



PATIENT

Lulu Garcia

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

47051

DATE

8-20-21

PRESENTING CLINICAL SIGNS

Recent internal medicine follow up and abdominal ultrasound. (full report attached). The ultrasound revealed some findings to be stable and new findings were noted. The nodule in the liver could be a benign process, however, malignancy is a possibility so it would need to be monitored. Similarly, a splenic nodule was seen which has been noted in the past; unfortunately, since it wasn't measured previously, I cannot compare if it has grown in size. The bilateral adrenomegaly, hepatomegaly and hyperechoic liver are secondary to Cushing's disease. The thickening of the intestines is probably the cause of the weight loss and inappetence secondary to a chronic enteropathy; lymphoma or any neoplasia is possible but unlikely
Abnormal PE/Chem/CBC/UA Results: Panting, geriatric

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies of the head and abdomen and post contrast study only of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

A 12mm sized soft tissue attenuating irregular shaped mass with focal mineralization and strong contrast enhancement is seen in the right retropharyngeal region medial of the medial retropharyngeal lymph node and immediately rostral of the carotid sinus. The mass presents high vascularity and appears to connect to the carotid sinus.

The medial retropharyngeal and submandibular lymph nodes present within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric. No evidence of pituitary enlargement is seen.

Focal mineralization of the right lens is seen compatible with senile nuclear sclerosis.

Thorax

T9 is a wedge shaped hemivertebra.

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.

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.

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.

Abdomen

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

Small cortical renal cysts are seen within both kidneys.

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The right and left adrenal glands present architectural remodeling and asymmetric enlargement with an average pole diameter of 11mm and mildly heterogeneous contrast enhancement.

An isoattenuating 13mm sized expansile nodule is seen on the splenic head.

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There is moderate irregular enlargement of the liver with multiple hypo- and hyper- enhancing nodules throughout the parenchymal of all liver lobes as well as diffuse heterogeneous contrast enhancement.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The stomach is post-prandial. The position, delineation, and wall of the gastrointestinal tract are considered within normal limits throughout.

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There is a small lipoma in the cranial and ventral abdominal wall ventral of the falciform ligament measuring 10mm in diameter.

The L1/2 intervertebral disc space presents collapse and moderate circumferential new bone formation as well as vertebral end plate sclerosis. Mineralizing disc hernia with moderate compressive myelopathy is seen. A cystic osteolytic lesion of the 1st lumbar vertebra is noted compatible with a degenerative cyst.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Highly vascularized soft tissue mass in the right retropharyngeal region meeting neoplastic criteria.
- Hepatomegaly with multiple nodules.
- Bilateral asymmetric adrenomegaly.
- No macromorphologic pituitary enlargement.
- Expansile splenic nodule.
- Degenerative cysts of the kidneys.
- Chronic intervertebral disc hernia with moderate spinal cord compression L1/2.
- Congenital vertebral malformation T9.
- Presumed senile nuclear sclerosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No macromorphological pituitary gland enlargement was seen which, however, does not rule out pituitary adenoma.



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The findings of the adrenal glands are presumed to represent functional hyperplasia. Functional adenoma or adenocarcinoma of the adrenal glands cannot be ruled out entirely but is considered less likely based on the CT findings.

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The source of the hepatomegaly is likely to be two-fold. The presence of steroid induced hepatopathy is likely. Other metabolic hepatopathy, benign nodular hyperplasia, and regenerative nodules are likely to be present concurrently. A multifocal neoplastic infiltrate including metastatic disease cannot be ruled out entirely but is thought less likely based on the CT findings. Final diagnosis would require histology.

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The splenic nodule is likely to represent benign nodular hyperplasia or extramedullary hematopoiesis. Primary or secondary neoplasia of the spleen are thought less likely.

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Differential diagnosis for the mass in the right retropharyngeal region includes carotid body tumor, ectopic thyroid carcinoma, and other soft tissue sarcoma including hemangiosarcoma.

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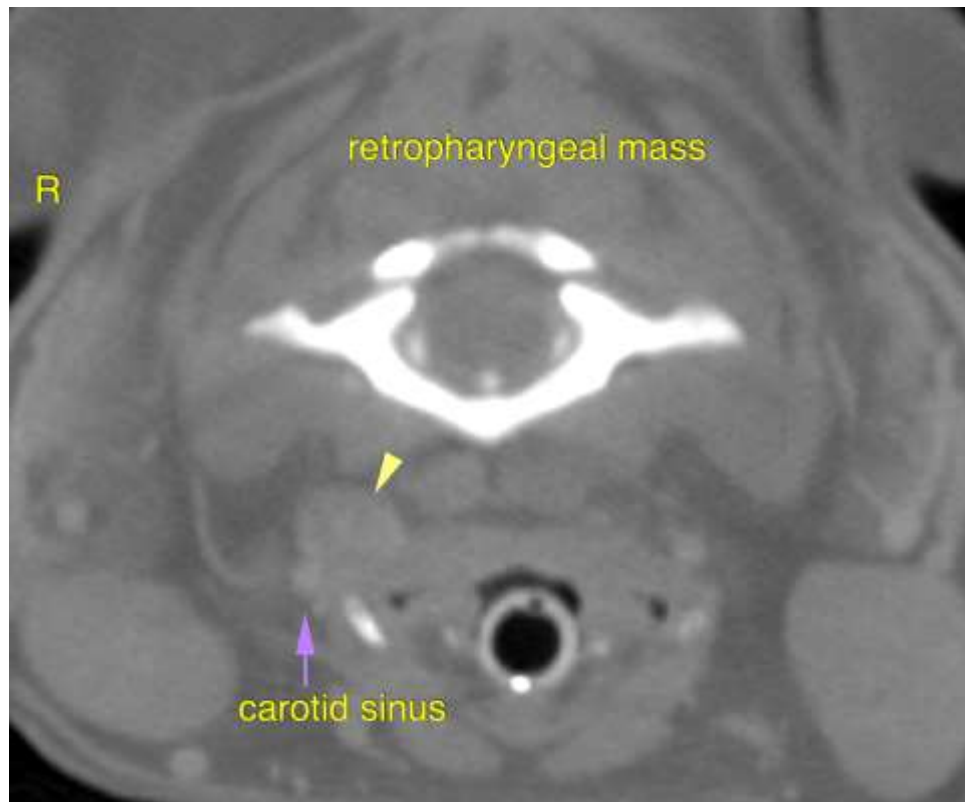
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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