



PATIENT

Kairo Rosario

SPECIES

Canine

BREED

Yorkie

SEX

M

AGE

3

WEIGHT

15

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

JD Veterinary Imaging
Center

HOSPITAL NAME

Juana Diaz Animal
Hospital

REFERRING VET

Dr Julian Restrepo

INVOICE

74322

DATE

3-24-26

PRESENTING CLINICAL SIGNS

HX of cholangiohepatitis and possible idiopathic epilepsy that is uncontrolled despite the Tx with phenobarbital.

COMPUTED TOMOGRAPHY OF THE HEAD & ABDOMEN

Pre/post contrast studies are 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 mildly asymmetric ventricular system. The brain stem and cerebellum are inconspicuous. The pituitary gland is within normal limits.

The bony structures of the 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. The external ear canals are ventilated in all sections with inconspicuous walls.

The temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Both frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retro-/bulbar lesion.

The nasal cavities are regularly ventilated.

Post contrast images show no pathological enhancement. The soft tissues of the head and neck are symmetrical and inconspicuous, especially the mandibular and medial retropharyngeal lymph nodes are unremarkable.

Abdomen

The liver appears enlarged showing rounded margins, especially of the left liver parts leading to a dorsal elevation of the gastric axis. The liver density is inconspicuous and homogeneous without signs of nodular lesions or a mass effect. A pathologic enhancement is not noted. The gallbladder is mildly filled without signs of cholestasis. The common bile duct is inconspicuous and can be traced up to the duodenal papilla.

The pancreas is inconspicuous.

Stomach and duodenum present mildly enlarged lymph nodes in their periphery.

The mesenteric fat and omentum do not show particular findings.



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The spleen and both kidneys/adrenals are unremarkable. There is no evidence of free peritoneal fluid. The aorta is normal as well as the portal vein. The caudal part of the caudal vena cava and its branching into the femoral veins present filling defects in the early and late contrast phase.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT findings of the head
- Unspecific hepatomegaly
- Mild epigastric and duodenal lymph adenomegaly
- Questionable filling defects caudal vena cava

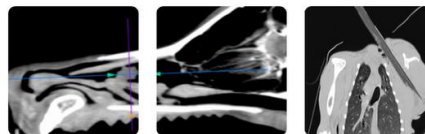
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings of the liver could speak for chronic, degenerative/regenerative liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration since there are no signs of nodular or focal changes that are suspicious for neoplasia. Diffuse changes are difficult to assess. With that active hepatitis is another potential differential. Sonographic follow ups could be performed to rule out progressive disease. FNA/biopsy and cytology/histopathology are further options. Vascular disorders of the portal system are not recognized.

The mild enlargement of the epigastric and duodenal lymph nodes indicates an inflammatory process. Gastritis and duodenitis/pancreatitis/cholangitis are possible, although the CT-morphology does not show particular findings.

The questionable filling defects in the caudal vena cava must be correlated with the clinical presentation and perhaps complemented with a sonographic follow-up. This still could be due to the contrast phase and be artificial.

Intraaxial lesions such as small edema, infarcts and changes due to toxic or metabolic disorders are easy to miss and cannot be ruled out with CT. These are still potential differentials. The indicated asymmetric ventricular system is a form variant and not of clinical relevance.



