SonoPath Teleradiology
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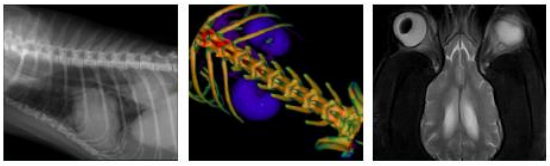


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maddox Dombek

SPECIES

Canine

BREED

Labrador

SEX

SF

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

53456

DATE

8-13-22

PRESENTING CLINICAL SIGNS

History for CT: Patient presented 5/31/22 and was diagnosed with hip dysplasia and IVDD lesion L1-2. Total Ca 12.4 (9-12.2) and globulin increased on bloodwork. Started on nsaids, muscle relaxants and gabapentin, with k-laser therapy. Presented 7/23/22 for recheck and patient seemed painful, uncomfortable. Repeat radiographs showed L2-3 disc space narrowed with moderate sclerosis of the endplates, and irregularity of the end plate of L3- no changes were noted between L2-3 on 5/31. Radiology report noted- "this appearance could be associated with chronic intervertebral disc disease, though given the irregularity of L3, the potential for discospondylitis or other aggressive disease is also considered". The tail of the spleen was noted to have an irregular border. Total Ca increased to 12.8 with globulin increased. Patient returned for CT today. Total Ca now 13.1 on bloodwork.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, ABDOMEN, PELVIS, & SPINE

Plain studies of the head and thorax, and post contrast studies of the lumbar spine, pelvis, and abdomen available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. 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.

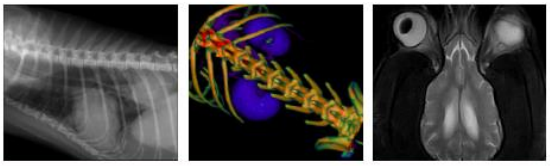
The salivary glands present within normal limits.

Thorax

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

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.

Abdomen

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

A 3.5 cm sized irregular shaped and ill-defined mass with heterogeneous enhancement is seen in the splenic tail. Multiple variably sized nodules with heterogeneous enhancement are distributed throughout the remainder of the spleen.

Multiple up to 1.5 cm sized hypoenhancing nodules are distributed throughout the liver.

Mild generalized enlargement of the pancreas with slightly irregular margins is seen. There is no evidence of regional mesenteropathy.

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

Pelvis

Moderate bilateral hip dysplasia with moderate secondary osteoarthritic changes is noted.

The left hind limb presents moderate atrophy of its musculature.

Spine

Multiple severe concave vertebral end plate defects are noted in the cranial thoracic spine between T3 and T4. The intervertebral disc space presents moderate collapse. A moderate amount of irregular peripheral new bone is emerging from the vertebral end plates. There is hypoattenuating material occupying the ventral epidural space.

Moderate protrusion is seen between L1/2 and L2/3. The vertebral end plates between L1/2 and L2/3 present sclerosis with smoother concave defects surrounded by peripheral sclerosis. A moderate amount of irregular and ill-defined new bone is emerging from the vertebral end plates.

L3/4 and L4/5 present moderate protrusion and early spondylosis deformans.

Moderate lumbosacral intervertebral disc protrusion is noted.

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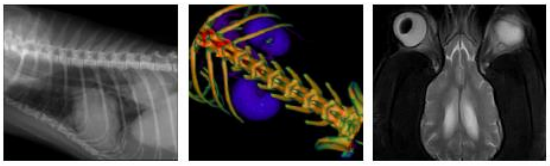

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple discospondylitis within the thoracic and lumbar spine.
- Splenic tail mass and multiple splenic nodules.
- Hepatic nodules.
- Pancreatopathy.
- Bilateral canine hip dysplasia with coxofemoral joint osteoarthritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are diagnostic for multifocal discospondylitis. T3/4 appears to be a more chronic L1/2 and L2/3 likely represent subacute stages of discospondylitis. Early infection at other sites throughout the spine cannot be ruled out. Screening for a systemic infection is advised. The long term use of antibiotics is recommended if not performed already.

