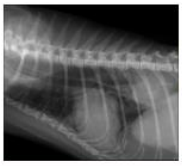
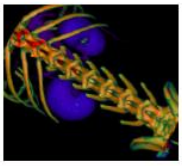
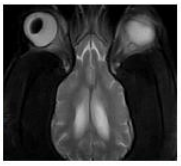




PATIENT

Sami Bradie

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

5.5 Years

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

54146

DATE

9-20-22

PRESENTING CLINICAL SIGNS

Swelling/mass Right side of muzzle.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Head

A 4 x 3 x 2 cm sized hypoattenuating mass is seen in the right side of the face lateral to the right maxillary and nasal bones extending from the triadan 105 up to the triadan 109. The mass is cavitated with hypoattenuating areas and heterogeneous enhancement accentuating the periphery of the mass. The mass connects to the expanded osseous nasolacrimal duct which present a dorsolateral defect. No foreign material is seen within the mass.

The regional lymph nodes present within normal limits.

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

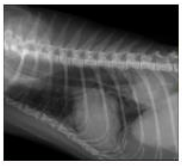
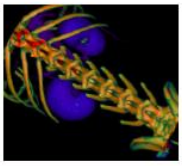
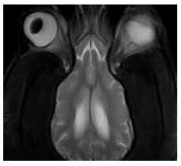
Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

A 4.5 cm sized heterogeneously enhancing mass is seen in the splenic tail.

PATIENT

Sami Bradie

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

5.5 Years

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Multiple cystic nodules are seen within the liver accentuating its right division. The nodules are hypoattenuating on the plain and post contrast studies and measure up to 3 cm in diameter.

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.

Multiple spondyloses are seen throughout the thoracic and lumbar spine including the lumbosacral junction.

Degenerative lumbosacral stenosis is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitary mass in the right side of the face connecting to the expanded osseous nasolacrimal duct.
- Large splenic mass.
- Multiple hypoenhancing liver nodules.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest chronic dacryorhinocystitis with dacryops and regional osteitis. However, soft tissue neoplasia with secondary bone lysis cannot be ruled out entirely as a differential diagnosis. Correlate with the clinical ophthalmologic workup and consider sampling for further definition depending on the results.

Differential diagnosis for the mass within the splenic tail include neoplasia such as hemangioma, hemangiosarcoma, as well as hematoma, or benign nodular hyperplasia. Further ultrasonographic monitoring could be discussed versus splenectomy.

Differential diagnosis for the hepatic nodules includes benign nodular hyperplasia, cystic hyperplasia, biliary cyst adenoma, as well as metastatic disease such as of the splenic mass. Ultrasound guided sampling is recommended for further definition.

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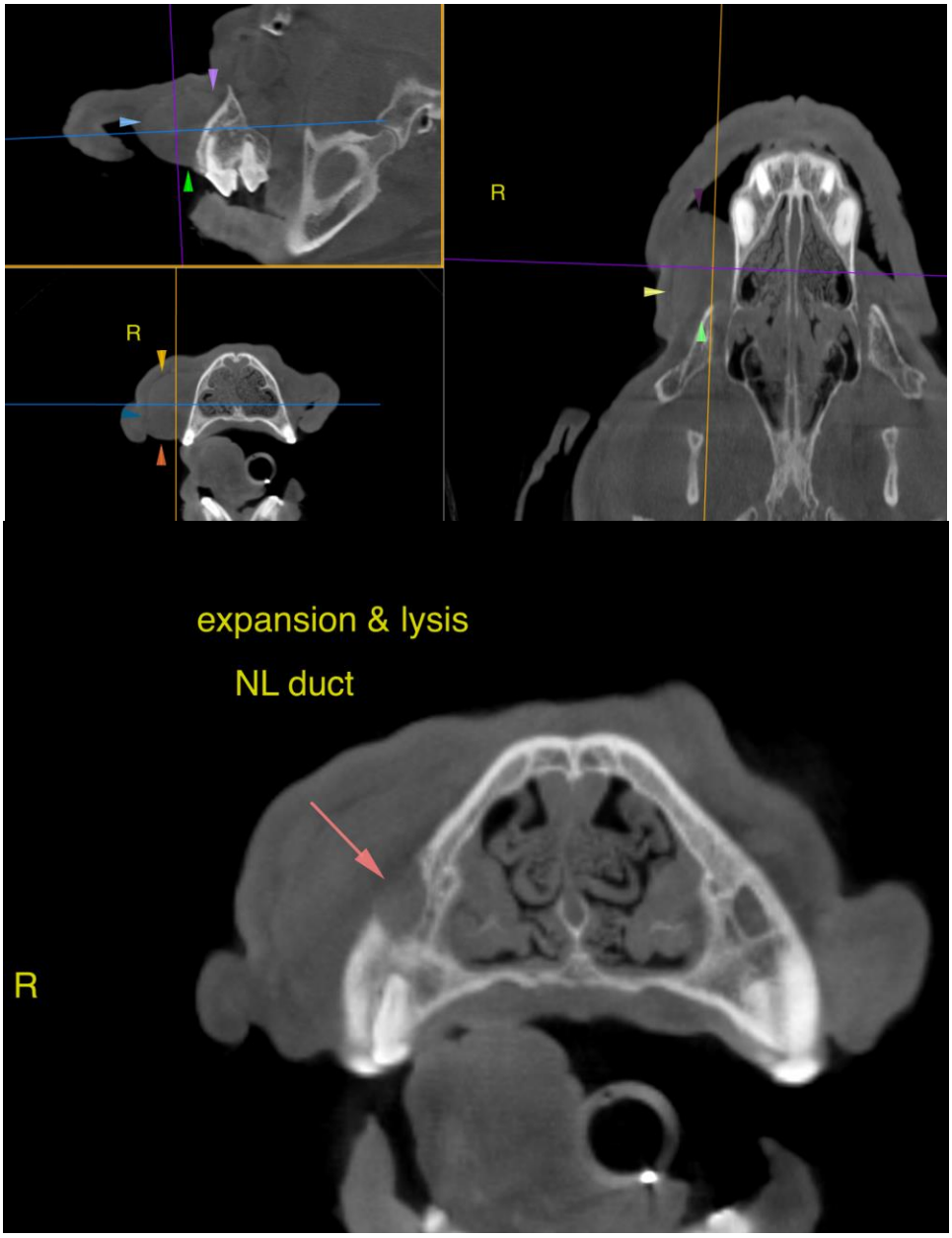

