



PATIENT

DouDou Wang

PRESENTING CLINICAL SIGNS

Presented for chronic intermittent GI signs and elevated calcium, azotemia, and parathyroid levels.
 Abnormal PE/Chem/CBC/UA Results: Ica 1.97 mm/l Creat 2.7 mg/dl Tca >16 Parathyroid 36.80

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies available for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Head

An 8 x 7mm sized uniformly contrast enhancing extraaxial suprasellar intracranial mass is seen in the position of the pituitary gland. Dorsal deviation of the thalamus and hypothalamus is noted. There is no evidence of associated aggressive bone lesions.

SEX

MN

The lymph nodes of the head present within normal limits.

AGE

11

The tonsils are prominent.

Mild bilateral nasal and frontal sinus fluid accumulation is noted.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Neck

The right internal parathyroid presents mass like enlargement and measures 11mm in length and 6mm in diameter. Deviation and compression of the adjacent parenchyma of the right thyroid lobe is noted. There is nonuniform post-contrast attenuation with multifocal cavitation.

HOSPITAL NAME

Northeast Veterinary
 Referral Hospital

The right cranial and left cranial and caudal parathyroid glands as well as both thyroid lobes present within normal limits.

The retropharyngeal and cervical lymph nodes present within normal limits as well.

REFERRING VET

Dr. Runde

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suprasellar extraaxial intracranial mass.
- Expansile mass with heterogeneous enhancement of the right internal parathyroid gland.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a suprasellar extraaxial intracranial mass. Pituitary adenoma is by far most likely. Meningioma, lymphosarcoma, pituitary adenocarcinoma, and other cannot be ruled out entirely but are by far less likely differential diagnoses.

DATE

8-16-22

The findings of the right internal parathyroid are suggestive for adenoma. Adenomatous hyperplasia, parathyroid carcinoma, and parathyroiditis cannot be ruled out entirely but are by far less likely.



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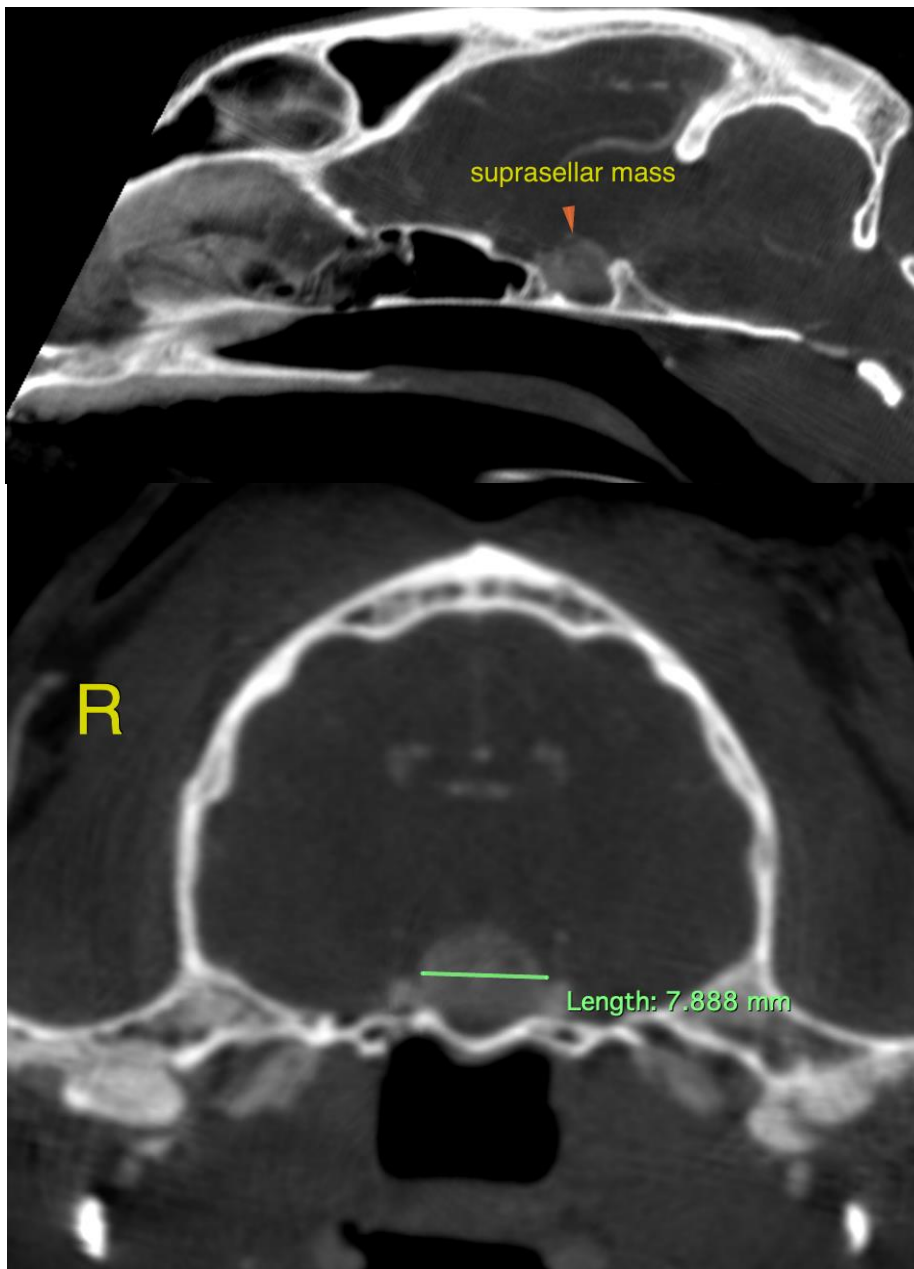
Dr. Runde