Differential diagnosis for the splenic mass and nodules includes hemangioma, hemangiosarcoma, hematoma, and nodular hyperplasia. Secondary neoplasia such as metastatic disease cannot be ruled out entirely. Further ultrasonographic monitoring could be discussed versus elective splenectomy.

The hepatic nodules may represent benign nodular hyperplasia, nodular hepatitis, or metastatic disease of an undetermined primary tumor.

Pancreatic changes support the presence of chronic pancreatitis. Benign nodular hyperplasia is a potential but less likely differential diagnosis.

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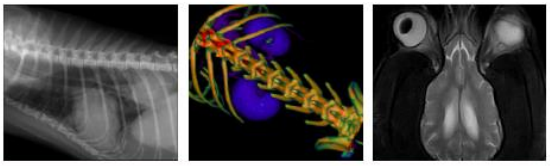

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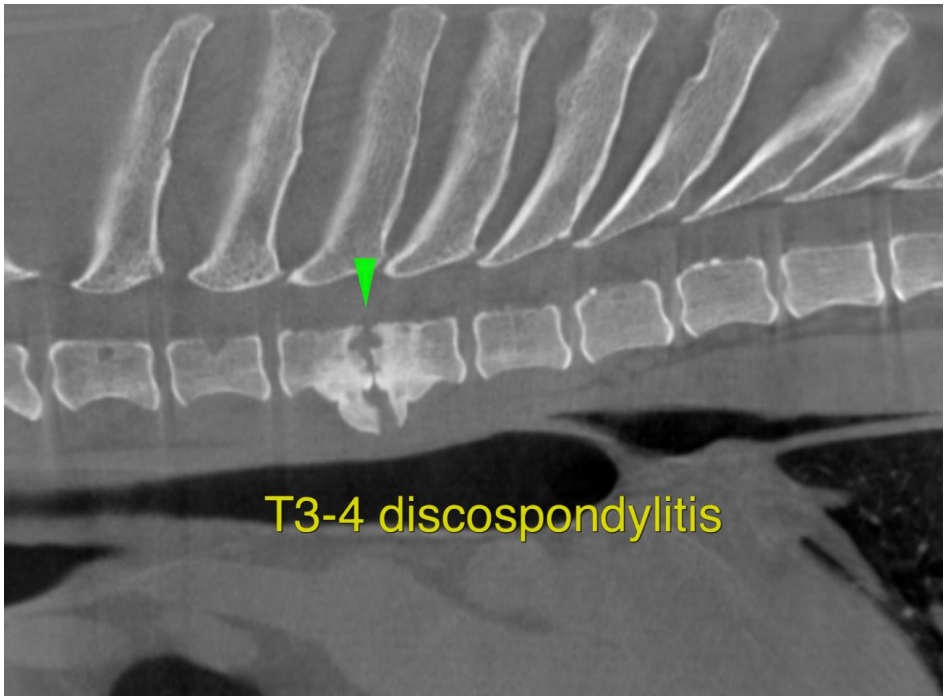

