



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lola Patricia Cruz

SPECIES
Canine

BREED
Labrador

SEX
SF

AGE
12 Years

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Veterinary Image Center

REFERRING VET
Dr. M. Martes, DVM

INVOICE
54248

DATE
9-23-22

Patient was presented for evaluation of neurological symptoms. On Monday, she started shaking her head, had difficulty to stand up and had imbalance. She also has a head tilt. On Tuesday, she developed nystagmus. She was taken to another veterinarian where she was prescribed prednisone, ciprofloxacin and famotidine. She is also on cosequin due to hip problems, and on enalapril and furosemide due to hypertension. She had a malignant mass (unknown type) removed near pelvis at another clinic; chemotherapy was recommended but declined. She is given trazodone 75 mg to help her sleep. patient will have CT scan for metastasis check/rule out brain tumor vs polyp vs otitis media/interna vs other/ possible surgical planning of removal of mass/enlarged lymph node/other.

Abnormal PE/Chem/CBC/UA Results: CBC - non-regenerative microcytic mild anemia with hct 36.4% and Hgb 11.7; leukocytosis 17.98k, neutrophilia 15.84k, lymphopenia 0.73k, monocytosis 1.27k, eosinopenia 0.0, basophilia chemistry - increased ALP 263 and decreased amylase 251 radiographs - large soft tissue opacity at caudo-dorsal abdomen, dorsal to bladder ear cytology - yeast 2+ and cocci + AD, yeast + AS

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

A flat elongated soft tissue mass with heterogeneous contrast enhancement is seen along the dorsal aspect of the soft palate. Partial obstruction of the nasopharynx is noted. There is no evidence of aggressive osteolytic lesions in the periphery of the mass. The mass measures approximately 6 cm in length and 1 cm in height.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. A 4 x 7 mm sized irregular shaped slightly hyperattenuating structure is seen in the horizontal aspect of the left external auditory meatus.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.



PATIENT The visible dentition is within normal limits.

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Abdomen

The patient is obese.

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Multiple spondyloses are noted.

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Both coxofemoral joints reveal moderate signs of dysplasia and moderate to severe osteoarthritic changes.

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A 2 cm sized hypoenhancing nodule is emerging from the cranial pole of the left adrenal gland. The right adrenal gland presents within normal limits.

Multiple cortical renal infarcts are seen within both kidneys.

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An 18 x 12 cm sized cavitory mass with a large fluid attenuating center and heterogeneously perfused periphery is seen in the right dorsal and caudal abdomen. The mass causes ventral deviation of the aortic trifurcation and severe compression if not invasion of the caudal vena cava is noted.

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Generalized thickening of the urinary bladder wall is seen.

Multiple hyperenhancing splenic nodules are noted.

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Thorax

A large subcutaneous lipoma is seen in the right ventral thoracic wall.

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.

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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.

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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.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Soft tissue mass meeting neoplastic criteria in the nasopharynx along the dorsal aspect of the soft palate.
- Large cavitory mass in the right caudal and dorsal abdomen.
- Nodule of the left adrenal gland.
- Left sided otitis externa versus small ear canal polyp.



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- No evidence of structural brain disease.
- Normal CT presentation of the middle and inner ear.
- Large thoracic wall lipoma.
- Chronic cystitis pattern.
- Multiple splenic nodules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A nasopharyngeal soft tissue mass on the dorsal aspect of the soft palate is seen. Differential diagnosis includes soft tissue sarcoma, round cell neoplasia, and less likely squamous cell carcinoma. Final diagnosis will require sampling for histology.

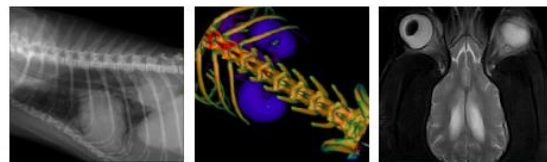
The medial iliac lymph center is the most likely origin for the cavitory mass in the caudal abdomen. Other soft tissue neoplasia such as hemangiosarcoma, hemangiopericytoma, or other cannot be ruled out entirely. Final diagnosis is likely to require sampling. Sampling should be targeted to the peripheral perfused tissue area of the mass. The caudal vena cava is severely compressed by the mass. Invasion of the caudal vena cava cannot be ruled out entirely. Presence of a primary tumor in the perineal area should be ruled out.

The left adrenal gland nodule may represent a myelolipoma, functional / nonfunctional adenoma/adenocarcinoma, pheochromocytoma, or incidentaloma.

The splenic nodules may represent benign nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease cannot be ruled out entirely.

There was no evidence of structural brain disease. Complementary csf analysis could be considered. The possibility of idiopathic/geriatric vestibular signs should be considered as well.

Further laboratory workup of the adrenal nodule could be considered.



