



PATIENT

Pandora Kellogg

PRESENTING CLINICAL SIGNS

presented for evaluation after o states she will not eat, is not having BM, and is lethargic for a few days
Abnormal PE/Chem/CBC/UA Results: lymphopenia

SPECIES

K9

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

Post contrast study available for review.

BREED

Bernese Mtn Dog

COMPUTED TOMOGRAPHIC FINDINGS

The lung, liver, and spleen are not fully included in the collimated field of view.

SEX

FS

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

AGE

6 Years

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A 2.5 cm sized pulmonary bulla within the right caudal lung lobe is noted. There are multiple small interstitial pulmonary nodules in the right and left lung.

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

HOSPITAL NAME

Animal Emergency
Hospital Deland

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

REFERRING VET

Diane Johnson

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.

INVOICE

53146

The spleen presents mild generalized enlargement with scalloping of the splenic capsule at the splenic hilus.

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

DATE

7-29-22

Mild generalized enlargement of the pancreas with mild peripheral fat stranding is noted.

The stomach presents moderate generalized wall thickening with interrugal wall thickness of up



PATIENT to 1.0 cm.

Pandora Kellogg Multiple portal, epigastric, and mesenteric lymphadenomegaly is seen. The epigastric and portal lymph nodes are most significantly enlarged and rounded and measure up to 2.0 cm in diameter.

SPECIES Severe lumbosacral intervertebral disc protrusion with mineralization and mild spondylosis deformans are noted at L1/2 and L5/6.

K9

Head

BREED The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Bernese Mtn Dog

SEX Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

FS

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

6 Years

INTERPRETED BY The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The salivary glands present within normal limits.

HOSPITAL NAME Incomplete fusion of the dorsal arch of the atlas is seen.

Animal Emergency
Hospital Deland

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Diane Johnson

- Multiple mesenteric lymphadenomegaly accentuating the epigastric and portal lymph nodes.
- Gastropathy with increased wall thickness and indistinct layering.
- Pancreatopathy with circumferential mesenteropathy.
- Diffuse splenomegaly.
- Single pulmonary bulla and multiple interstitial pulmonary nodules.
- Severe degenerative lumbosacral stenosis and spondyloses.

INVOICE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

53146

The CT study reveals generalized gastric wall thickening with multiple mesenteric lymphadenomegaly accentuating the epigastric and portal lymph nodes. Differential diagnosis includes diffuse gastric neoplasia such as histiocytic sarcoma or lymphosarcoma and less likely severe chronic gastritis. The lymph node changes are suggestive for an infiltrate with round cells as well.

DATE

7-29-22

The splenic enlargement may be due to general anesthesia however a diffuse neoplastic infiltrate should be considered for the spleen as well as for the liver in spite of rather innocuous CT findings



PATIENT

Pandora Kellogg

and further definition by means of gastroscopy with sampling or ultrasound guided sampling of the gastric wall. Ultrasound guided sampling of the lymph nodes, liver, and spleen should be considered.

SPECIES

K9

The pulmonary bulla is likely the result of spontaneous alveolar rupture and not necessarily of clinical significance; however, it may predispose to the spontaneous development of pneumothorax.

BREED

Bernese Mtn Dog

The interstitial nodules support the presence of multifocal neoplastic infiltrate of the lung such as with round cells or metastases.