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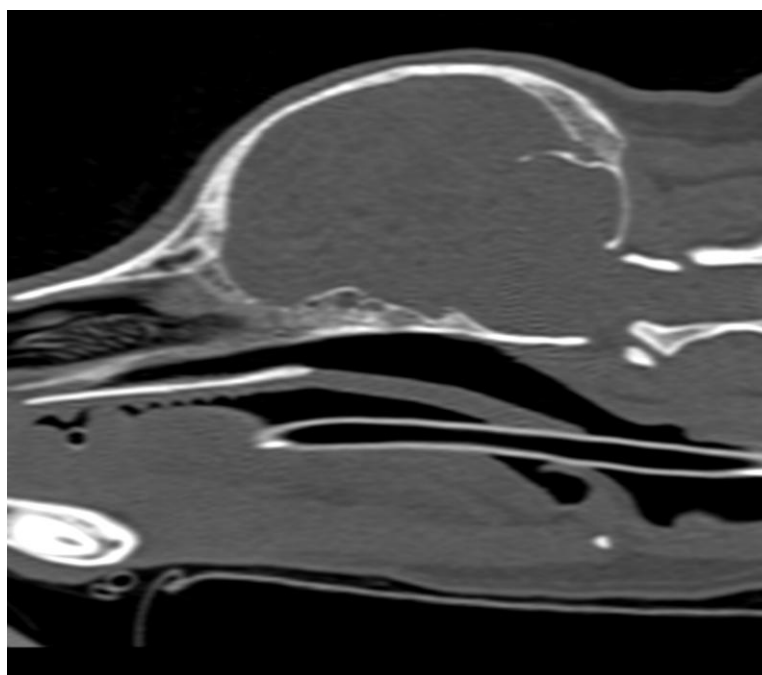
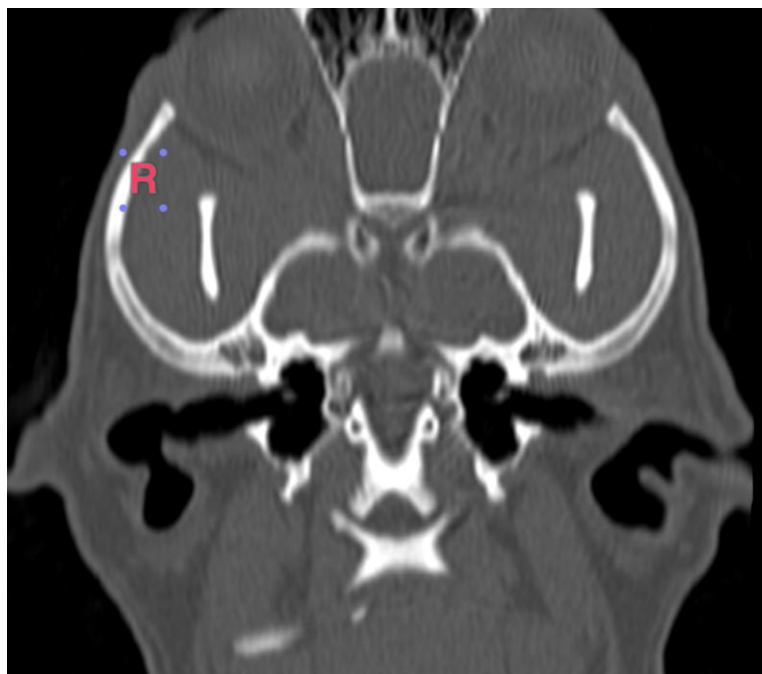
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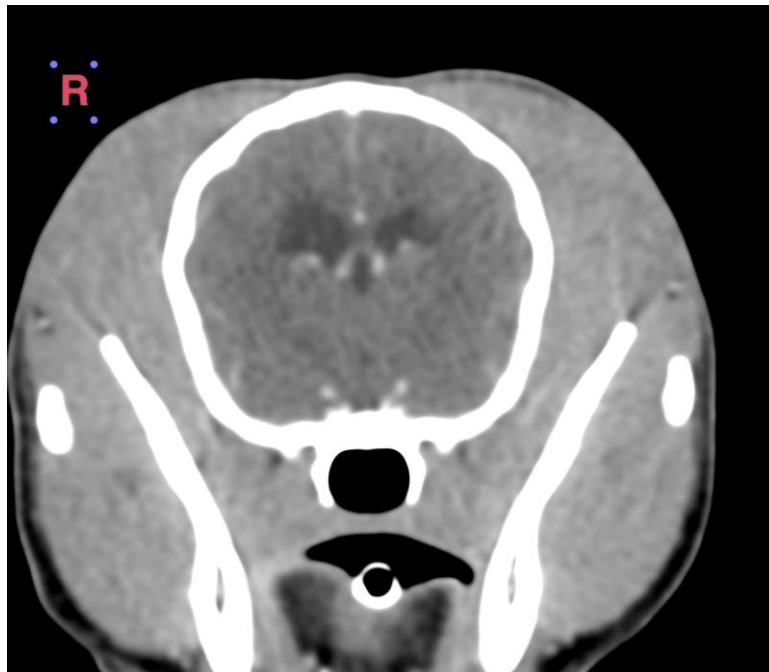
