



PATIENT PRESENTING CLINICAL SIGNS

Lizzie Riley Diagnosed a few months ago with Diabetes. Has been a difficult patient and not dealt with the disease very well in general according to the owner. During a road trip on Sunday she became acutely dyspnic with high respiratory rate and effort. On presentation to our clinic she was in stable condition otherwise. X-rays were suspicious for mediastinal opacity with dorsal deviation of the trachea.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Monocytosis 1.99K/uL, mild hypochloridemia, Mild hyperglobulinemia, mild hypercholesterolemia and mildly elevated ALP

BREED

Maltese Plain and post contrast studies of the thorax and abdomen in soft tissue, lung, and bone windows available for review.

SEX

Multiple metal attenuating sensors are seen outside of the patient and cause beam hardening streak artifacts.

FS

COMPUTED TOMOGRAPHIC FINDINGS

AGE

The patient is obese.

9.5 Years

Thorax

No evidence of a mediastinal mass is seen. One of the cranial mediastinal lymph nodes is slightly more prominent than the others. Otherwise, there is a moderate amount of mediastinal fat. No structural abnormality is noted within the cranial mediastinum.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Mild generalized increase in interstitial attenuation is noted throughout the lung. There is no evidence of interstitial nodules or masses.

HOSPITAL NAME

There appears to be mild dorsal flattening of the trachea membrane.

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Abdomen

Moderate generalized enlargement of the liver is noted. A 7mm sized cyst is seen in the periphery of the caudate liver lobe. A 3mm sized central divisional cyst is seen medial to the gallbladder within the right medial lobe of the liver.

REFERRING VET

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The gallbladder is moderate distended.

INVOICE

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Moderate irregular thickening of the gallbladder wall is seen. There is a moderate amount of hypoattenuating contrast negative material and moderate irregular layered mineralization of the gallbladder content is seen. The mineral attenuating material extends into the mildly dilated cystic duct. The common bile duct is nondilated.

DATE

8-9-22

The pancreas presents mild generalized enlargement with mild peripheral fat stranding.

The portal and gastroduodenal lymph nodes present within normal limits.

Occasional hyperenhancing nodules are seen within the spleen.



PATIENT

Lizzie Riley

Both kidneys are small in size with irregular surface, multiple infarcts, and small cysts. The nephrogram of both kidneys is weak. The pyelogram appears to be delayed.

The adrenal glands present within normal limits.

SPECIES

Canine

The stomach, small, and large intestine and the mesenteric lymph nodes present within normal limits as well.

The urinary bladder is severely distended.

BREED

Maltese

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with multiple parenchymal cysts.
- Suspect chronic cholecystitis versus mineralizing gallbladder mucocele.
- Pancreatopathy with mild regional peritonitis.
- Bilateral chronic nephropathy with suspected decreased renal excretion.
- Splenic nodules.
- No evidence of a mediastinal mass.
- Mild generalized interstitial lung pattern.
- Redundant dorsal tracheal ligament.
- Obesity.

SEX

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AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the hepatic changes includes endocrine, metabolic, and vacuolar hepatopathy. Diffuse hepatitis and a diffuse neoplastic infiltrate cannot be ruled. Parenchymal sampling could be considered for further definition.

The findings of the gallbladder suggest chronic cholecystitis or mineralizing gallbladder mucocele.

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The findings of the pancreas are compatible with chronic pancreatitis.

Chronic nephritis is thought the most likely underlying cause of the renal changes. Correlate with the laboratory values.

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Differential diagnosis for the splenic nodules includes benign nodular hyperplasia, extramedullary hematopoiesis, and less likely secondary neoplasia.

There was no evidence of a mass within the cranial mediastinum.

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The diffuse increase in interstitial attenuation is mild and may be related to general anesthesia. However, emerging interstitial lung disease such as fibrosis, interstitial pneumonia, or pneumonitis as well as noncardiogenic pulmonary edema/acute respiratory distress syndrome cannot be ruled out entirely as differential diagnoses.

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PATIENT

Lizzie Riley

SPECIES

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REFERRING VET

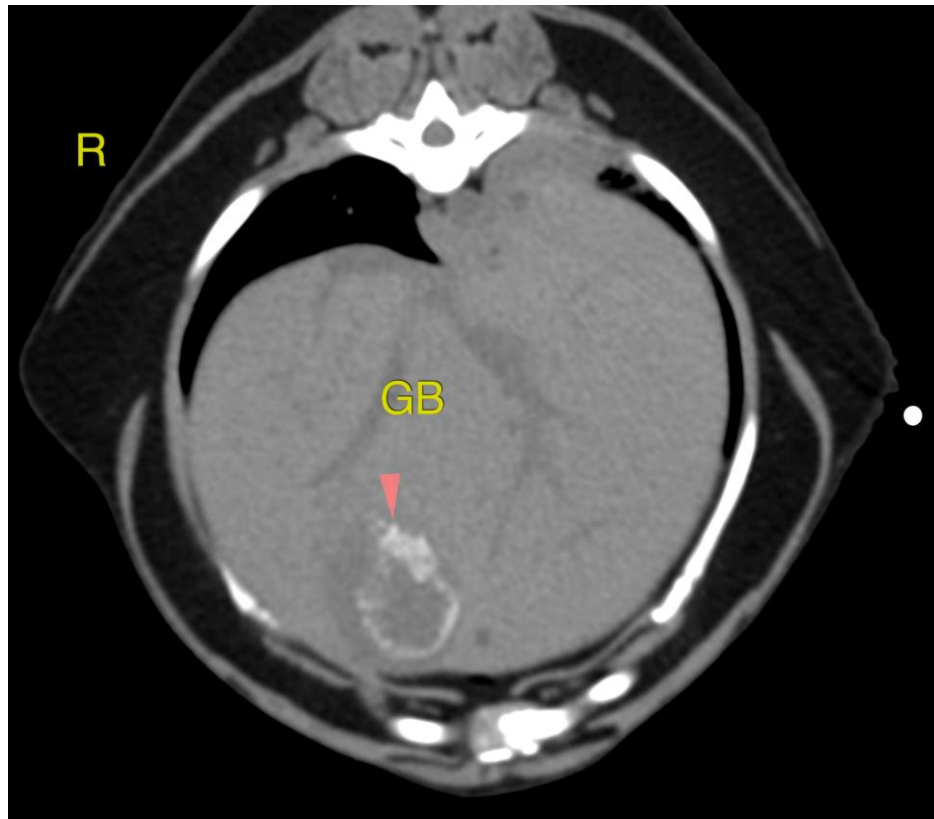
Gover

INVOICE

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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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