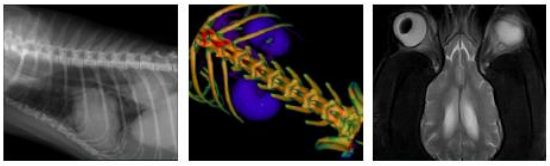

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1-800-838-4268 info@sonopath.com

PATIENT

Godzilla Purvis

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Samantha Parkinson

INVOICE

59885

DATE

8-22-23

PRESENTING CLINICAL SIGNS

Please note, cholecystecomy on 04/25/23. A CT scan on 06/27/23 revealed foreign material in the nasal choana which was removed during endoscopy same day. P has Cushings disease not currently under treatment; was recommended to wait until after anesthestic procedures and to complete abx for UTI first. CT scan today to evaluate all lymph nodes and adrenal glands, r/o tumors.
Abnormal PE/Chem/CBC/UA Results: Nonregenerative anemia, high globulin, low albumin, and UTI on 08/15/23. Urine culture pending.

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

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a history of cholecystectomy.

Abdomen

Moderate generalized enlargement of the liver with rounded lobar margins is seen.

Stapler clamps are seen in the region of the portal hilus.

The gallbladder is absent.

Moderate splenomegaly with faintly hyperenhancing nodules is seen.

There is bilaterally symmetric moderate adrenomegaly with caudal pole diameters of 9mm on the left and right hand side each.

The urinary bladder is severely distended. Multiple small mineral attenuating calculi are seen within the urinary bladder.

The nephrogram is irregular bilaterally with multiple cortical renal infarcts and cysts.

Thorax

Multiple up to 5mm sized interstitial soft tissue nodules are seen.

Mild to moderate multiple cranial mediastinal lymphadenomegaly is noted.

There is mild flattening of the thoracic and cervical trachea.

Head & Neck

Bilateral otitis media is noted.

There is severe enlargement with heterogeneous enhancement of the bilateral retropharyngeal lymph nodes.

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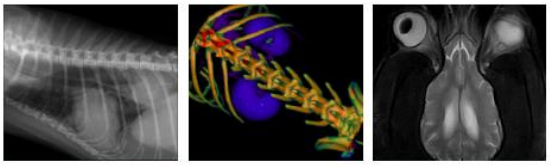

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The thyroid glands present within normal limits.

Enlargement of the pituitary gland is seen with uniform contrast enhancement. Pituitary gland height is 4mm.

The cervical lymph nodes present moderate enlargement bilaterally.

Skeleton

Multiple vertebrae and ribs present aggressive bone lesions with palisading new bone formation.

The bilateral humeri present medullary infarcts and palisading new bone formation.

An aggressive bone lesion of the right scapula, femoral head, and neck is seen.

The patient has an asymmetric lumbosacral transitional vertebra.

A subcutaneous soft tissue nodule is seen in the dorsal thoracic wall to the right of the midline.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple interstitial pulmonary nodules.
- Multiple deep and superficial lymphadenomegaly.
- Multiple aggressive bone lesions of the axial and appendicular skeleton.
- History of cholecystectomy.
- Hepatomegaly.
- Splenic nodules.
- Bilaterally symmetric adrenomegaly.
- Pituitary gland enlargement compatible with adenoma.
- Urinary bladder calculi.
- Suspect degenerative changes of the bilateral kidneys.
- Asymmetric lumbosacral transitional vertebra.
- Subcutaneous soft tissue nodule.
- Bilateral otitis media.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with multicentric metastasizing neoplasia. The findings of the lung, cervical, retropharyngeal, and mediastinal lymph nodes, as well as the multifocal aggressive bone disease are all compatible with metastases.

The findings of the liver, pituitary gland, and adrenal glands are compatible with hormone producing pituitary gland adenoma and pituitary dependent Cushing's with bilaterally symmetric adrenal hyperplasia and endocrine hepatopathy.

The splenic nodules can represent benign lymphoid hyperplasia or extramedullary hematopoiesis. Metastatic disease cannot be ruled out.

The long term prognosis is poor.

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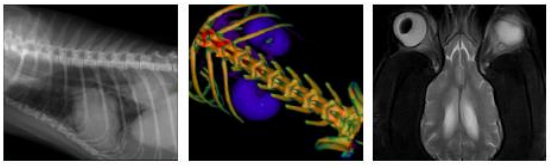

