



PATIENT

Hugo Gill

PRESENTING CLINICAL SIGNS

vomiting, inappetence and liquid diarrhoea for 1 week no history of scavenging - free fluid (sl) on u/s

Abnormal PE/Chem/CBC/UA Results: cbc/chem slight lymphopenia free fluid transudate with <5% rbc, m cytology unremarkable - aspirates taken prostate (results pending)

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain study of the thorax in lung window and plain and post contrast studies of the abdomen in soft tissue and bone windows available for review.

BREED

Dogue Du Bordeaux

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

SEX

A mild amount of free fluid is seen within the peritoneal cavity.

ME

Moderate symmetric enlargement of the prostate with occasional parenchymal cysts is seen. The prostate measures 4.2 x 5.4 x 4.0 cm.

AGE

4

The sublumbar lymph nodes present within normal limits.

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

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

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A single focal mineral attenuating structure is seen in the central division of the liver. This structure measures approximately 4 x 2mm. There is no evidence of extra- or intra-hepatic portal vascular anomalies.

Mild generalized enlargement of the pancreas with maintained shape, attenuation, and enhancement is seen.

REFERRING VET

Eamon

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

The bony and surrounding soft tissue structures reveal no abnormalities.

INVOICE

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Thorax

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

DATE

8-1-22

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio of < 0.5.

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



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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.

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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.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild ascites
- Suspect benign prostatic hyperplasia - differential diagnosis prostatitis thought unlikely.
- Hepatopathy with parenchymal mineralization versus mineral material within the biliary tree.
- Structurally normal gastrointestinal tract, portal vasculature, kidneys, and adrenal glands.

SEX

ME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4

The CT study reveals no structural changes other than the known ascites which appears to represent a transudate.

Protein loss through the kidneys or gastrointestinal tract as well as metabolic disease of the liver and portal hypertension cannot be ruled out. Correlation with the laboratory values is recommended in the decision making for the further workup in this patient.

INTERPRETED BY

Nele Eley, DVM
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Prostatic disease is an unlikely cause of the ascites.

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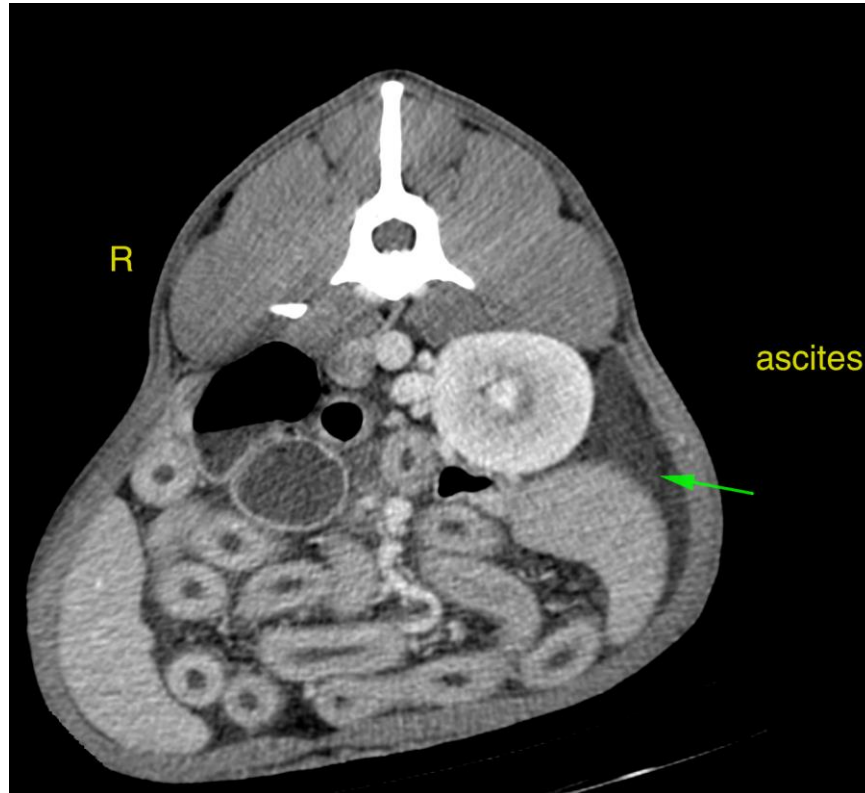
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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