SEX

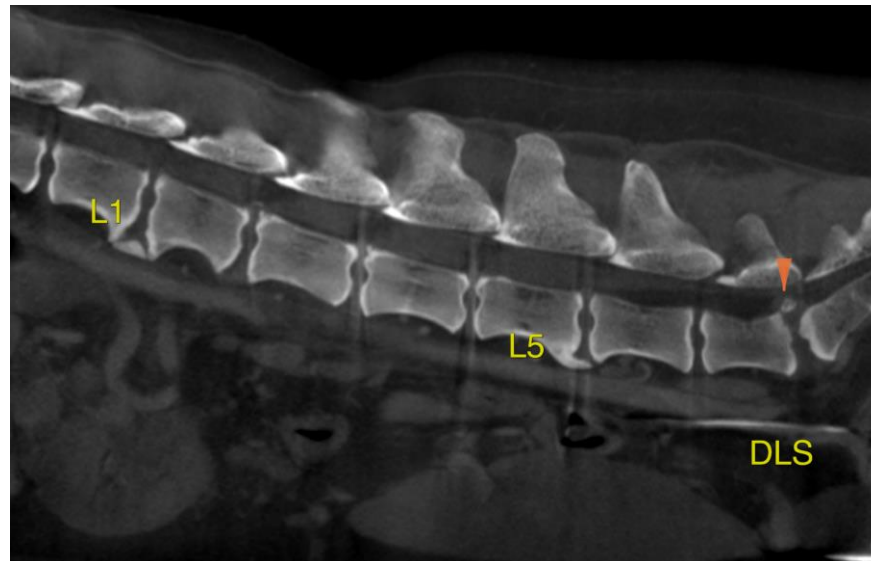
FS

AGE

6 Years

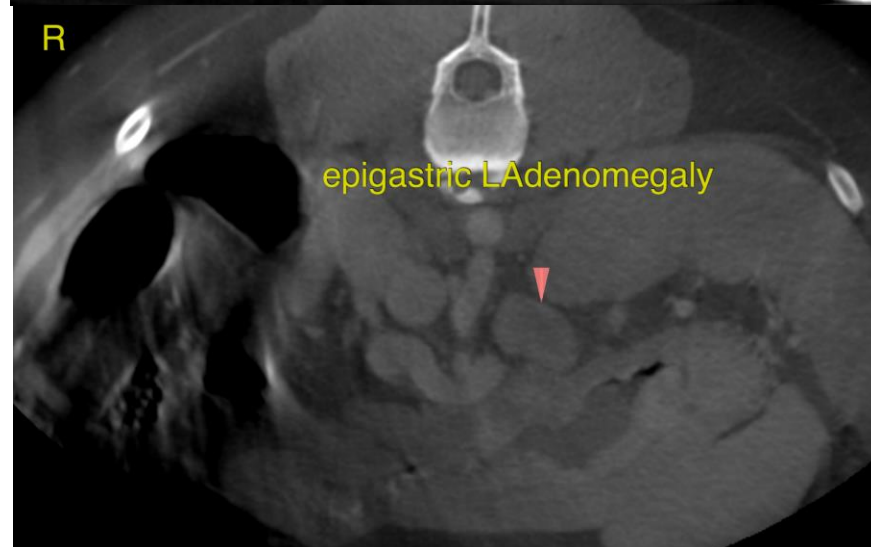
INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI



HOSPITAL NAME

Animal Emergency
Hospital Deland



REFERRING VET

Diane Johnson

INVOICE

53146

DATE

7-29-22



PATIENT

Pandora Kellogg

SPECIES

K9

BREED

Bernese Mtn Dog

SEX

FS

AGE

6 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

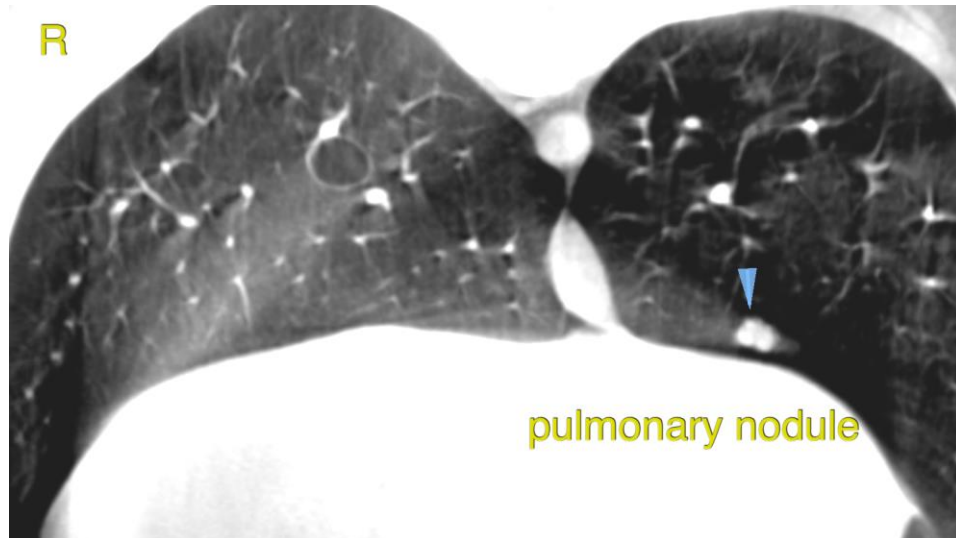
Diane Johnson

INVOICE

53146

DATE

7-29-22



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