SonoPath Teleradiology

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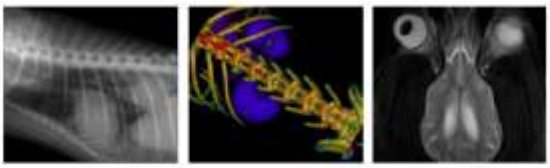


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Puruco Paco Melendez

SPECIES

Canine

BREED

Mixed Small-Medium Breed

SEX

M

AGE

7 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. M. Miranda, DVM

INVOICE

47962

DATE

10-25-21

PRESENTING CLINICAL SIGNS

Patient was evaluated at the emergency service for pancreatitis and renal disease S.G 1.015 and BUN 27 and CREA 1.8 both slightly increased. Ultrasound was performed: Chronic degenerative renal changes and probable right nephrolithiasis. The bilateral cortical cysts are also likely degenerative, though a congenital etiology is not excluded. Mild left pyelectasia may be secondary to chronic renal insufficiency or other physiologic causes of diuresis. Ascending pyelonephritis or ureteral obstruction are also possible. Solid hepatic mass may represent benign (hepatocellular adenoma, nodular hyperplasia) etiologies or malignant primary hepatic neoplasia. Hypoechoic splenic nodules. Differentials include extramedullary hematopoiesis, lymphoid hyperplasia, or neoplasia. Hyperechoic splenic nodules are consistent with incidental myelolipomas, however, other benign or malignant etiologies are not excluded.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- ALP mild increased, ALT severe increased, AMY and TBIL mild increased. CREA moderate increased Specific gravity: 1.012

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head:

The interhemispheric gap is in the midline with no evidence of a mass effect. As far as can be assessed, there are regular cortical gyri in the cerebral and cerebellar region with a symmetrical ventricular system. Brain stem and cerebellum are inconspicuous. Pituitary gland is within normal limits.

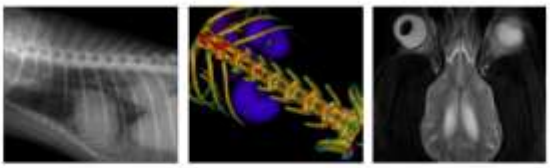
Bony structures of head/skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings. Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

Thorax:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.



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Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are normal. Thoracic trachea and esophagus present as expected. Heart is inconspicuous as far as can be assessed with CT. Diaphragm is normal.

Abdomen:

The right lateral liver presents an irregular, cystic mass of 3.47 x 2.82 cm. Deviation of the vasculature, prominent protrusion of the liver surface and a heterogenous enhancement after contrast are recognized.

The liver shows normal findings in terms of size, surface, shape and contrast behavior apart from that. Gallbladder is highly filled but inconspicuous without evidence of cholestasis. The common bile duct is normal.

Multiple, round nodules are detected in the spleen, predominantly with a strong and even contrast uptake and without protrusion of the splenic surface. There are some, more amorphous and ill-defined nodules recognized with maximum diameters up to 1.02 cm being partially cystic. The splenic periphery is inconspicuous.

A small spot of increased contrast uptake is noted in the right pancreas adjacent to the duodenum. Pancreas presents normal size and shape with a smooth surface apart from that. The peripancreatic fat tissue and omentum are inconspicuous.

Both kidneys show a mildly irregular shape/surface and impress with multiple cysts.

Adrenal glands are in normal limits.

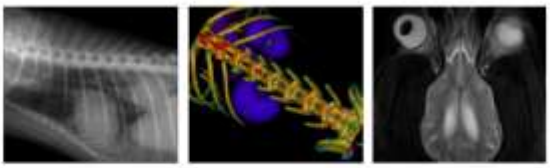
As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass. Ureters, urinary bladder, trigonum and urethra are presented as expected.

Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

The displayed spine partially presents moderate degenerative changes with formation of ventral spondylosis, calcification of the nuclei and mild disc protrusions at the level of L4/5 and L7/S1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple splenic nodules with a strong and even contrast enhancement
- Amorphous, ill-defined, and cystic splenic nodules approximately of 1.0 cm



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- Amorphous, cystic hepatic mass right lateral liver 3.4 x 2.8 cm
- Questionable nodule right pancreas 0.4 cm
- Severe bilateral structural nephrosis with multiple cysts
- No evidence of pulmonary/mediastinal metastasis
- Normal findings of the head
- Degenerative changes of the spine, incidental

