



PATIENT PRESENTING CLINICAL SIGNS

Nala Fineman Nasal discharge, moderate thrombocytopenia, hyporexia, vomiting, lethargy, RF and LH lameness rule out: neoplasia in nose and possibly chest
Abnormal PE/Chem/CBC/UA Results: bloodwork showed anemia of 18% but manual PCV was 30%

SPECIES COMPUTED TOMOGRAPHY OF THE HEAD & THORAX

Canine Pre/post contrast studies provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Pit Bull Thorax:

There are multiple round nodules of soft tissue opacity throughout all lung parts with different sizes noted.

SEX
FS Head:

The pituitary gland appears mildly enlarged with an estimated height of 7.9 mm and length of 11.3 mm. The neurocranium shows normal findings apart from that.

AGE
9 Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging Both tympanic bullae are completely ventilated with a regular tympanic bulla wall on the left and mild bony and membranous thickening on the right. The tympanic membranes appear intact. Both external ear canals are ventilated in all sections with thickened walls and multiple metaplastic calcifications. The adjacent parts of the petrosal bone and the temporomandibular joints have no particular findings.

HOSPITAL NAME There is severe thickening of the soft palate recognized showing transverse diameters of 20 mm leading to secondary and severe narrowing of the nasopharyngeal meatus.

Advanced Animal Imaging Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly with very mild swelling of the mucous membranes and fluid accumulation on the right. Conches and the maxillary/mandibular teeth show no particular findings apart from that.

REFERRING VET

Blair Hollowell 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.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

- 57866
- Predominantly nodular interstitial lung pattern
 - Severe thickening of the soft palate with secondary narrowing of the nasopharyngeal meatus
 - Signs of a mild and chronic otitis media on the right and bilateral and chronic otitis externa
 - Subtle and unspecific bilateral rhinitis

DATE
4-18-23



PATIENT • Mild enlargement of the pituitary gland

Nala Fineman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The significant nodular pattern of the lungs is commonly seen with metastatic neoplasia and granulomatous disease. Eosinophilic pneumonia could be a differential diagnosis. Primary pulmonary neoplasia is unlikely. I would favor metastatic pulmonary disease which may cause additional secondary pneumonia with small lung abscesses/focal necrosis.

BREED

Pit Bull

Next diagnostic steps could be endoscopy with BAL for cytology and microbiological testing (r/o blastomycosis, coccidioidomycosis) and/or complementary abdominal tomography to search for primary neoplasia.

SEX

FS

The subtle swelling of the nasal mucous membranes is still considered to be normal. The marked thickening of the soft palate is probably chronic and somehow breed-related. Dynamic stenosis of the nasopharyngeal meatus is possible. These findings must be correlated with the clinical presentation. Nasal neoplasia is not noted.

AGE

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The mild otitis media on the right and the bilateral, chronic otitis externa again are likely incidental and breed appropriate.

The mild enlargement of the pituitary gland is unspecific and could represent benign adenoma as well initial adenocarcinoma. The latter is unlikely from a CT perspective.