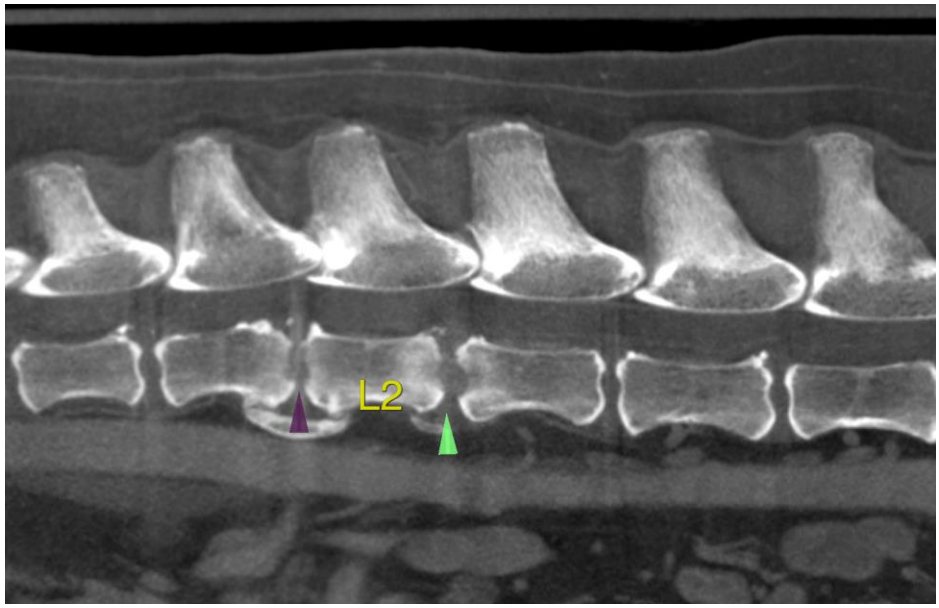

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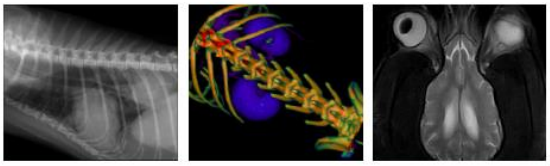

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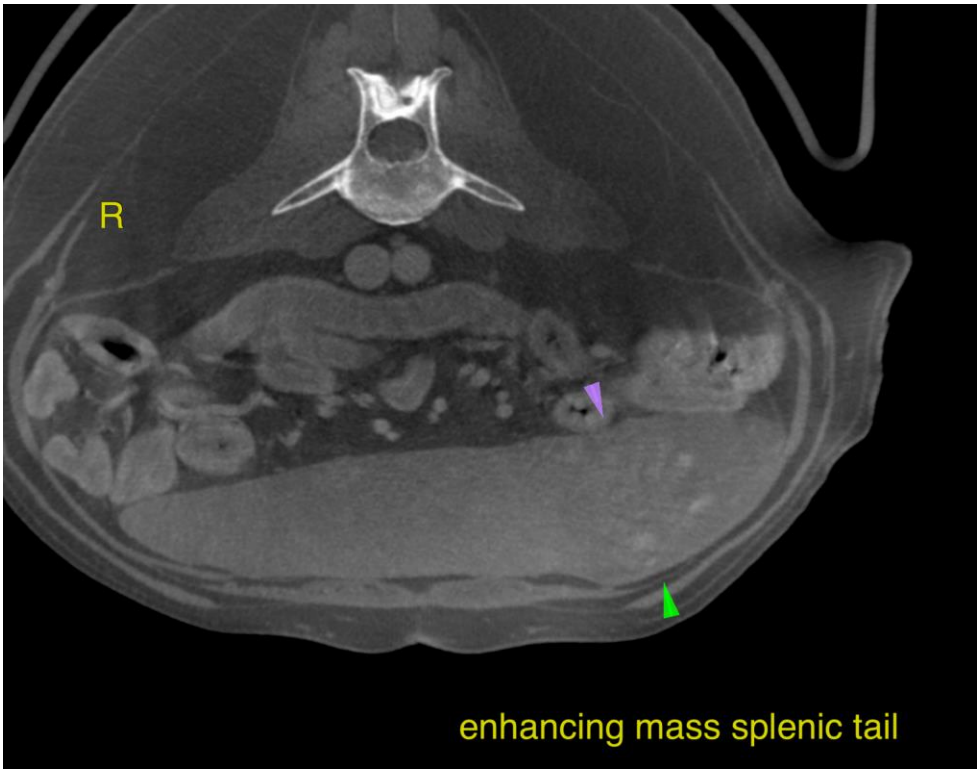

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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