



PATIENT

Gizmo Wood

PRESENTING CLINICAL SIGNS

Gizmo is a 10 YO MN Shih Tzu who was presented for CT scan. P has been having hind limb weakness on and off for the last few weeks. Diagnostics including abdominal ultrasound and bloodwork were performed by the rDVM which came back non-specific. P was previously treated for vasculitis of the tongue and diagnosed with IMHA and the medications he was on for that was suspected to cause the abnormality of the tongue. During the time he was diagnosed with IMHA he also had a splenectomy due to a mass.

SPECIES

Canine

BREED

Shih-Tzu

Abnormal PE/Chem/CBC/UA Results: Lact 5.38 mmol/L (0.60-3.00) Hct 30 % (36- 55)
 Cardiovascular: Regular rhythm; Grade 2/6 left apical systolic murmur detected Oral Cavity: Moderate tartar, previous necrotic lesion healed, but missing rostral aspect of tongue
 Assessment: Hindlimb weakness; Open IMHA Heart murmur.

SEX

MN

COMPUTED TOMOGRAPHIC STUDY OF THE WHOLE BODY

Plain and post IV contrast studies of the whole body available for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE

11yr

HEAD AND NECK

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma 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.

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

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

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.

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.

The salivary glands present within normal limits.

The cervical trachea presents within normal limits. The axial musculature presents within normal limits.

The lobes of the thyroid gland are seen and are within normal limits.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

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 Hospital Deland

REFERRING VET

Dr. Kari Lemanski

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The cervical lymph nodes present within the normal limits.

THORAX

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The surrounding soft tissue structures are within normal limits.

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.

BREED

Shih-Tzu

The cardiovascular structures including the pulmonary vasculature are within normal limits.

A small, consolidated area of lung tissue is seen in the ventral peripheral aspect of the right caudal lung lobe in a bronchocentric position. The remainder of the pulmonary parenchyma presents within age related normal limits. Mild atelectatic changes and occasional pulmonary osteomas are seen.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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ABDOMEN

The patient has a history of splenectomy. Ill-defined rounded areas of mixed fatty and fluid attenuation are seen in the position of the splenectomy site. The splenic and other mesenteric lymph nodes present within normal limits.

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Multiple small mineral attenuation foci are randomly distributed throughout the mesentery.

A cluster of mineral attenuating foci is seen in the region of the splenectomy site.

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Mild generalized enlargement of the liver with slightly rounded lobar margins is seen. The gallbladder is moderately distended. A mild amount of mineral attenuating sediment and small mineral attenuating calculi are seen within the gallbladder. Occasional mineral attenuating foci is seen within the hepatic parenchyma.

Mild generalized enlargement of the pancreas with irregular contour is noted. No evidence of regional mesenteropathy is seen.

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Both kidneys present a moderate amount of mineral attenuating material within the renal pelvis and renal diverticuli. No evidence of renal pelvis obstruction or pyelectasia is seen. The kidneys also present multiple cortical renal infarcts. No evidence of ureteral dilation is noted.

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The urinary bladder is moderately distended with multiple small mineral attenuating calculi.



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

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES

SPINE AND PELVIS

Canine

The cervical, thoracic and lumbar spine present within age related normal limits.

BREED

Both stifle joints present mild osteoarthritic changes. The lumbosacral junction and coxofemoral joints present within normal limits.

Shih-Tzu

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

- History of splenectomy with organized hematoma at the splenectomy site.
- Pancreatopathy.
- Hepatopathy.
- Gallbladder microlithiasis.
- Urinary bladder microlithiasis.

MN

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- Bilateral hypercalcemic nephropathy and multiple cortical renal infarcts.
- Consolidated area in the ventral aspect of the right caudal lung lobe.
- Normal brain.
- Normal spine.

