



PATIENT

Izzy Murray

PRESENTING CLINICAL SIGNS

Presented for not eating, weight loss, hypercalcemia, and elevated alt/alp.
 Abnormal PE/Chem/CBC/UA Results: Alt325 u/l, alp 562 u/l, ca 13 mg/dl, phos 2.3 mg/dl, ica 1.87 mmol/l

SPECIES

Canine

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

Plain and post contrast studies available for review.

BREED

Boxer

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

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.

SEX

FS

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

AGE

6

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

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

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.

Mild bilaterally symmetric submandibular lymphadenomegaly is seen. Moderate bilaterally symmetric retropharyngeal lymphadenomegaly is present. The cervical lymph nodes present moderate enlargement as well on both sides.

HOSPITAL NAME

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 Referral Hospital

The salivary glands present within normal limits.

The visible dentition is within normal limits.

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

REFERRING VET

Dr. Runde

Thorax

Mild T4/5 spondylosis deformans is noted.

INVOICE

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A 5 x 3 x 6 cm sized cranioventral mediastinal mass with soft tissue attenuation and uniform hypoenhancement is seen. The tracheobronchial and sternal lymph nodes present within normal limits.

DATE

8-10-22

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.

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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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Abdomen

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

BREED

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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.

SEX

FS

The spleen presents moderate generalized enlargement with mildly scalloping margins and diffuse nonuniform enhancement.

AGE

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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.

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

Multiple abdominal lymphadenomegaly is noted. The portal, epigastric, gastroduodenal, splenic, jejunal, colon, medial iliac and hypogastric lymph nodes are moderately enlarged and rounded. The largest are the jejunal lymph nodes with a diameter of 2.5 cm.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multicentric lymphadenomegaly involving the superficial and deep lymph nodes.
- Cranioventral mediastinal soft tissue mass.
- Splenomegaly with mottled enhancement.

REFERRING VET

Dr. Runde

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals multicentric superficial and deep lymphadenomegaly meeting neoplastic criteria. Round cell neoplasia is a primary differential diagnosis. Metastases of an undetermined primary tumor and granulomatous disease cannot be ruled out entirely but is thought less likely. Sampling of the lymph nodes is recommended for further definition.

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The cranioventral mediastinal soft tissue mass may represent cranial mediastinal lymphoma, thymic lymphoma, thymoma, and less likely ectopic thyroid or parathyroid tumor, benign neoplasia, or granuloma. Consider ultrasound guided fine needle aspiration for further definition.

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The splenic changes are highly suggestive for a diffuse neoplastic infiltrate. Splenic congestion with nodular hyperplasia, extramedullary hematopoiesis, splenitis, idiopathic hypersplenism, and



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other are all thought less likely. Consider fine needle aspiration for further definition.