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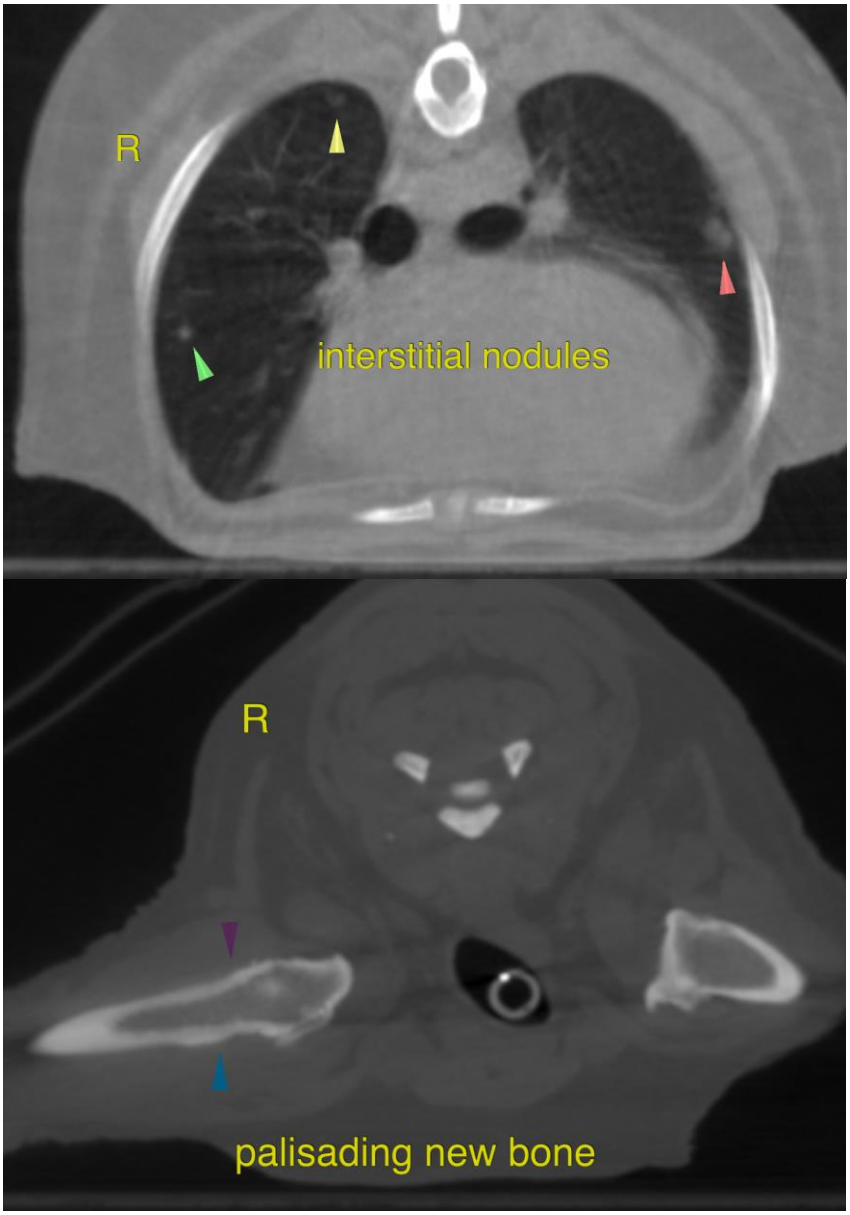

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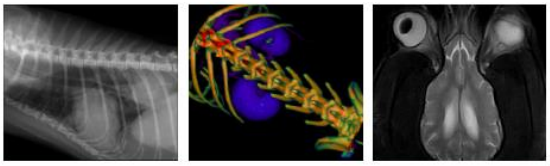

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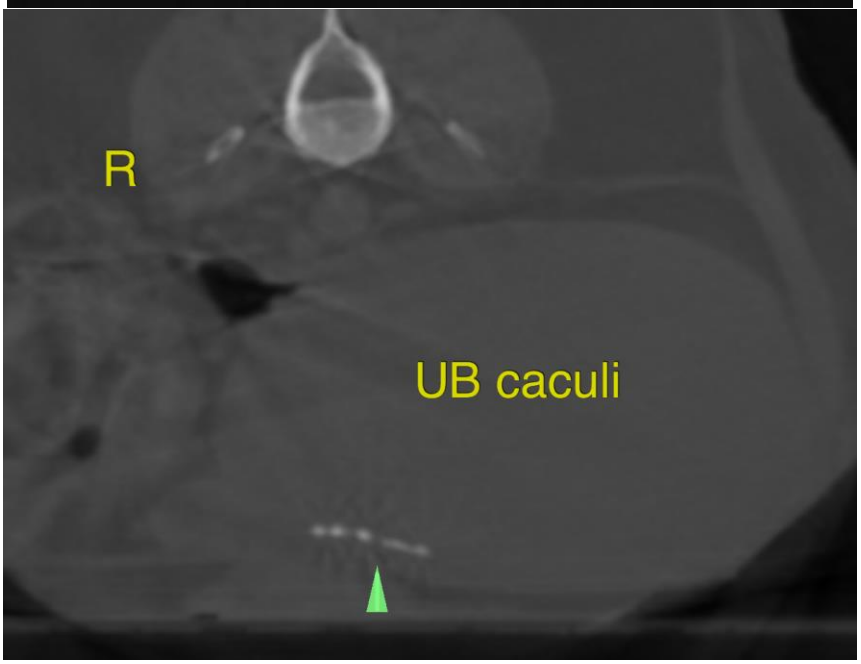