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Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the splenectomy site suggest organizing hematoma and organizing mesenteric hematoma. Scar tissue formation and local metastatic spread of a potential splenic neoplasia cannot be ruled out entirely but is considered unlikely at this point.

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There was no evidence of regional lymph node metastases or pulmonary metastases.

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The consolidated lung tissue in the ventral right caudal lung lobe is likely to represent either atelectasis or peribronchial interstitial scarring with metastatic disease unlikely.

Differential diagnosis for the hepatopathy includes vacuolar, endocrine, metabolic, inflammatory/infectious and less likely neoplastic. Correlate with laboratory values and consider biopsy if indicated.

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The findings of the pancreas suggest potential for chronic/recurring pancreatitis or benign nodular hyperplasia as a differential diagnosis with neoplasia thought unlikely.

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Renal excretion and function do not necessarily have to be influenced by the presence of the infarcts and calcified material within the renal diverticuli and pelvis however systemic hypercalcemia can be a reason for the presence of nephrocalcinosis/renal mineral as well as the



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urinary bladder calculi and multiple mesenteric mineralization's. These are less likely to represent metastases rather than metastatic/metabolic calcifications. Consider the potential of lower urinary tract infection. A full UA should be obtained if not performed already.

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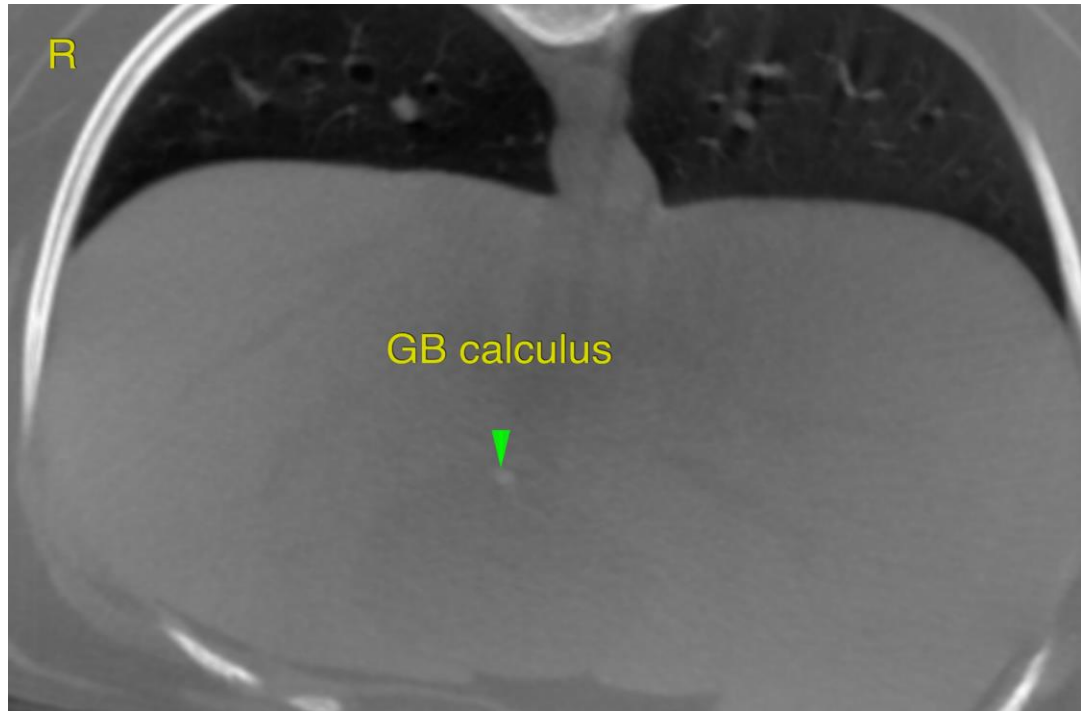