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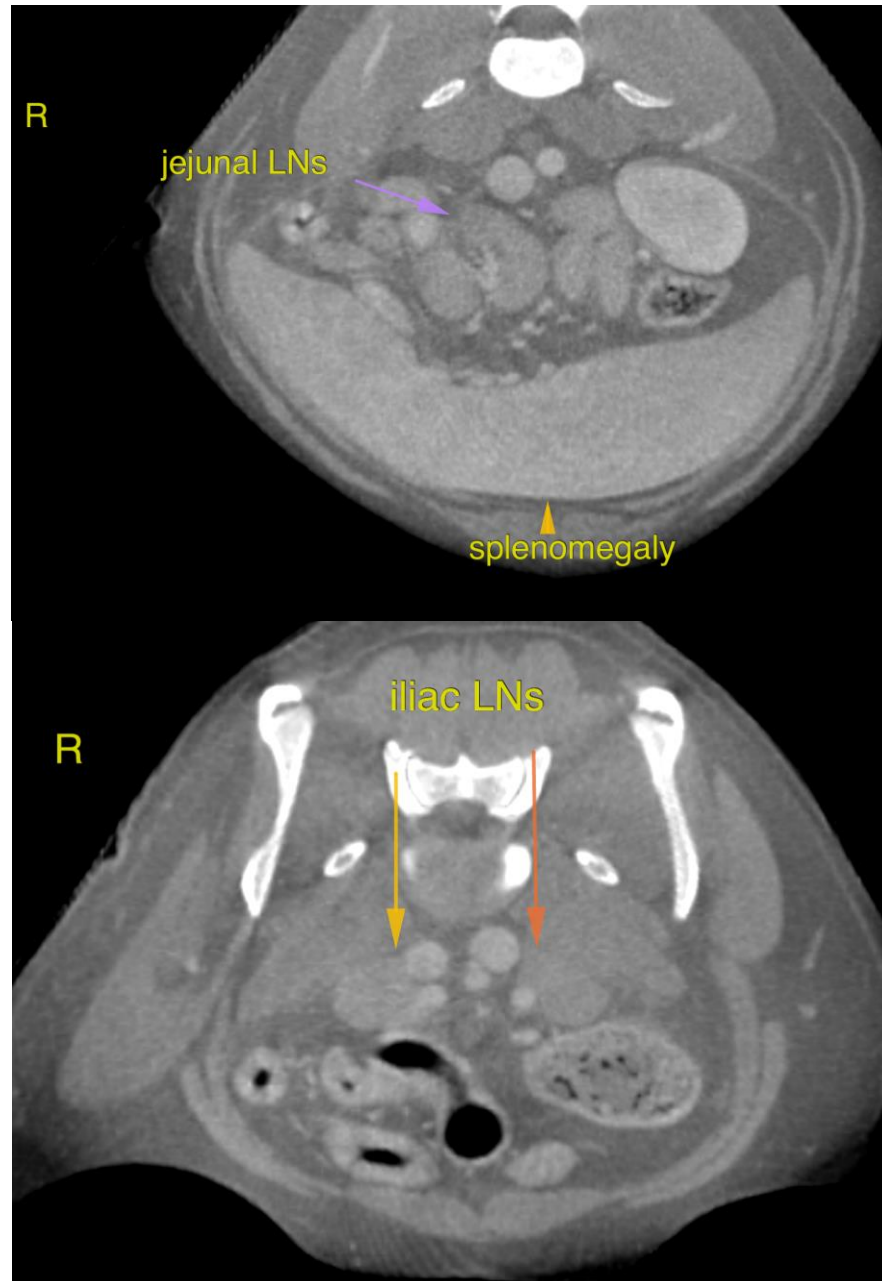
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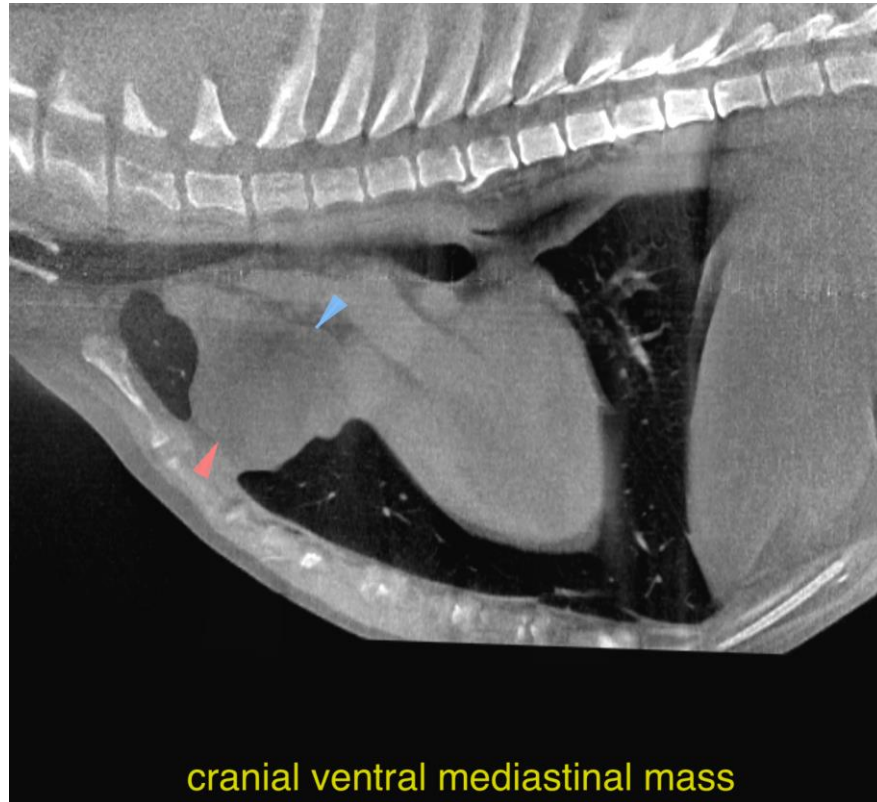
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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