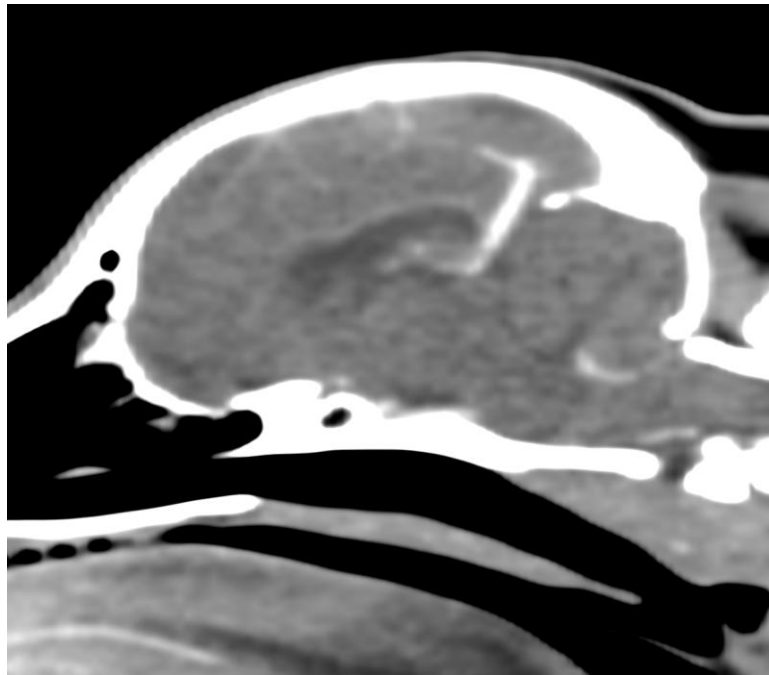
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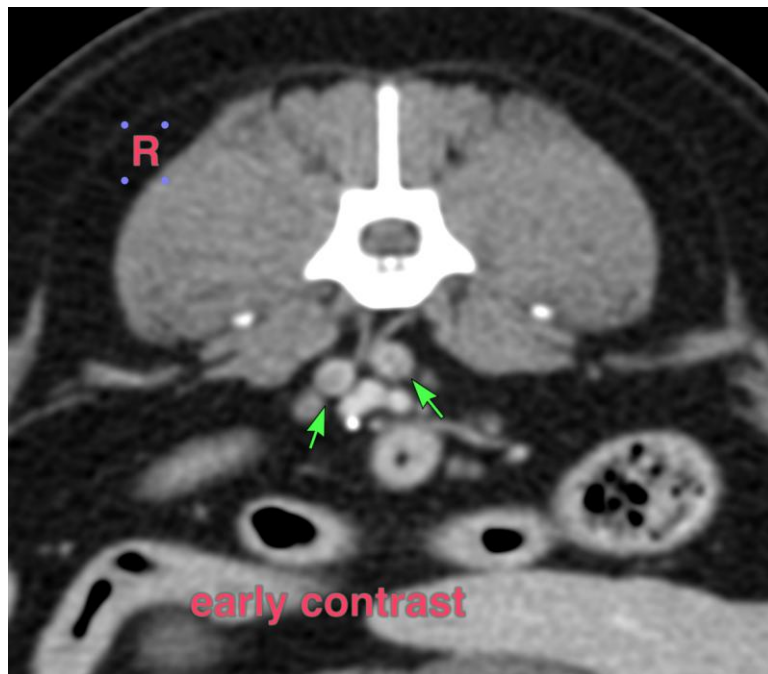
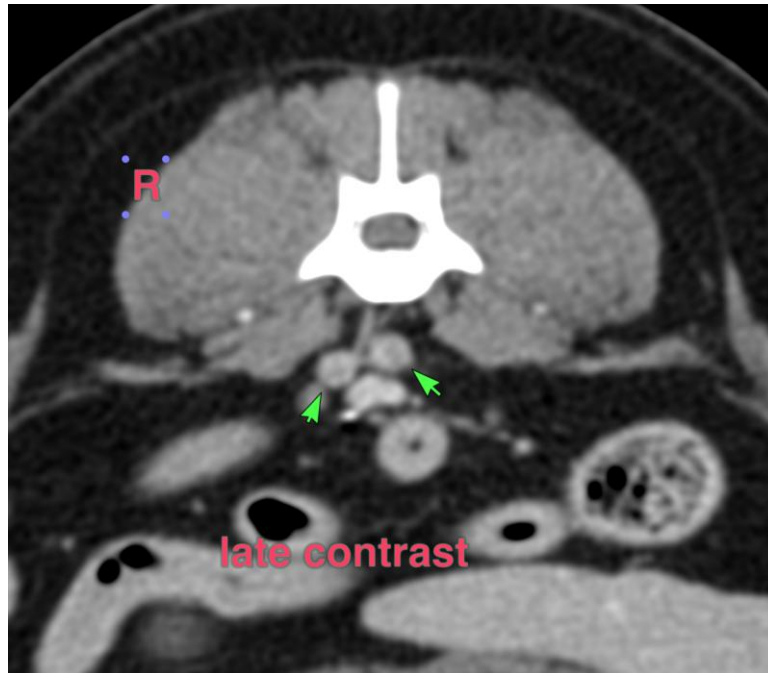
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