INTERPRETED BY

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Diagnostic Imaging

HOSPITAL NAME

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Imaging

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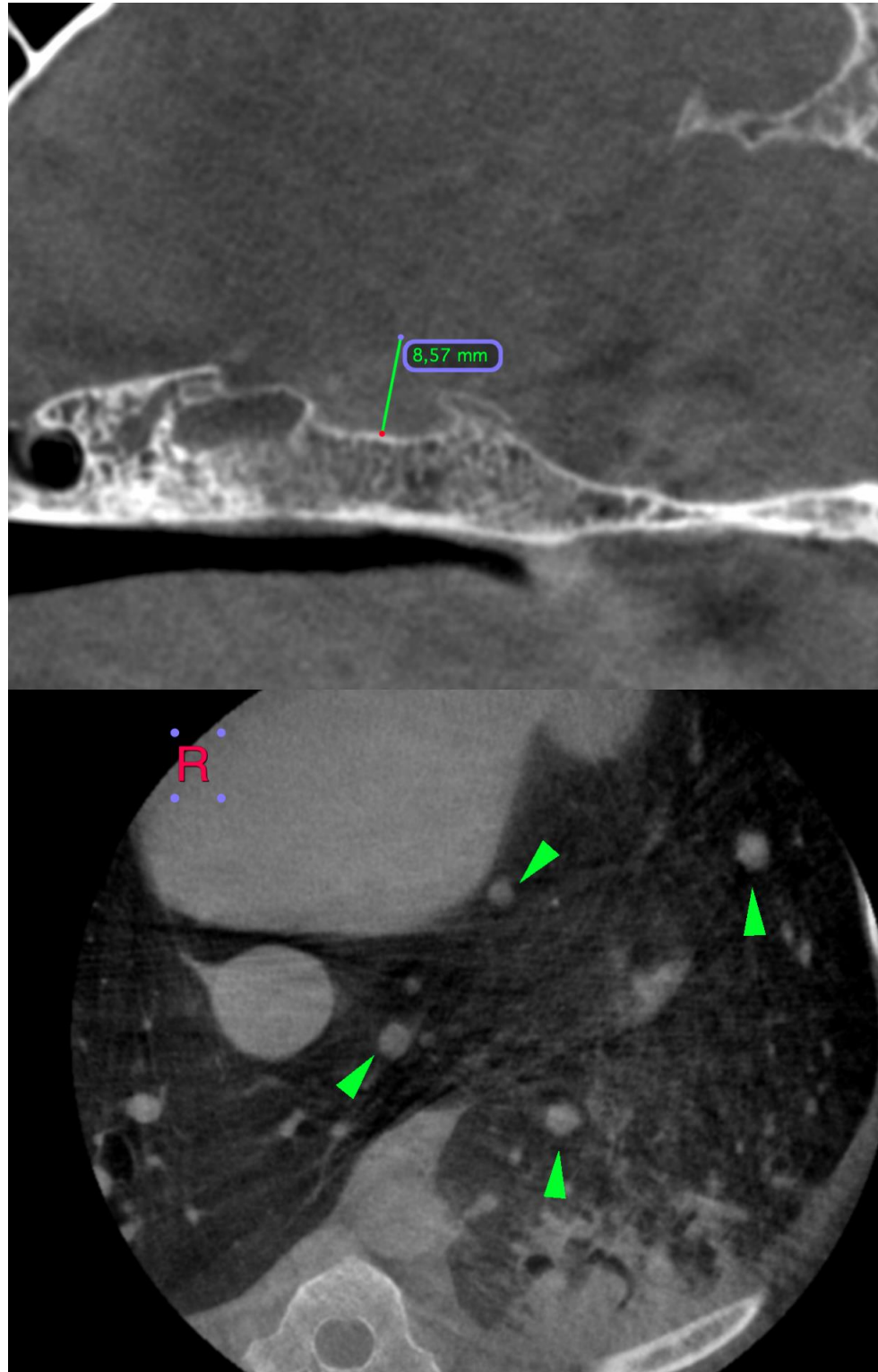
