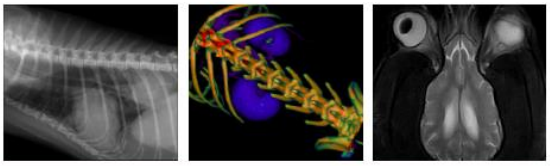
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Charlie Driggs

SPECIES

Canine

BREED

Cockapoo

SEX

CM

AGE

13.7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Angela Ahlstrom

INVOICE

53833

DATE

8-29-22

PRESENTING CLINICAL SIGNS

Charlie presented with a 3 month history of a progressive cough. He was rescued 3 years ago and has had an intermittent since then. A more severe cough has been progressive for the past 3 months. No response to treatment with doxycycline, Temaril-P or hydrocodone. Radiographs show a mass in the right cranial lung lobe. No evidence of metastasis is noted. He has chronic GI issues according to the owner. He doesn't eat well in the morning and has stomach noises. No vomiting. Stools generally okay - occasional mucous or small amount of blood. Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Blood work is dated 8/18/22. CBC - PCV = 44%, WBC = 11200, neutrophils = 9296, lymphocytes = 672, monocytes = 560. Platelets = 421,000. Chemistry - normal. Urinalysis - not provided. Ultrasound guided fine needle aspirate are obtained from the pulmonary mass. There are several small cavitations within the mass.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A 4.5 x 3.0 cm sized ovoid ill-defined and irregular shaped mass is seen within the right cranial lung lobe. The pulmonary volume is enlarged. Multifocal mineralization and heterogeneous contrast enhancement are seen. The remainder of the lung presents occasional pulmonary osteomas. No evidence of interstitial pulmonary nodules or masses is seen.

The mediastinal lymph nodes present within normal limits.

There is no obvious evidence of cardiovascular pathology.

Abdomen

Mild generalized enlargement of the liver is noted.

The gallbladder is severely distended with fluid attenuating soft tissue attenuating and layered mineral attenuating content. Mild dilation of the cystic duct is seen. The common bile duct is nondilated.

There is mild generalized enlargement of the pancreas with no evidence of regional mesenteropathy.

Both kidneys reveal multiple cortical renal infarcts.

The adrenal glands present within normal limits.

Mild generalized wall thickening is noted throughout the small intestine with an average wall thickness of 4mm. There is no evidence of transmural loss of wall layering.

The mesenteric lymph nodes present within normal limits.

Occasional hyperenhancing splenic nodules are seen.

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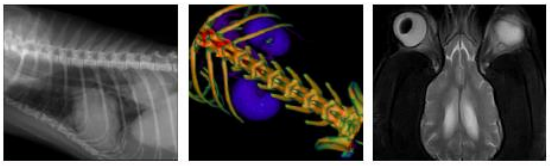

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass meeting neoplastic criteria within the right cranial lung lobe.
- Hepatomegaly.
- Biliary microlithiasis versus chronic cholecystitis versus mineralizing gallbladder mucocele.
- Generalized hepatopathy.
- Suspect chronic pancreatitis.
- Enteropathy with diffuse small intestinal wall thickening.
- Splenic nodules.
- Cortical renal infarcts of both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bronchial carcinoma is a primary differential diagnosis for the mineralizing soft tissue mass within the right cranial lung lobe. Granuloma and pneumonic infiltrate are thought by far less likely. Secondary neoplasia of the lung including sarcoma and round cell neoplasia is a potential differential diagnosis. Direct lung lobectomy could be discussed versus ultrasound guided fine needle aspiration using a right cranial parasternal intercostal approach.

Differential diagnosis for the hepatomegaly includes hepatitis such as cholangiohepatitis as well as vacuolar, metabolic, or endocrine hepatopathy. Diffuse neoplastic infiltrate cannot be ruled out entirely but is thought less likely. Correlate with the laboratory values and consider ultrasound as well as parenchymal sampling for further definition.

Differential diagnosis for the gallbladder changes includes chronic cholecystitis, mineralizing mucocele, and less likely gallbladder sand without concurrent inflammation.

Differential diagnosis for the splenic nodules includes benign nodular hyperplasia, extramedullary hematopoiesis, and unlikely, metastatic disease.

The transmural wall thickening throughout the small intestine suggests chronic enteropathy such as IBD, eosinophilic enteropathy, and less likely diffuse neoplastic infiltrate. No evidence of concurrent mesenteric lymphadenomegaly is found. Consider correlating the findings with complementary ultrasound and discuss the options of endoscopic or full thickness biopsies of the small intestine.

