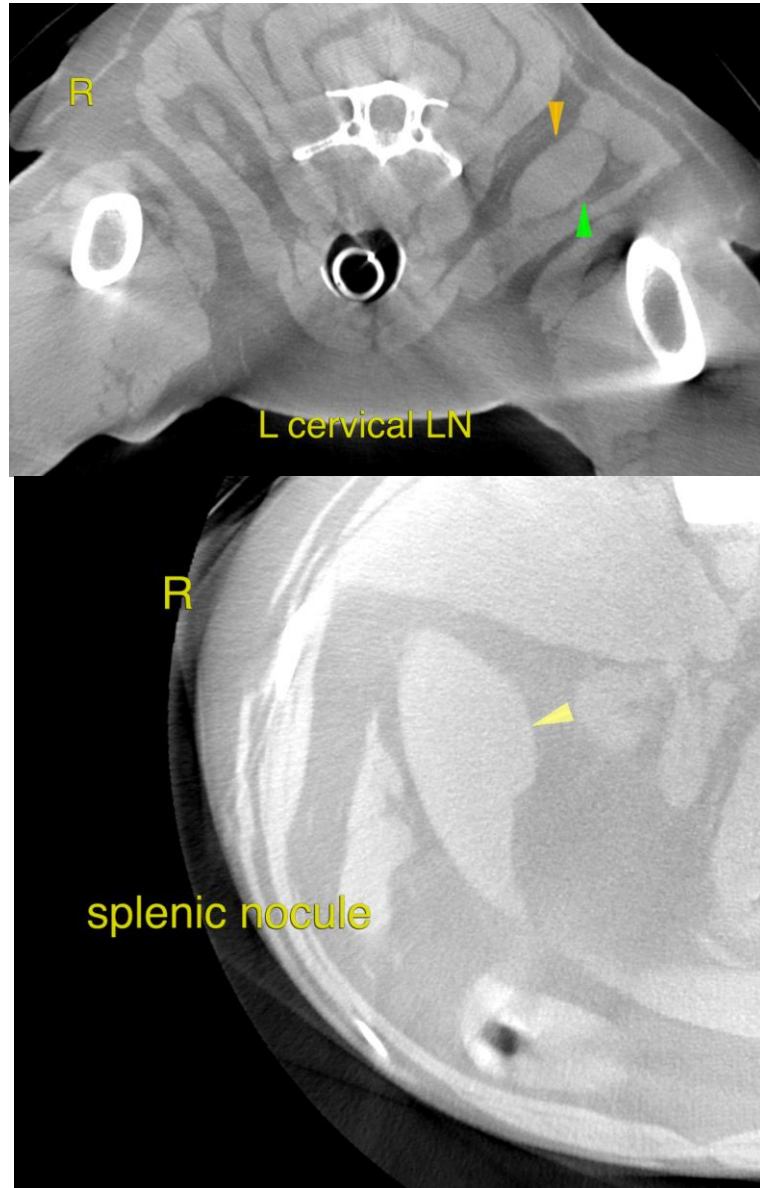
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI  
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