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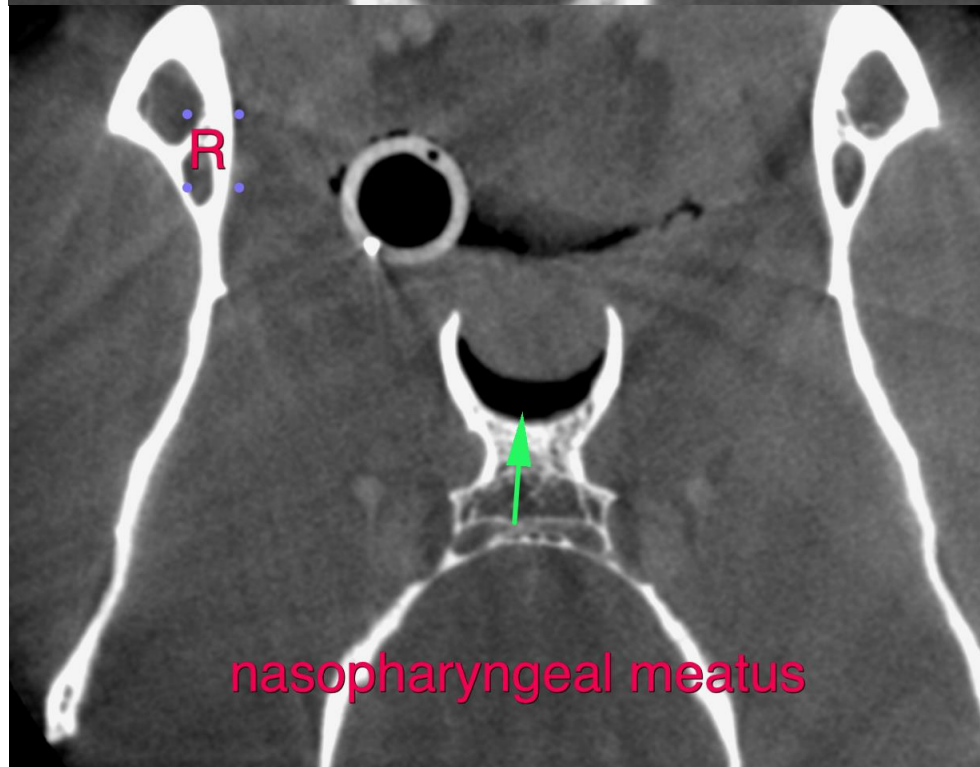
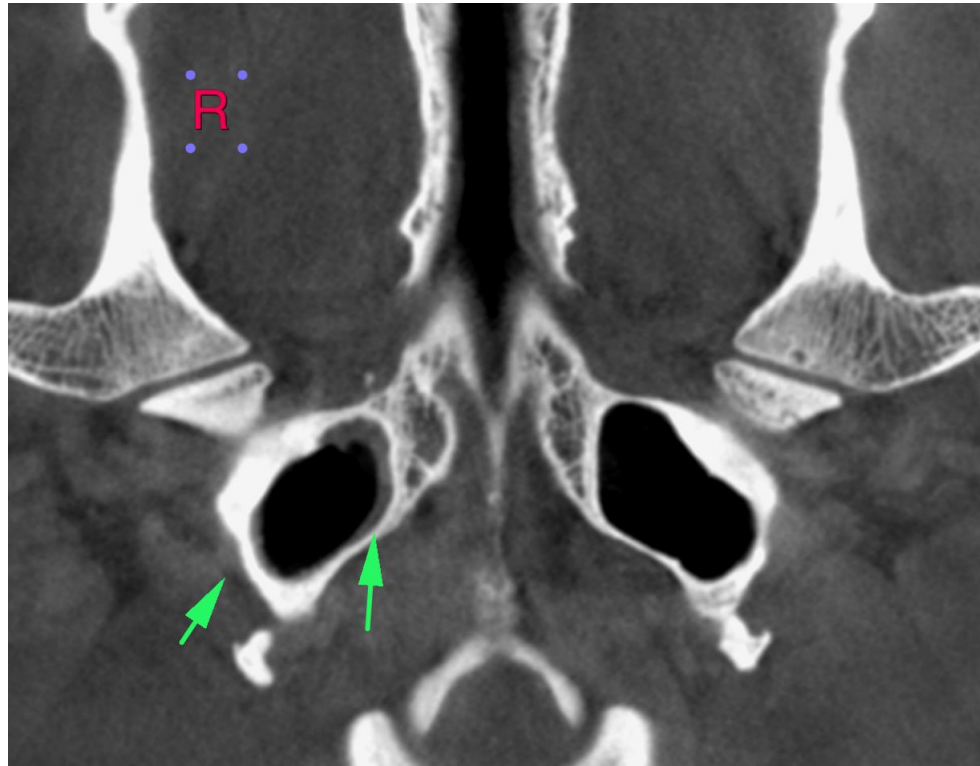
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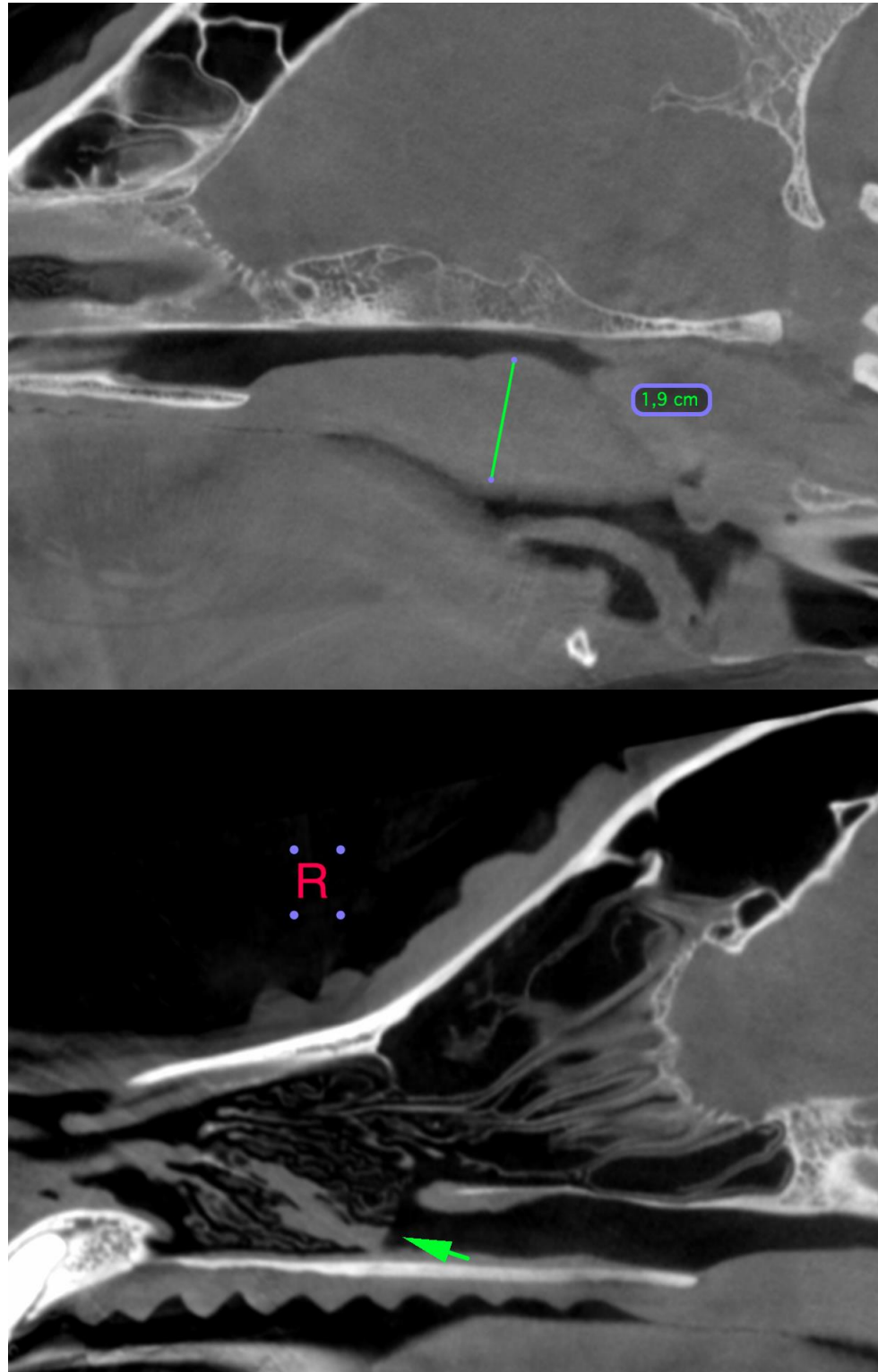
