



PATIENT

Bailey Gee

PRESENTING CLINICAL SIGNS

Sometime last week, around Friday, owner wasn't home. Bailey has been coughing and gagging. Bailey has been receiving Tramadol for back pain but that seemed to help with this as well. O is guessing he had inflammation. This morning owner was told Bailey wouldn't eat his treats. No diarrhea or vomiting. He did have some vomiting about a month ago - owner believes it was due to the food he was receiving. Brought to Bayview today due to Bailey not eating his treats. He was having labored breathing at that time as well. He did gag and cough while there so Bayview referred here for further care.

SPECIES

Canine

BREED

Dachshund

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & CAUDAL THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

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Abdomen

A multilobulated hypoattenuating and hypoenhancing mass of 3.0 x 4.6 cm is seen in the epigastrium caudal of the stomach with mass effect on the gastric body.

AGE

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Multiple mild mesenteric lymphadenomegaly is seen.

The liver is enlarged, and multiple nodules are seen throughout the liver. A cluster of heterogeneously enhancing nodules with common mass effect is seen within the right division of the liver and occupies most of the right division of the liver. Overall, the size of the effected area is 6.5 cm

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The spleen appears to be volume contracted. Multiple myelolipomas are seen in the splenic hilus. Occasional isoattenuating nodules are seen in the spleen as well.

HOSPITAL NAME

Mountain West
Veterinary Hospital

The gallbladder is moderately distended and contains a mild amount of mineral attenuating sediment.

Multiple small isoattenuating nodules are embedded into the parenchyma of the pancreas. Multiple small cortical renal cysts are seen. Cortical renal infarct is present in the caudal pole of the right kidney.

REFERRING VET

Dr. Allison Bowersox

Thorax

The caudal lung lobes are included and reveal multiple regional ground glass opacities with nodular and diffuse appearance. Moderate dilation of the lobar bronchi is noted as well.

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There is moderate lumbosacral disc protrusion.

Organized mineral attenuating extrusion with moderate compressive myelopathy is seen in the caudal lumbar spine at L5/6.

DATE

9-30-21

Mild mineralized organized extrusion is present at L3/4 and T13/L1 as well.

There are incidental drawer mineralizations and multifocal mild to moderate spondyloses.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Epigastric lymphadenomegaly meeting neoplastic criteria with mass effect onto the stomach.
- Multiple mild mesenteric lymphadenomegaly.
- Multiple liver nodules and right divisional liver mass.
- Presumed benign nodular hyperplasia of the pancreas.
- Multiple splenic myelolipomas and isoattenuating splenic nodules.
- Multifocal regional and nodular pulmonary interstitial infiltrate in the caudal lobes.
- Chronic intervertebral disc extrusions within eh thoracolumbar spine most pronounced at L5/6.
- Moderate degenerative lumbosacral stenosis.
- Gallbladder sludge.
- Degenerative changes and infarcts in both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding appears to be the presence of a lymph node mass in the cranial abdomen as well as a right divisional liver mass. The changes of the epigastric lymph node are meeting neoplastic criteria. Lymphomatous infiltrate or metastatic disease of another primary tumor is thought likely. Final diagnosis will require sampling which may be performed under ultrasonographic guidance.

The changes of the liver are equivocal for benign neoplasia such as hepatoma, benign nodular hyperplasia, or malignant neoplasia such as hepatocellular carcinoma, sarcoma, or other. Final diagnosis would require sampling for histology here as well. The remainder of the liver presents multiple nodules which may either represent regenerative nodules, benign nodular hyperplasia, or metastatic disease.

The splenic changes are compatible with myelolipomas and benign nodular hyperplasia. Metastatic disease is thought unlikely but cannot be ruled out entirely.

The pulmonary changes are suggestive for infiltrative pathology such as with round cells. Noncardiogenic pulmonary edema, acute respiratory distress syndrome, interstitial pneumonia, and multifocal thromboembolic disease cannot be ruled out entirely as a differential diagnosis.



