



PATIENT

Lupita Camacho

SPECIES

Canine

BREED

German Shepherd

SEX

F

AGE

2 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. F. Ortiz Vidal

INVOICE

47457

DATE

9-17-21

PRESENTING CLINICAL SIGNS

Patient has been seen by other DVM - respiratory panel was performed and patient had mycoplasma, corona, bordetella . * distemper NEGATIVE patient has had neurologic problems since birth -- falling to the right and ataxic with intention tremors explained that need to do diagnostics in order to give a prognosis but even with out advanced diagnostics neurological congenital defect (cerebellar?) is most likely recommended cbc and chem - urinalysis --- ok bile acids tomorrow --- +/- CT nof head and abdomen
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- TP and GLOB mild decreased Bile Acids Test --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

Plain and post contras studies of the skull and abdomen available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Mild asymmetry of the caudal fossa is seen with overlapping basioccipital bones and mildly reduced size of the right half of the caudal fossa. No neuroparenchymal changes are seen. However, assessment is limited in the caudal fossa owing to an increased amount of streak artifacts due to beam hardening.

The vascular anatomy of the venous sinuses presents within normal limits.

No neuroparenchymal changes are seen in the forebrain.

There is mild asymmetric enlargement of the lateral ventricles of the brain without evidence of active distension or a mass lesion.

Abdomen

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

A 5mm sized cyst is seen within the left kidney.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. The extra- and intra-hepatic portal vascular branching is considered within normal limits and there is no evidence of portosystemic shunting.

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



PATIENT

The bony and surrounding soft tissue structures reveal no abnormalities.

Lupita Camacho

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Mild lateral ventriculomegaly and asymmetry.
- Mild caudal fossa asymmetry.
- Small left renal cyst.
- No evidence of portosystemic shunting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neither the lateral ventriculomegaly and asymmetry nor the caudal fossa asymmetry is necessarily a pathologic changes of clinical significance and none of which is necessarily associated with congenital or other pathology as both may represent variation of normal anatomy. Complementary csf analysis could be considered in order to screen for inflammatory, infectious, metabolic, toxic, neurodegenerative pathology and in strong suspicion of structural changes, an MRI would be another option for further definition should the aforementioned be inconclusive.

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There was no evidence of macroscopic portosystemic shunting.

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The left renal cyst is likely to represent cyst of congenital origin. Infectious disease and renal dysplasia are thought unlikely but cannot be ruled out entirely. Correlate with the laboratory values.

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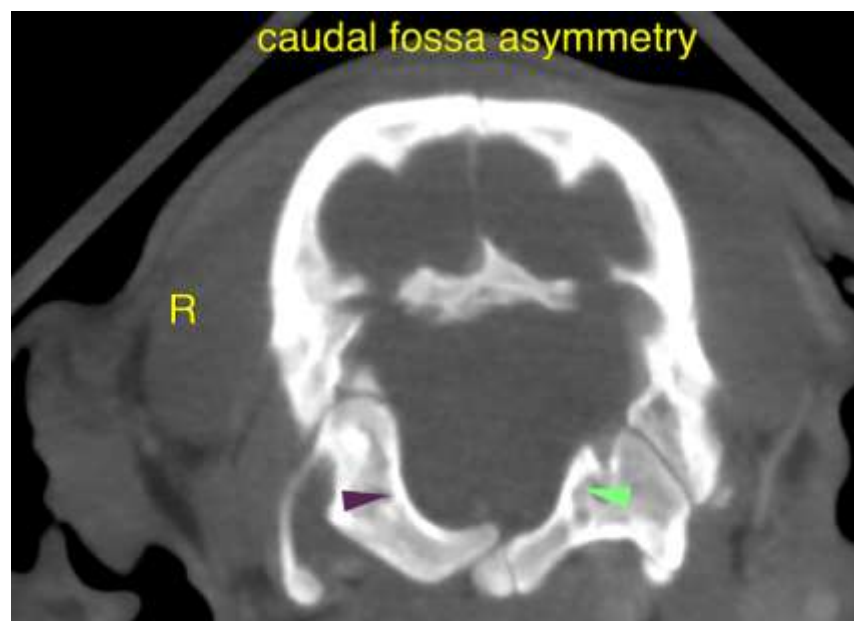
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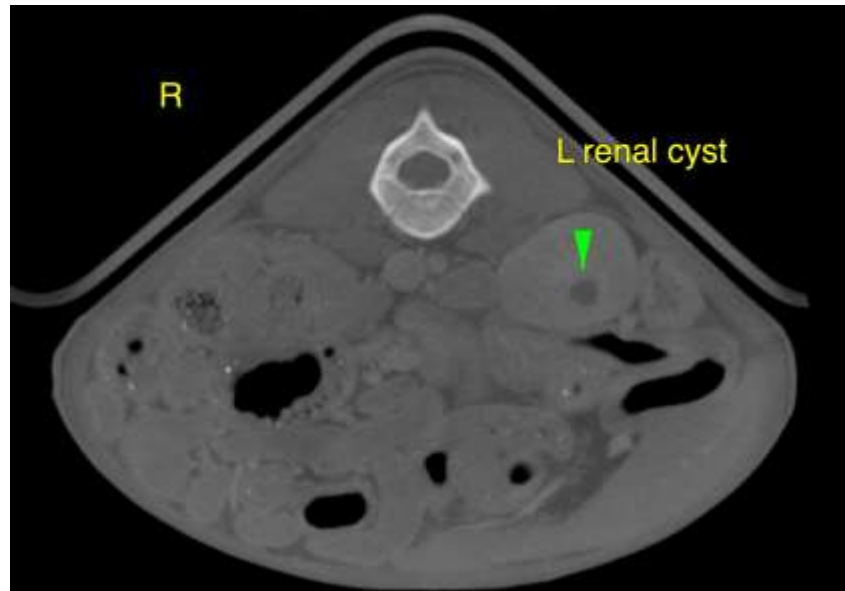
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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