



PATIENT

Essa Smith

PRESENTING CLINICAL SIGNS

Dog presented anorexia. 2-3 weeks duration (eating minimally). No vomiting. Gags on water occasionally. Chem/CBC WNL. Not on any meds, chest rads WNL.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

German Shepherd

COMPUTED TOMOGRAPHIC FINDINGS

Multiple mesenteric lymphadenomegaly is noted with moderately enlarged and rounded lymph nodes presenting mildly heterogeneous contrast enhancement. The changes appear to be most significant for the jejunal epigastric and portal lymph nodes. See image below. The left portal lymph node measures 3 x 2 cm.

SEX

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Moderate generalized enlargement of the spleen with scalloping margins is seen.

There is mild generalized enlargement of the pancreas with slightly irregular contour and heterogeneous contrast enhancement.

AGE

11 Years, 2 Months

Moderate polypoid hyperplasia of the gallbladder mucosa is seen as well as a moderate amount of hyperattenuating gallbladder content in a gravity dependent position of the gallbladder.

Moderate cranial lumbar spondyloses and degenerative spondyloarthropathy are noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple moderate mesenteric lymphadenomegaly.
- Generalized splenomegaly with mass effect.
- Pancreatopathy with mild organomegaly and heterogeneous contrast enhancement.
- Chronic cholecystitis versus early mucocele with no evidence of periportal inflammation.
- Spondyloses and spondylarthroses.

HOSPITAL NAME

Blairstown Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main findings are the presence of multiple mesenteric lymphadenomegaly and splenomegaly. Reactive lymphadenitis is a potential. However, with the severity and the multiplicity of the changes, round cell neoplasia appears to be one primary differential diagnosis and further definition by means of ultrasound guided fine needle aspiration of both the lymph nodes and the spleen is strongly recommended if not performed already.

REFERRING VET

Dr. Leal

Splenitis, lymphadenitis, idiopathic hypersplenism, extramedullary hematopoiesis, reactive hyperplasia, and granulomatous lymphadenopathy all are thought less likely differential diagnoses.

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The pancreatic changes are compatible with chronic pancreatitis versus benign age related nodular hyperplasia.

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The gallbladder changes may not necessarily be of clinical significance, yet delayed gallbladder emptying is a potential and further laboratory, clinical, and ultrasonographic monitoring are advised.



