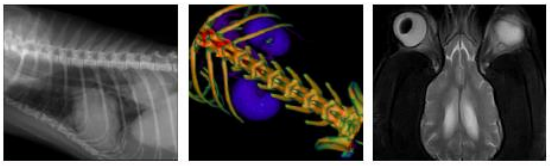
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Indy Janes

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Female

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Adelaide Plains Veterinary Surgery

**REFERRING VET**

John Katakasi

**INVOICE**

53008

**DATE**

7-20-22

## PRESENTING CLINICAL SIGNS

Pendulous in abdomen, no fluid present on u/s. Check adrenals.
Abnormal PE/Chem/CBC/UA Results: slight high ALT 133U/L (10-125) all else normal

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

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 shape and position of the adrenal glands present within normal limits. There appears to be mild generalized enlargement and mild architectural remodeling of the adrenal glands with cranial and caudal pole diameters of 10mm on the left side and caudal pole diameter of 9mm and cranial pole diameter of 14mm on the right side.

A 2.5 cm sized isoattenuating nodule is protruding from the splenic tail. The nodule presents no differential contrast enhancement.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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.

Mild lumbosacral spondylosis deformans is seen.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bilaterally symmetric adrenal gland enlargement – no concurrent hepatomegaly.
- Isoattenuating splenic nodule.
- Spondylosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild symmetric enlargement of the adrenal glands is revealed on the CT study of the abdomen. Differential diagnosis includes stress induced hyperplasia, as well as nonfunctional and functional hyperplasia such as with pituitary dependent hyperadrenocorticism. Further laboratory testing of the pituitary adrenal gland feedback mechanism is advised if not performed already. Concurrent hepatopathy does not appear to be present based on the morphology of the liver. Nevertheless, based on the altered laboratory values, hepatopathy including metabolic, endocrine, vacuolar, inflammatory, and infectious, and less likely diffuse neoplastic all cannot be

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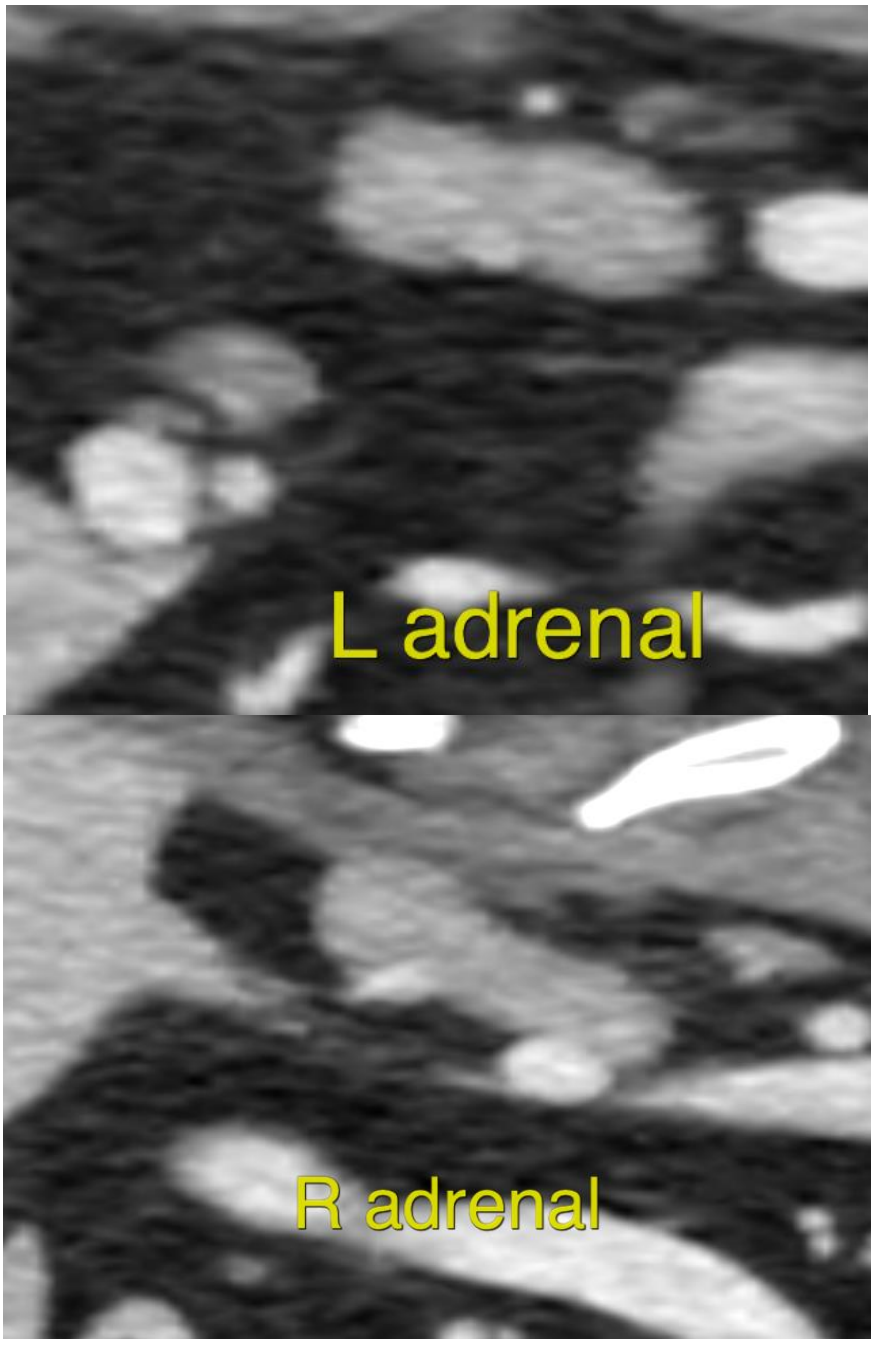
ruled out entirely and tissue sampling could be considered for further definition.

Differential diagnosis for the isoattenuating splenic nodule primarily includes benign nodular hyperplasia and extramedullary hematopoiesis. However, primary or secondary neoplasia cannot be ruled out entirely and further ultrasonographic monitoring should be considered.



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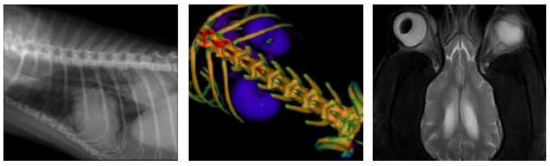

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com