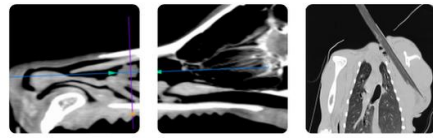
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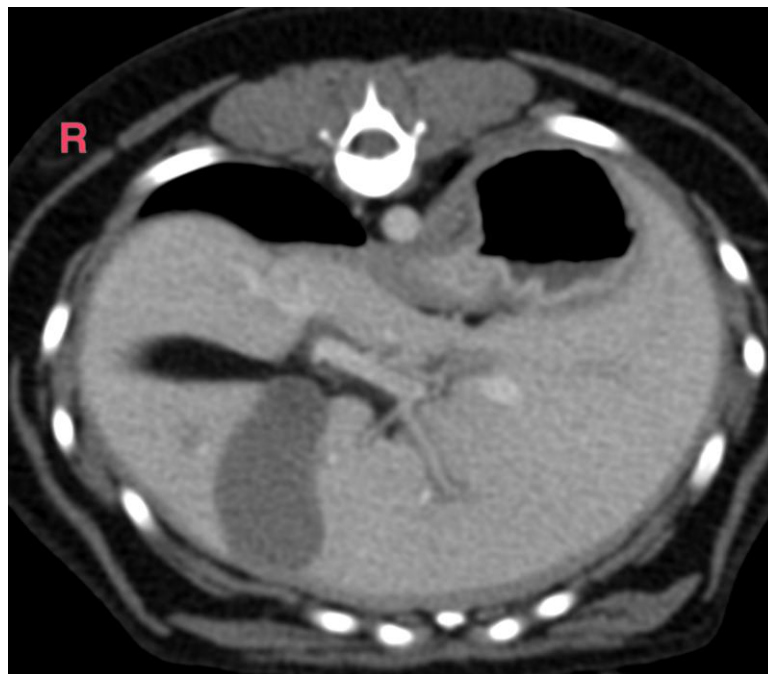
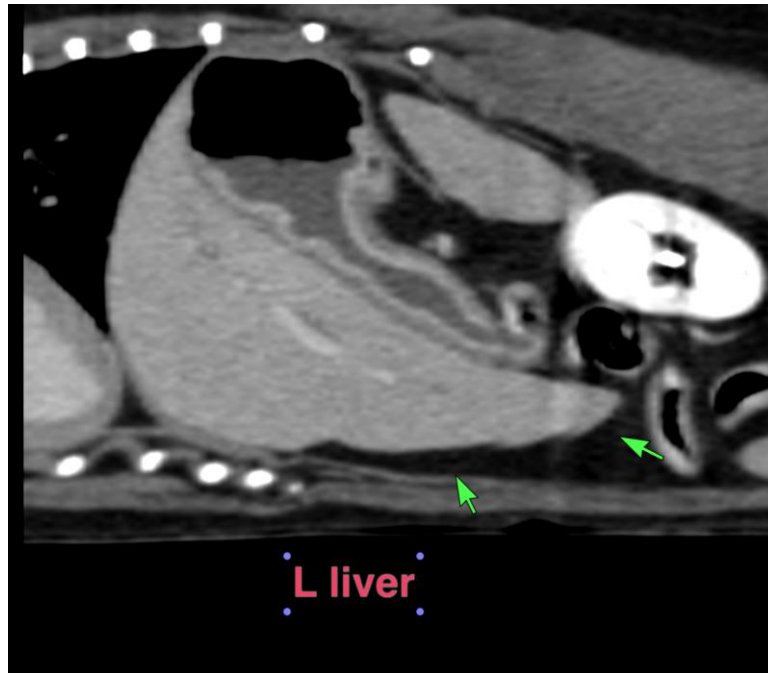
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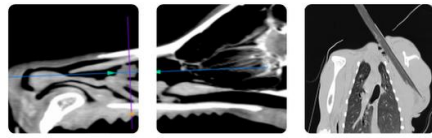
