



PATIENT

Jumbo Viana

PRESENTING CLINICAL SIGNS

Jumbo, above described, presented with recurrent inappetence. Today he weighs 11.4 lbs and muscle mass loss continues. A mild head tilt remains. Heart murmur remains V / VI. Not CHF, however. Abdominal mass continues to grow. X-Rays taken 2/2021 show spondylosis L2-5 and an abdominal mass taking 60 to 70% of abdominal cavity. Blood work (CBC, SMA-10 and HW Occult) were WNL for age. Jumbo is on k / d and occasionally on Galliprant. Owners have been reluctant to pursue surgery but are now willing to further explore this mass. I am referring Jumbo for abdominal ultrasound to assess mass and possibility of surgical removal. Thank you for your help with this case.--

SPECIES

Canine

BREED

Chihuahua Mix

Abnormal PE/Chem/CBC/UA Results: CBC --- wnl (9/13/2021) CHEM --- BUN mild increased (9/13/2021)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

SEX

Plain and post-contrast studies available for review.

M

COMPUTED TOMOGRAPHIC FINDINGS

A series of spondyloses are seen within the mid lumbar spine. There is an old mineralized intervertebral disc extrusion with mild spinal cord compression at L4/5.

AGE

15 Years

Most of the abdomen is occupied by a cystic structure with thin contrast enhancing wall, occasional peripheral mineralization, and fluid filled center. This structure connects with caudally and rightward displaced remnants of a severely distorted left kidney. The original architecture of the renal cortex and medulla and renal pelvis cannot be recognized anymore. The right kidney is in its anticipated position and presents a weak nephrogram with multiple small renal cysts and no apparent pyelogram.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The urinary bladder is pushed caudally and to the left of the midline.

HOSPITAL NAME

Veterinary Image
Center

Moderate symmetric enlargement of the prostate with multiple parenchymal cysts is seen.

The adrenal glands are small.

The spleen is pushed to the left side and largely contained within the ribcage. Mild multiple hyperenhancing nodules are seen throughout the spleen.

REFERRING VET

Dr. G. Ferrer,
DVM/Dr. J. Amieiro,
DVM

Small hypoenhancing nodules are seen throughout the parenchyma of the liver. The liver is pushed cranially and of normal size.

The gallbladder is moderately distended. Mild generalized thickening of the gallbladder wall and small gallbladder calculi are seen.

INVOICE

47382

The gastrointestinal tract and pancreas present within normal limits except for the deviation and compression owing to the mass effect of the large cystic structure which measures a total of 16.0 cm in length and 13.0 cm in width.

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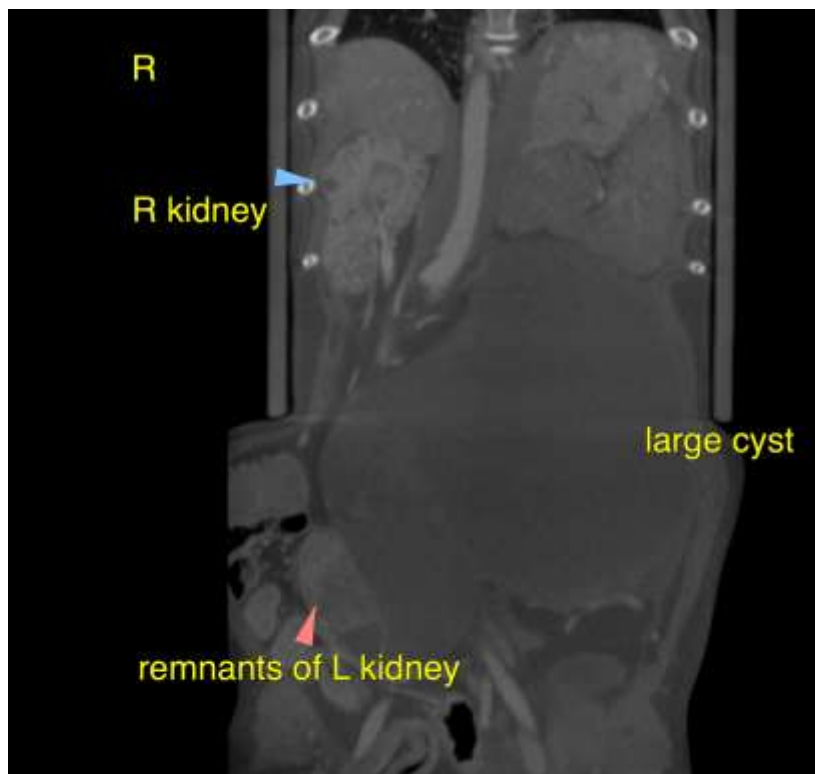
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe cystic expansion and distortion of the left kidney.
- Chronic nephropathy of the right kidney.
- Benign prostatic hyperplasia with multiple parenchymal cysts.
- Hepatosplenic nodules.
- Small gallbladder calculi.
- Spondyloses and chronic disc extrusion L4/5.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large cystic structure occupying most of the abdomen is originating from the left kidney. Based on the pertinent CT findings, a large renal cyst is a potential as well as hydronephrosis. No overt obstruction with calculi or a mass is seen throughout the lower urinary tract. However, this may be obliterated by the severe mass effect of the cyst. Hardly any of the left renal parenchyma is left. Impaired function of the right kidney has to be considered owing to the CT presentation which may limit the prognosis for this patient with nephrectomy of the left kidney.

Differential diagnosis for the hepatosplenic nodules includes benign nodular hyperplasia, regenerative nodules, extra medullary hematopoiesis, as well as secondary neoplasia which cannot be ruled out but is thought less likely.





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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.

SPECIES

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