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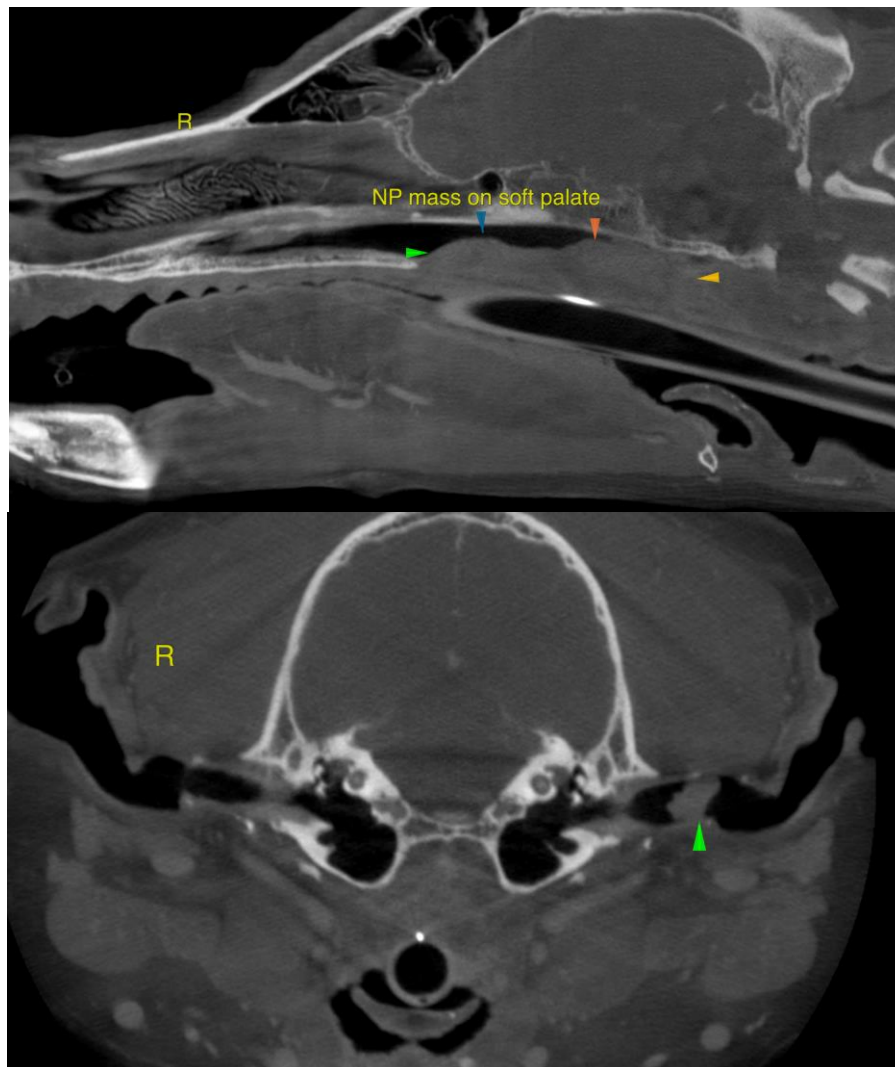
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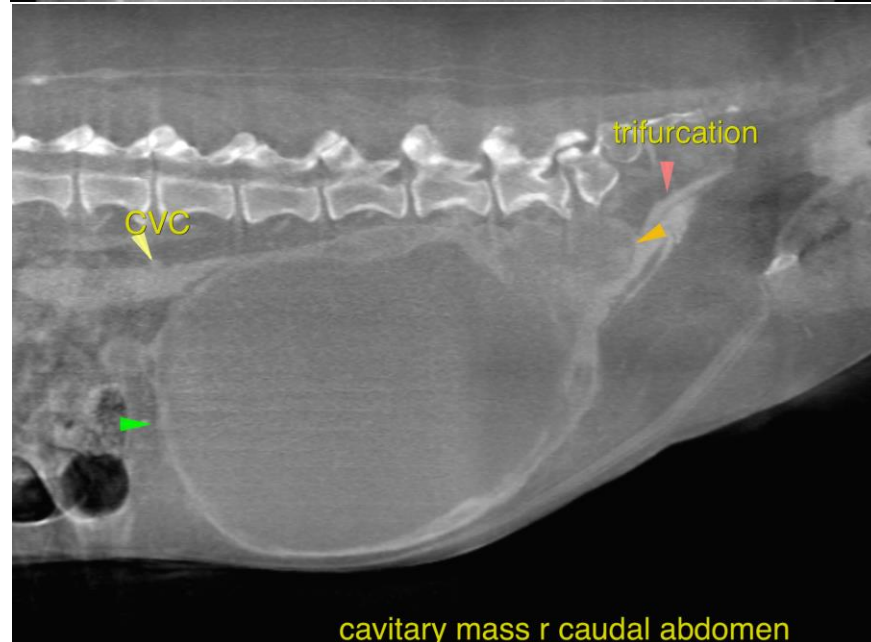
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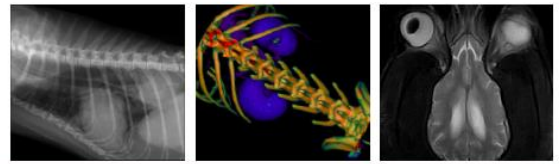
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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