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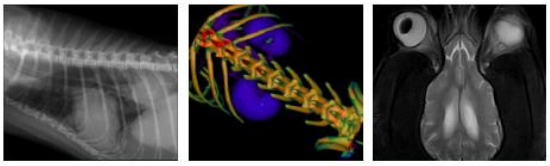

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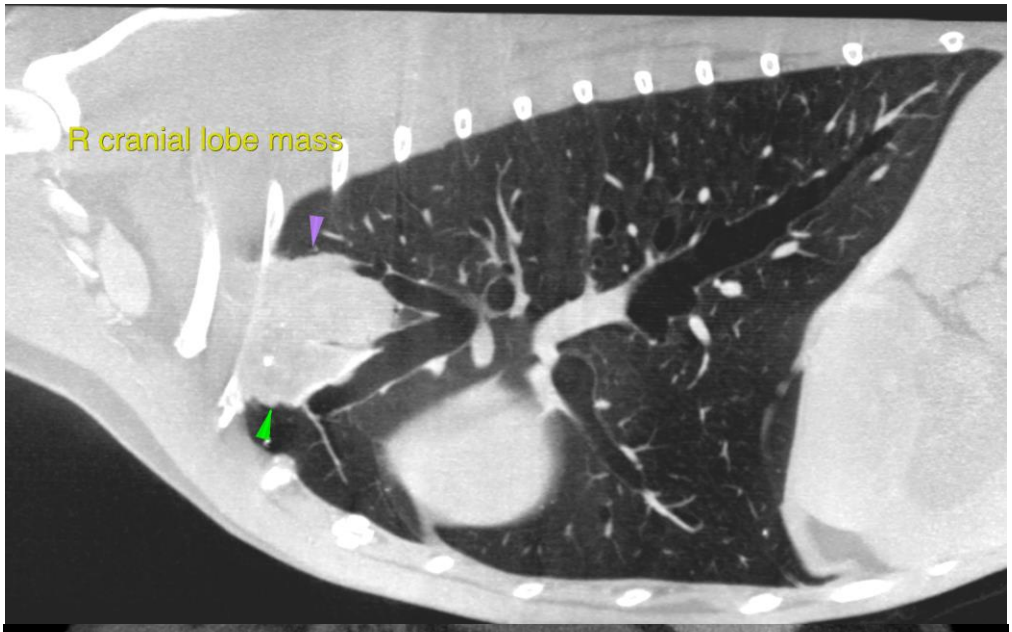

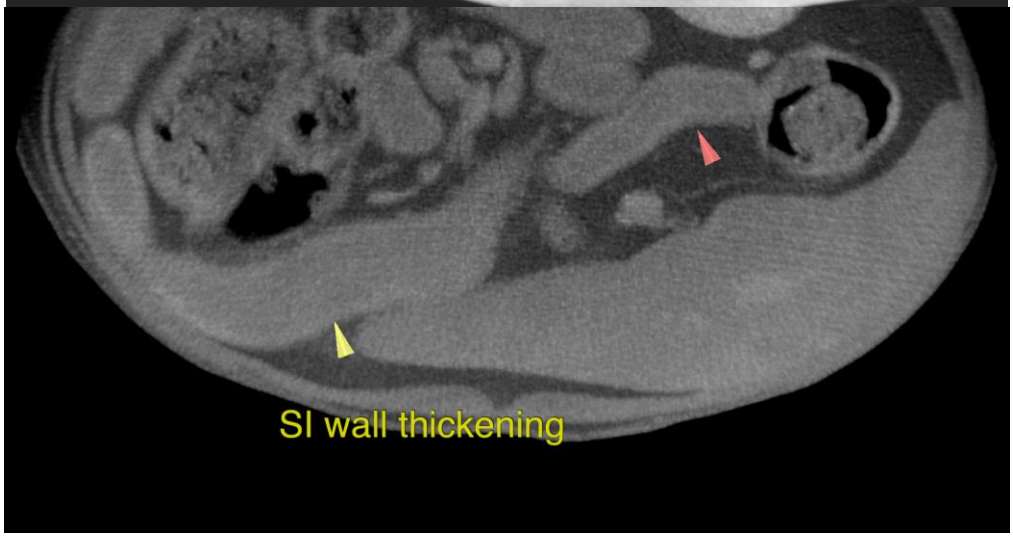

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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