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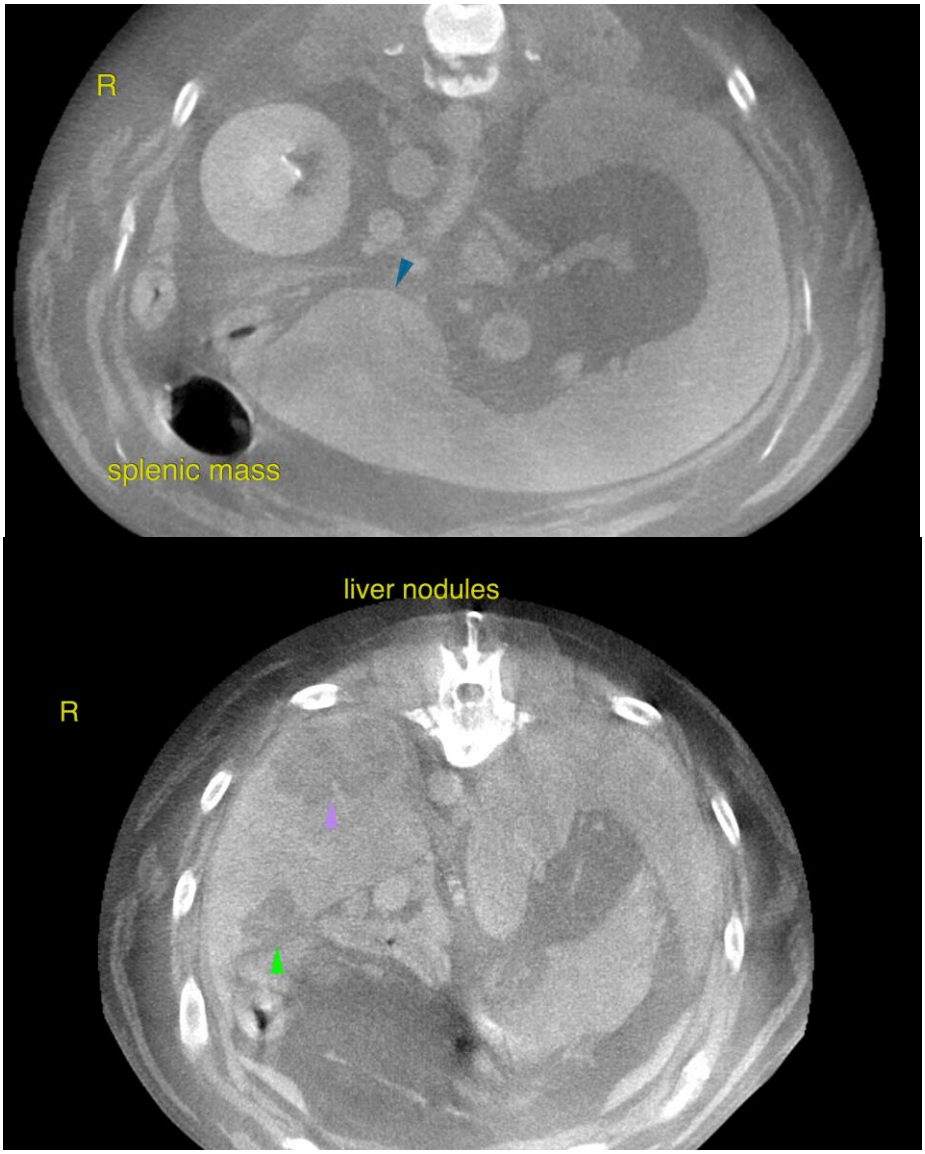

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
Nele.Eley@sonopath.com