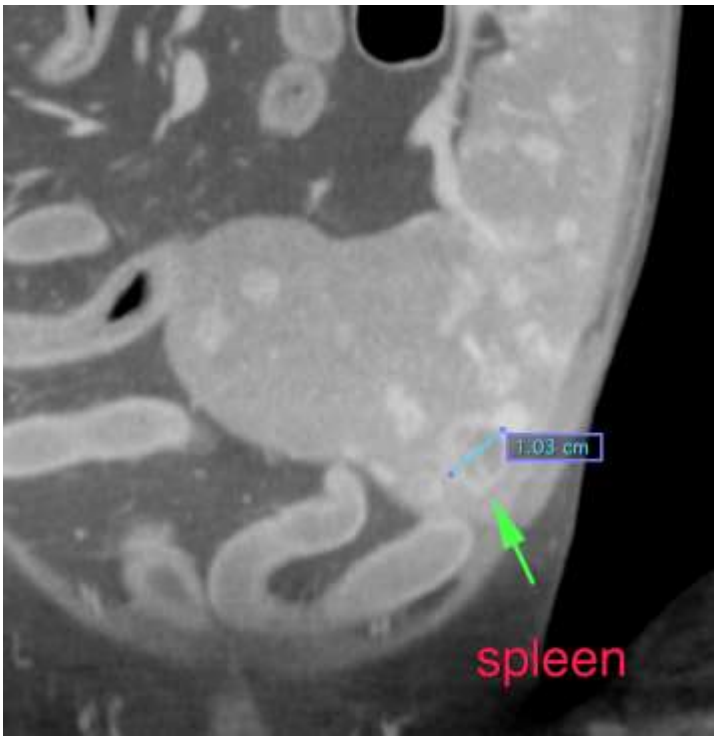
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are highly suspicious for malignant splenic and hepatic neoplasia. The more ill-defined, amorphous, and cystic lesions with protrusion of the hepatic and splenic surface as well as the recognized deviation of the vasculature would go along that. Metastatic hemangiosarcoma is a common differential diagnosis.

The multiple well-defined splenic nodules likely represent benign lesions such as myelolipoma/hemangioma and extramedullary hematopoiesis.

Currently, there is no evidence of an active inflammatory process noted such as pancreatitis/peritonitis. The small hyperattenuating spot is an unspecific finding. Differentials include residual inflammation/scar tissue but neoplasia as well.

The neurocranium is inconspicuous. Intra-axial lesions such as infarcts, small edema or low-grade neoplasia are difficult to recognize in CT and therefore not ruled out completely.



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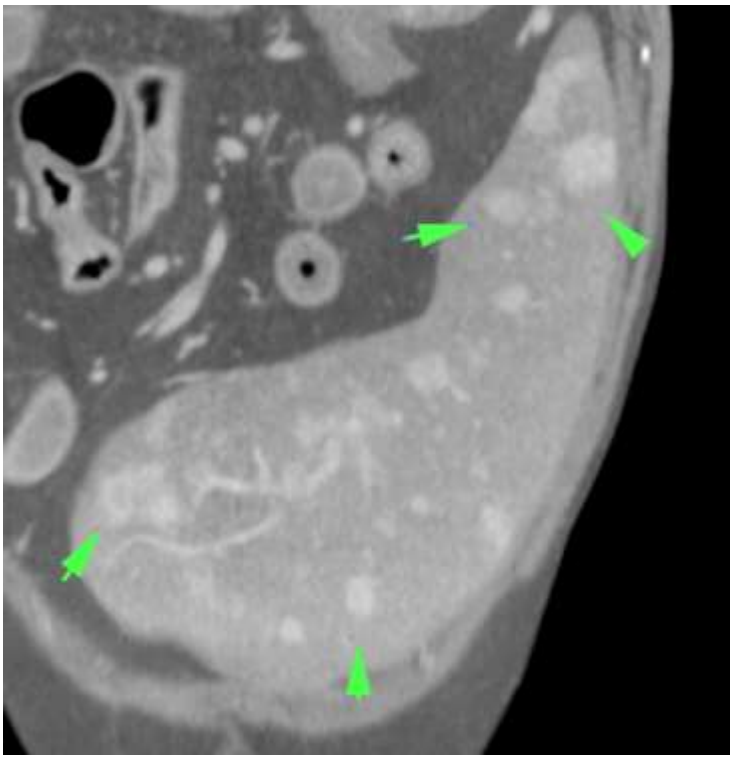