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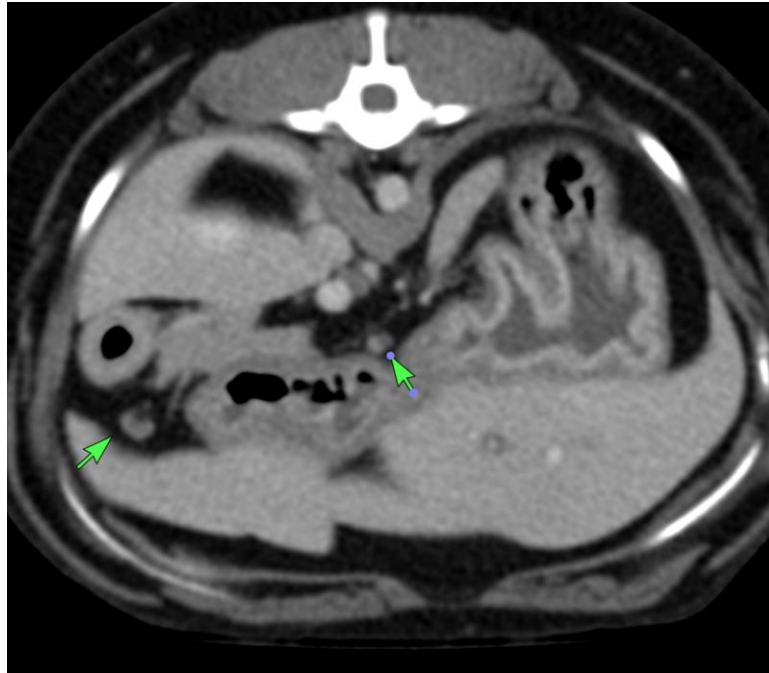
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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