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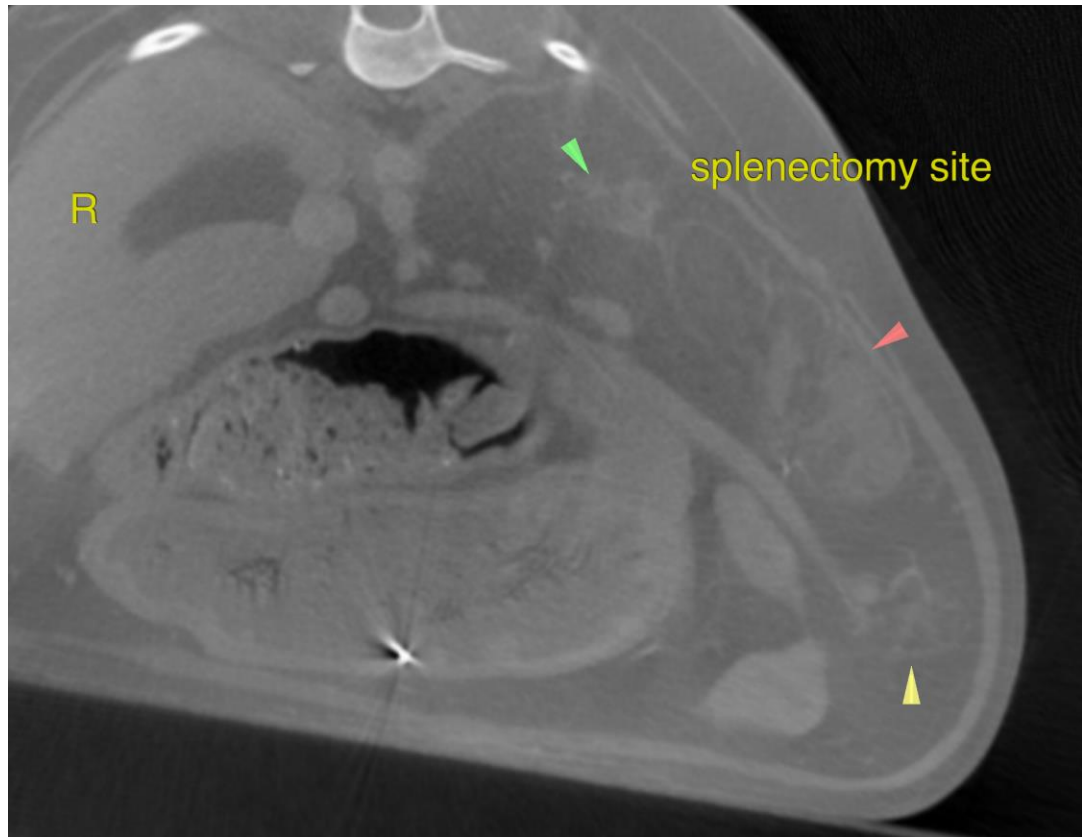
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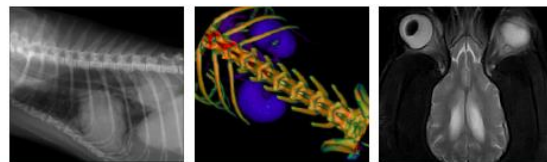
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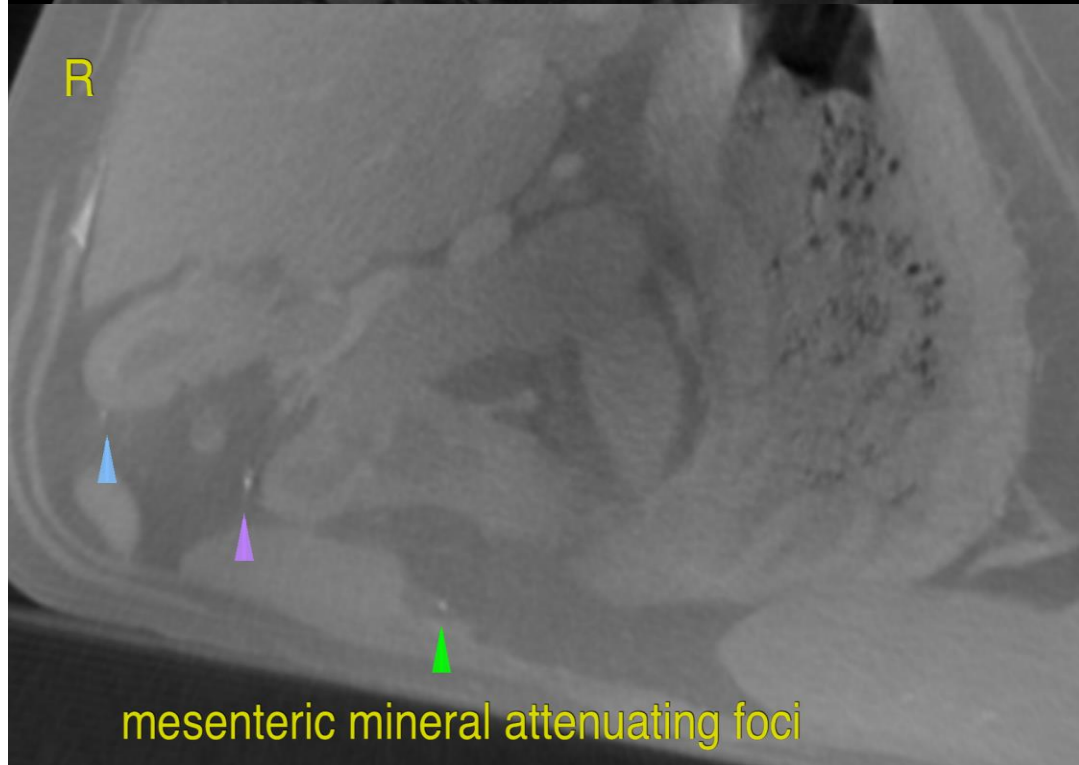
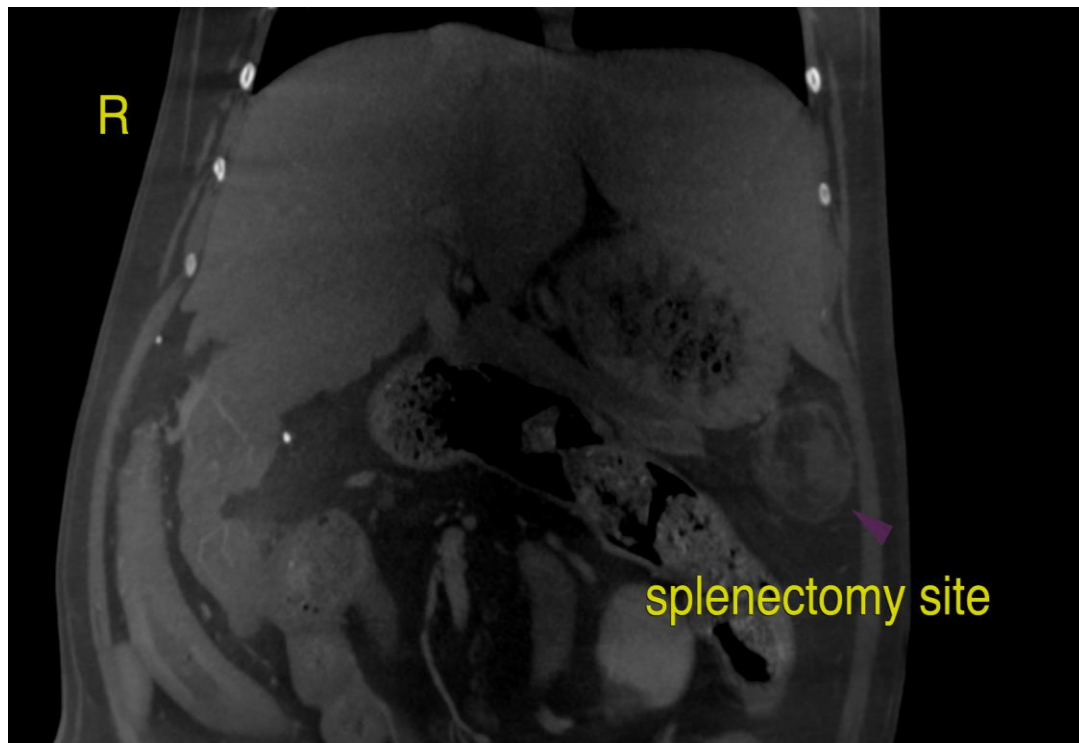
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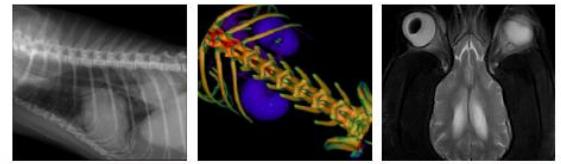
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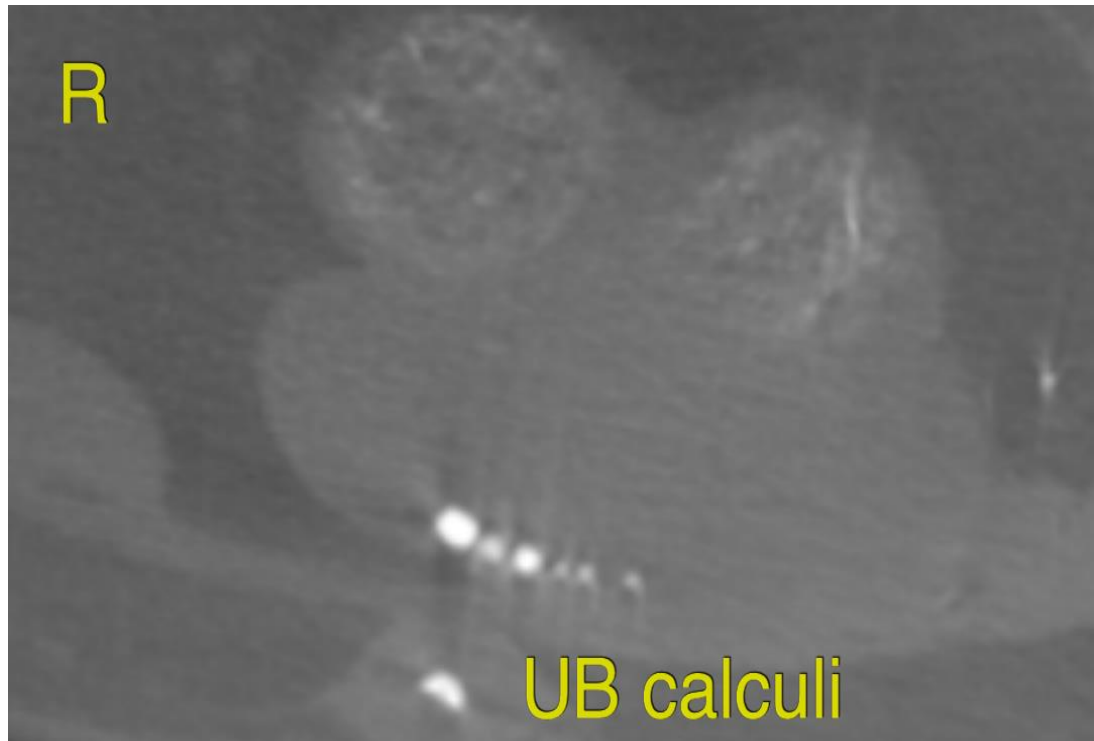
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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
info@sonopath.com

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