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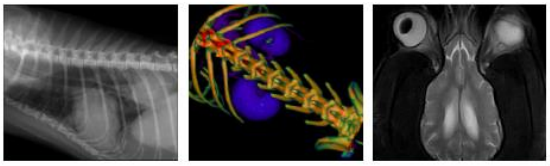

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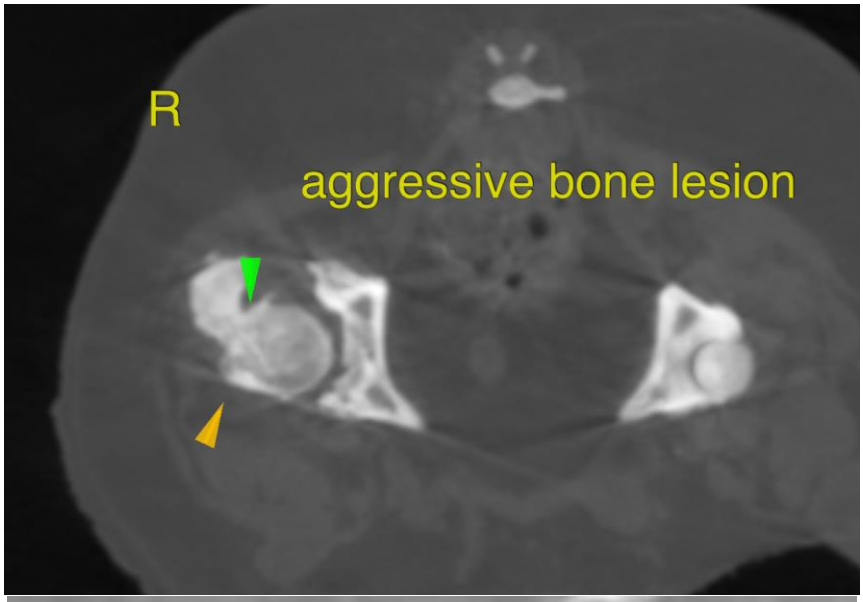

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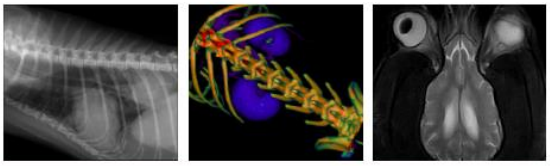

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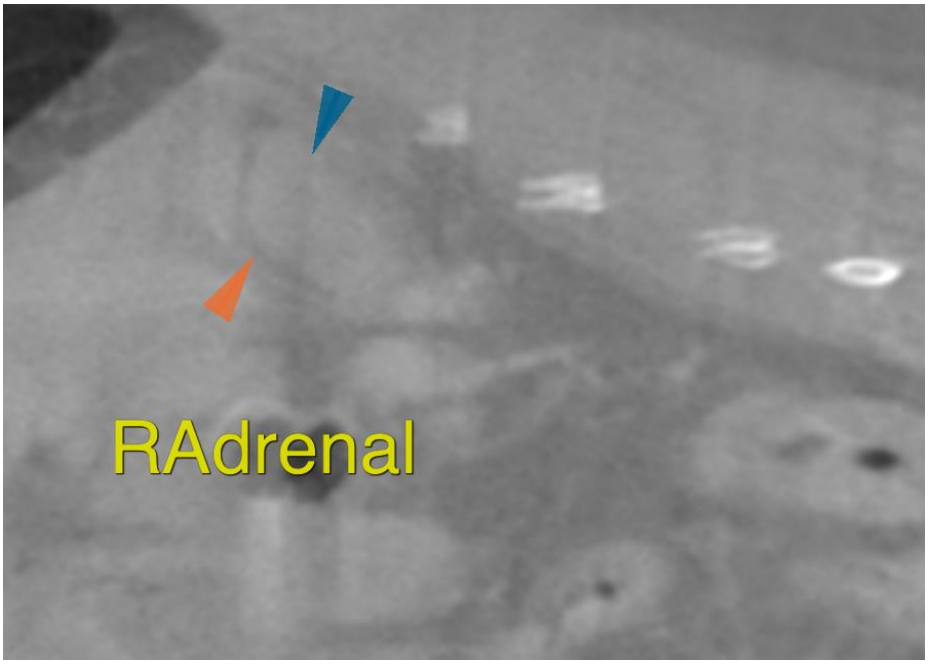

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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