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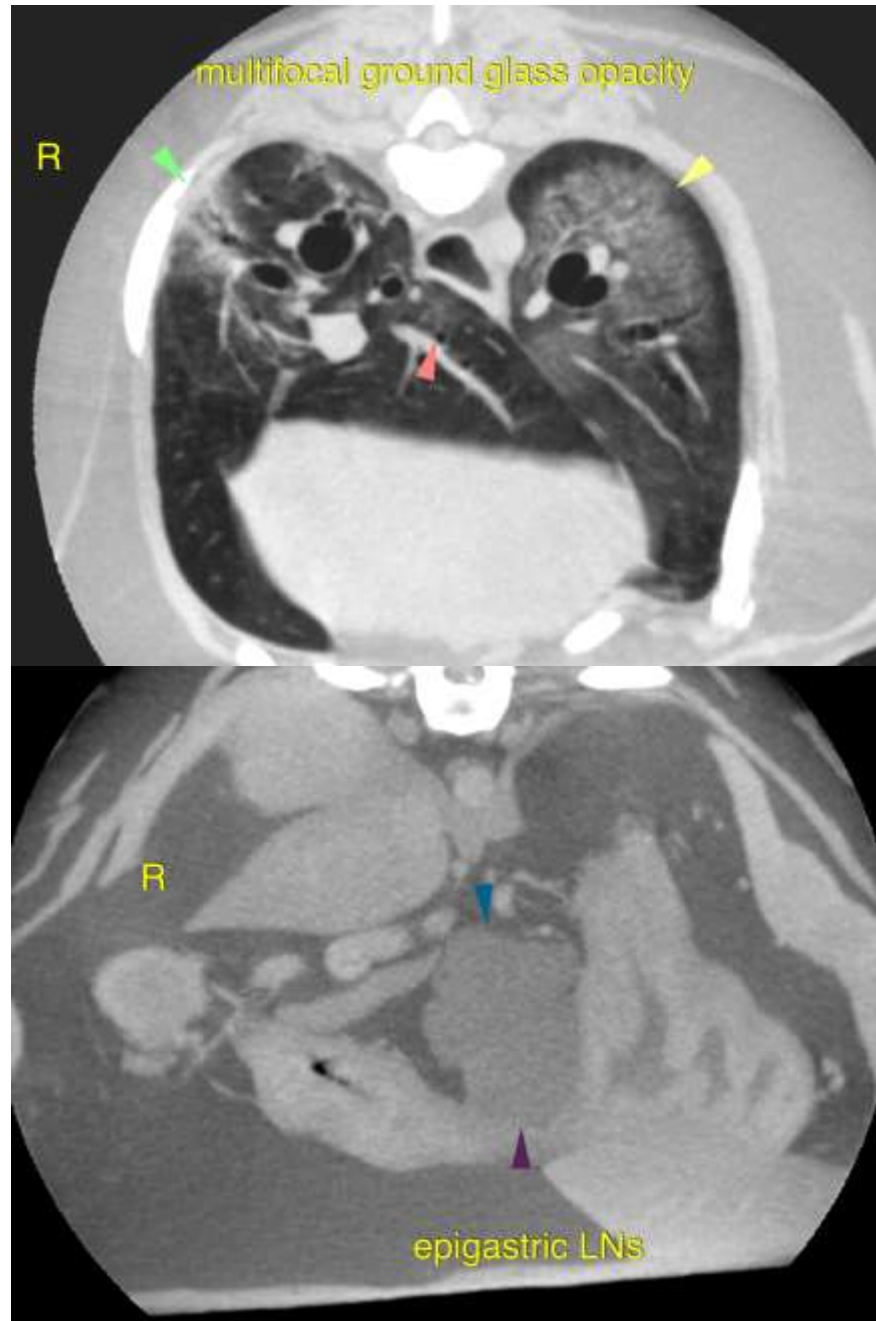
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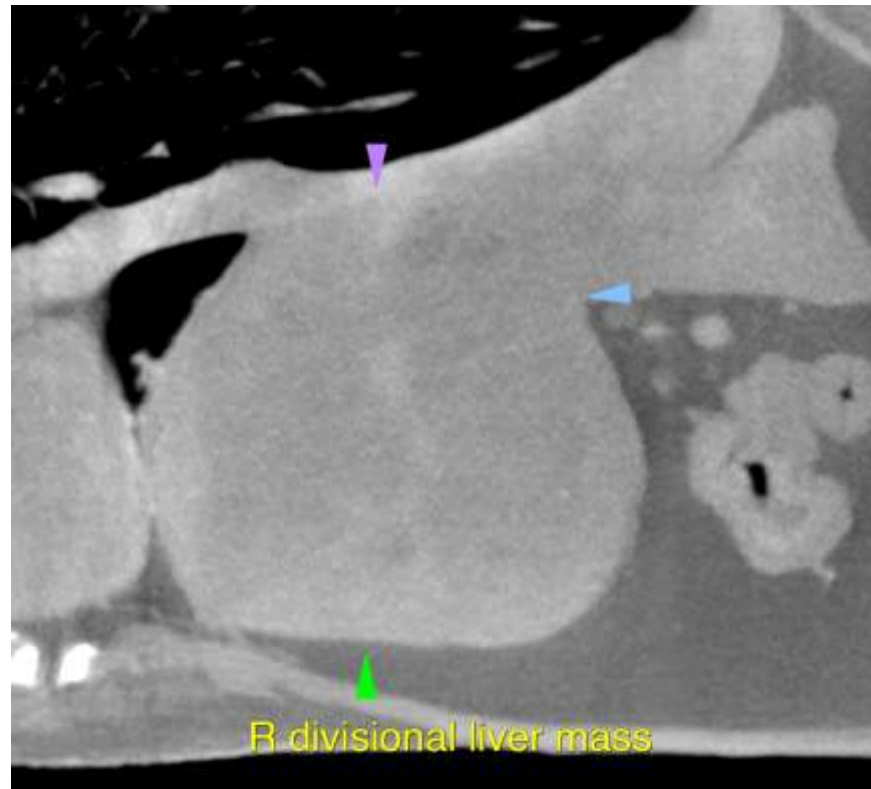
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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