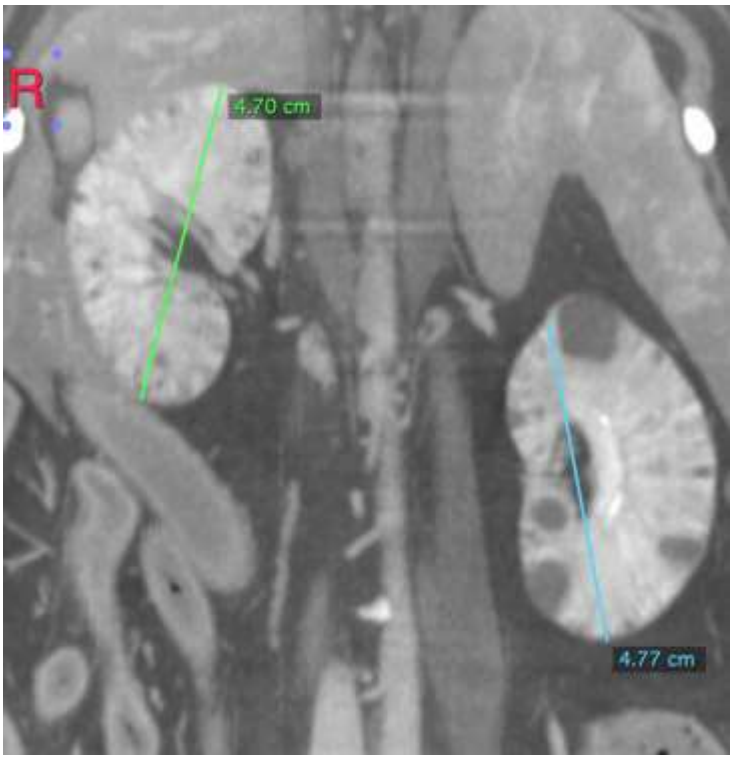

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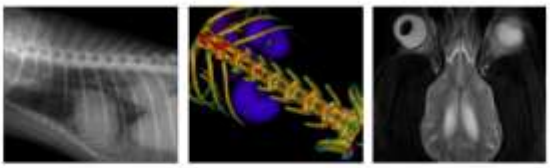

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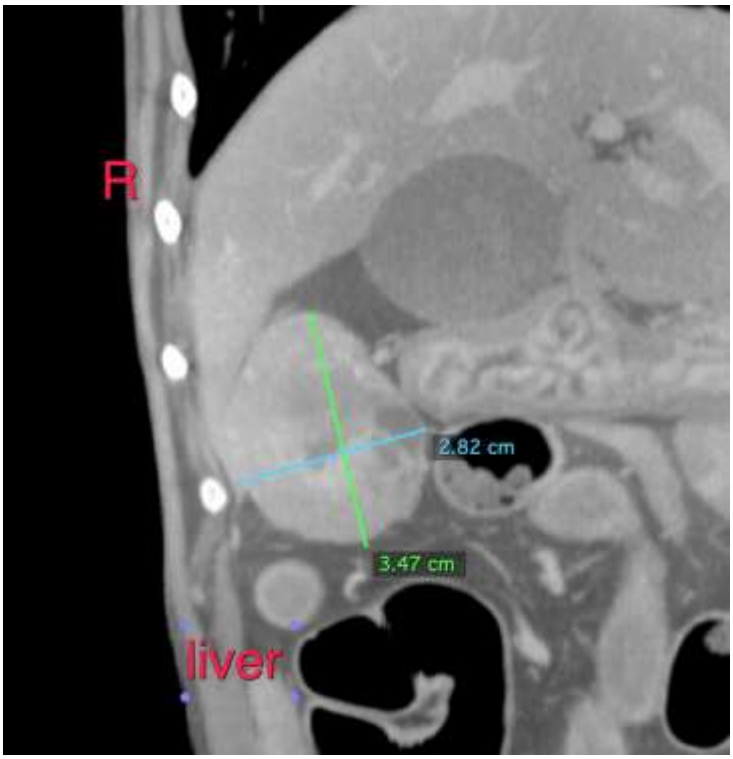

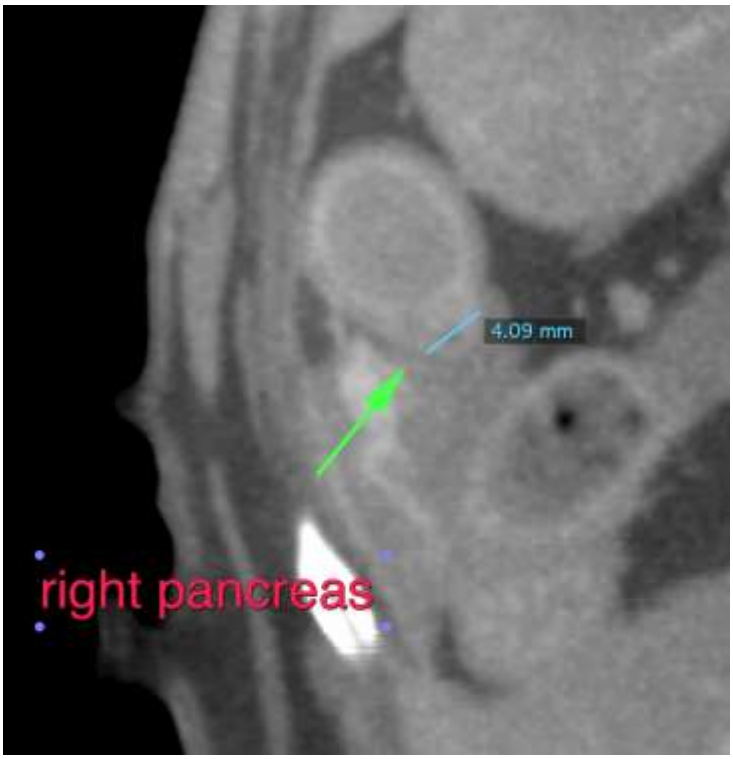

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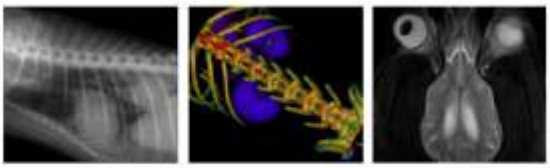

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com