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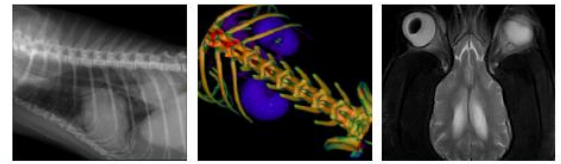
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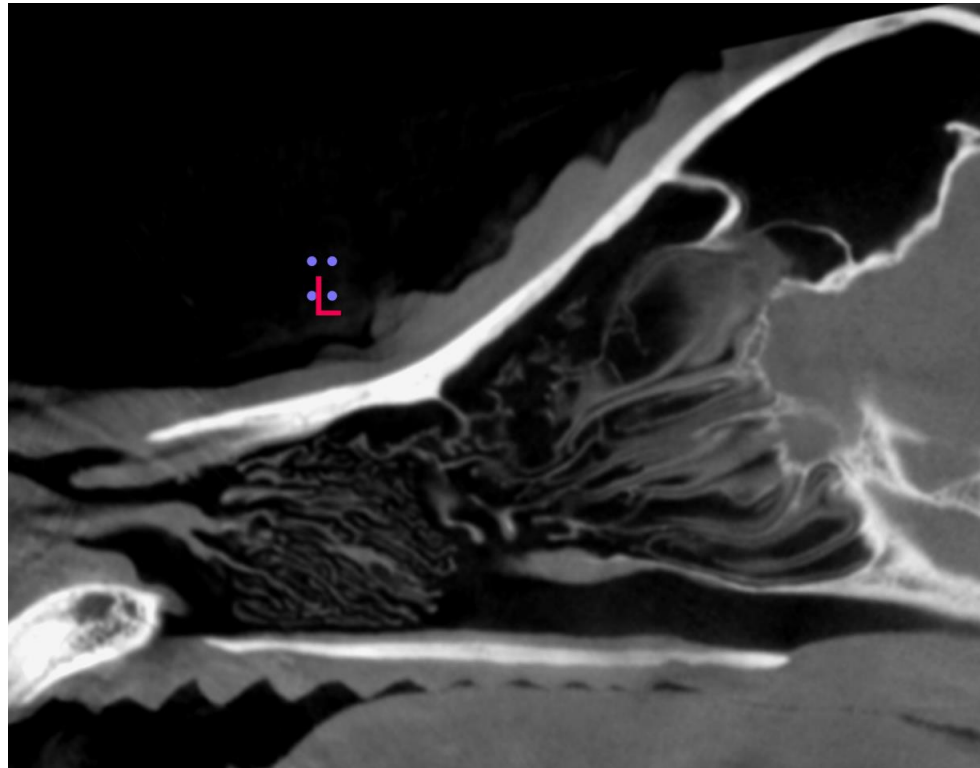
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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