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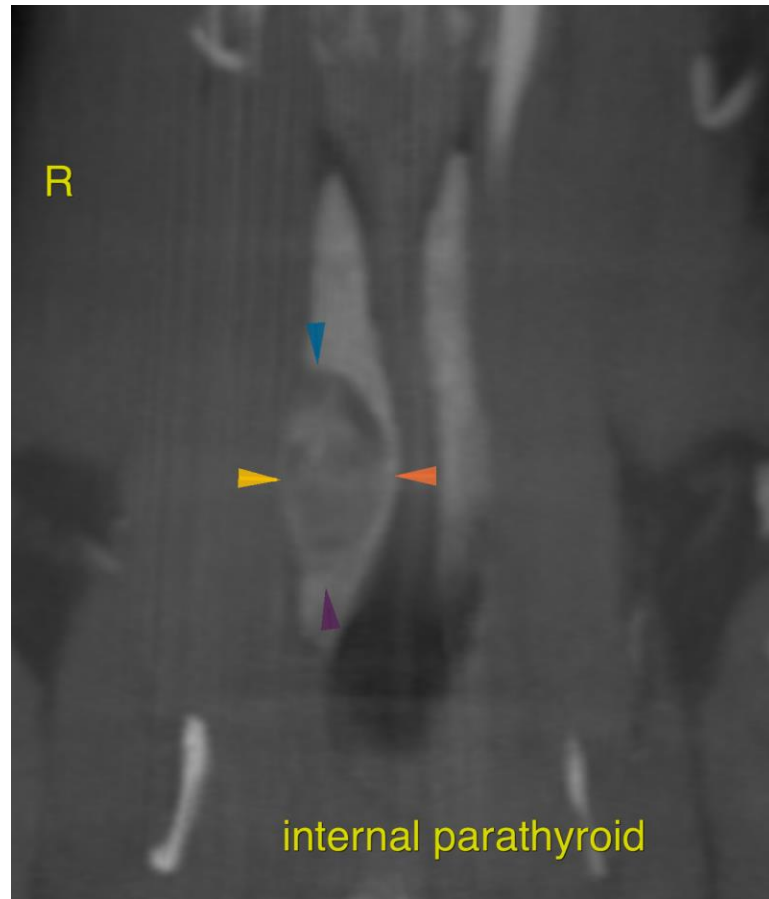
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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