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Hospital

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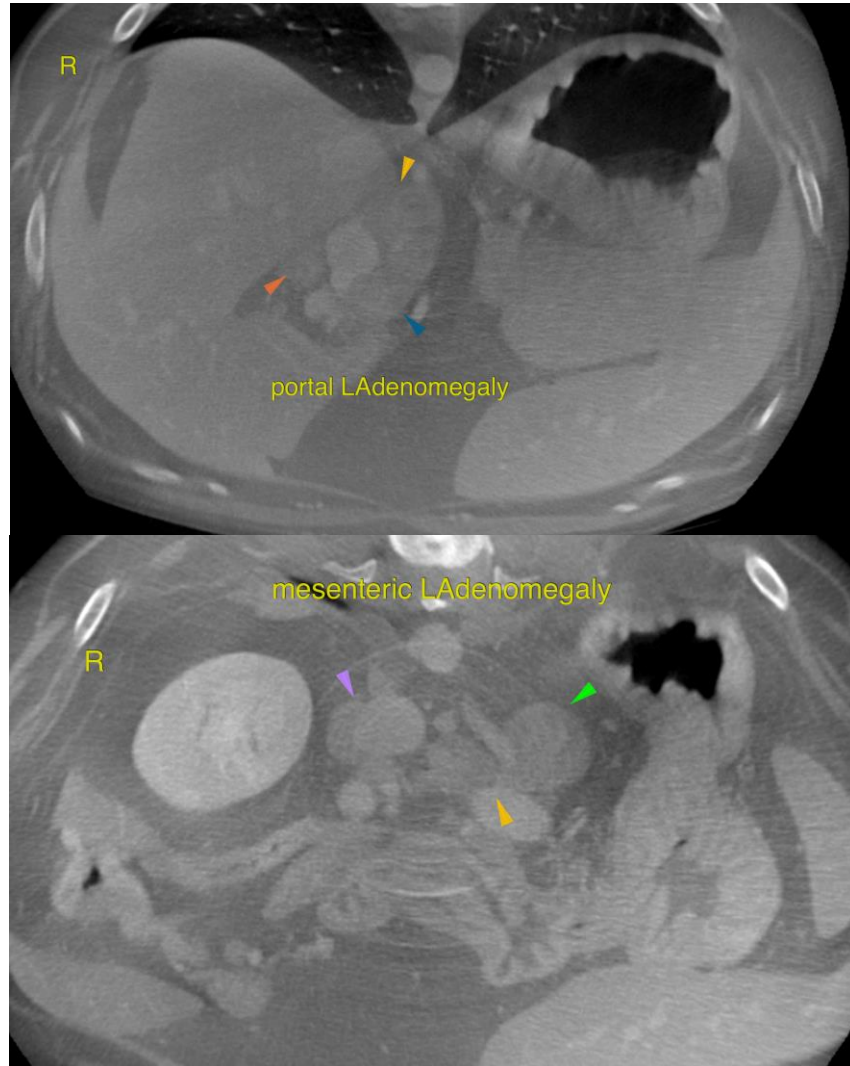
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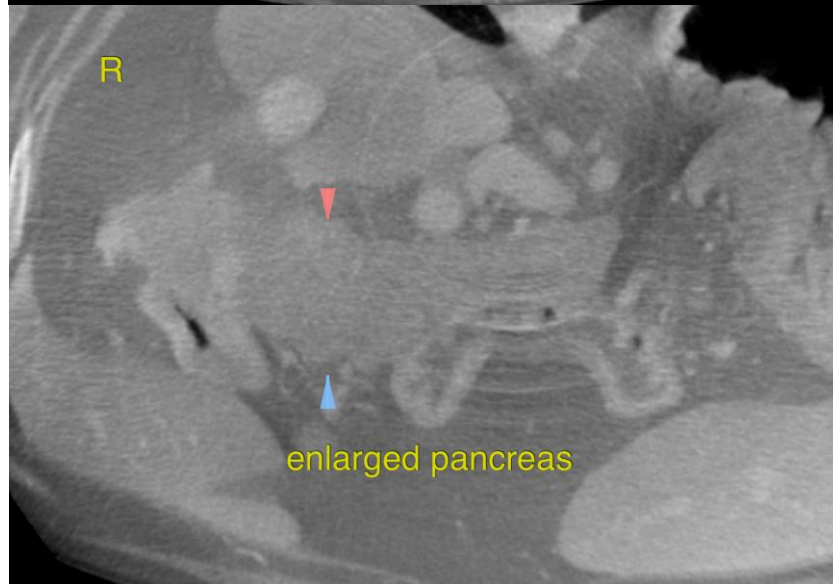
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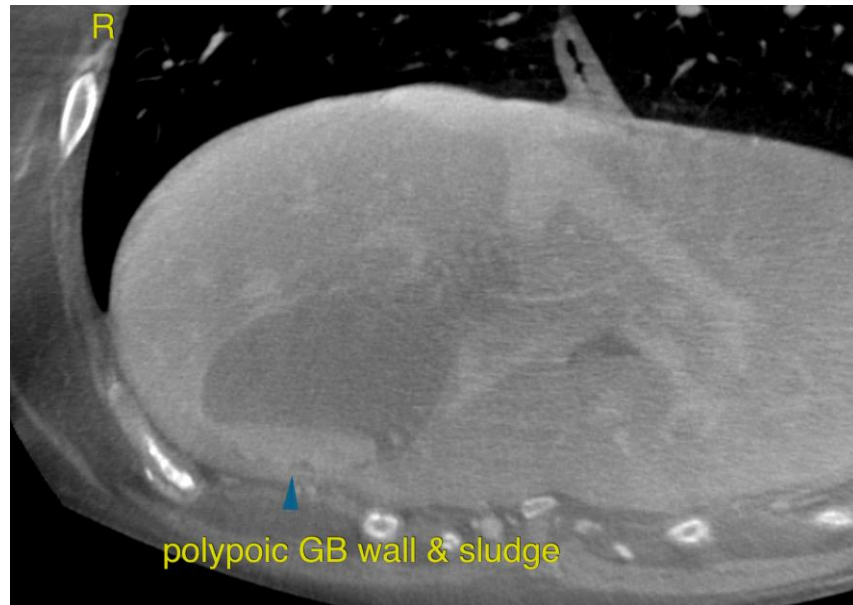
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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