



**PATIENT**

Jasper Lewis

**SPECIES**

Canine

**BREED**

Australian Shepherd  
Mix

**SEX**

MN

**AGE**

7

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Ravi Seshadri  
DACVECC

**INVOICE**

47549

**DATE**

9-27-21

**PRESENTING CLINICAL SIGNS**

He had head and chest rads a year ago for nasal discharge. In the last week he became PU/PD and epistaxis started. Jasper came in Friday after having a bloody nose- bilateral. He had a bloody nose again this morning just from the left nostril that stopped so we told owners to watch for further bleeding. Then he had a seizure. Mom heard him crashing around and found him on the floor with his eyes darting and he was post ictal. He is drinking a lot of water as well. Amlodipine 5mg once daily with lunch. Jasper also takes derramax and adequan for OA/hip dysplasia. Mom also notes that about 2 weeks before the initial visit Jasper had had some unexplained blood on his face and in his mouth and she now thinks maybe he had had a bleeding episode she had not witnessed. Abdominal ultrasound: Liver: The liver parenchyma is granular with rounded irregularly marginated intraparenchymal nodules of varying echodensity. The liver architecture is grossly abnormal Gall Bladder and Biliary Tree: Normal gall bladder with no evidence of biliary tree pathology. Spleen: Normal in size and echotexture with homogenous parenchyma. Lymph Nodes: No pathology noted. Bladder: No calculi, polyps, masses noted. Normal wall thickness. Kidneys: Both smooth and symmetric with normal corticomedullary junctions, relatively bright granular cortices, no capsular pathology and normal pelvises. Adrenals: Left normal in size and shape. Right is not imaged due to duodenal gas Pancreas: No sonographic evidence of pancreatitis. Gastrointestinal System: GI loops measure normal thickness. Notes/Comments: Hepatic disease - not an etiology for hypertension will need further assessment by Ct scan R adrenal is not imaged may still be an issue

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN**

Pre/post contrast studies provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Head:

The neurocranium shows normal findings. Bony structures of 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 and present mild swelling of the mucous membranes. Conches look normal. There are mild degenerative changes of the teeth noted. 208 reveals moderate horizontal lysis of the alveolar bone without overt signs of a fistula.

Post contrast images show no pathological enhancement.

Abdomen:

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Liver and spleen show normal findings in terms of size, surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. Near to the cranial tip of the spleen a spleen-like nodule of 1.17 cm is noted with an inconspicuous periphery. The mesenteric, portal and epigastric lymph nodes are mildly enlarged.

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Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits.

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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. There are no signs of an obstructive or functional ileus.

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Ureters, urinary bladder, and trigone are presented as expected.

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

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Moderate horizontal alveolar lysis 208
- Mild degenerative changes of the teeth
- Mild swelling of the nasal mucous membranes
- Mild abdominal lymphadenomegaly
- Spleen-like nodule in the splenic periphery

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CT findings do not explain the reported epistaxis. Currently there are no overt signs of a neoplastic or a relevant inflammatory process noted, foreign radiopaque material is not recognized. The subtle swelling of the mucous membranes is still considered to be normal from a CT perspective.

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

Abdominal findings likely represent a mild, reactive-inflammatory lymphadenopathy which is commonly seen with infectious disease and must be correlated with the clinical presentation. Lymphoma is not suspected but cannot be ruled out completely. Diffuse liver (and splenic) disease is possible. Focal changes or liver nodules are not seen. FNA of the liver and mesenteric lymph nodes could be performed next. The small nodule in the splenic periphery is most likely an incidental finding and represents splenic tissue. Both adrenals are unremarkable.

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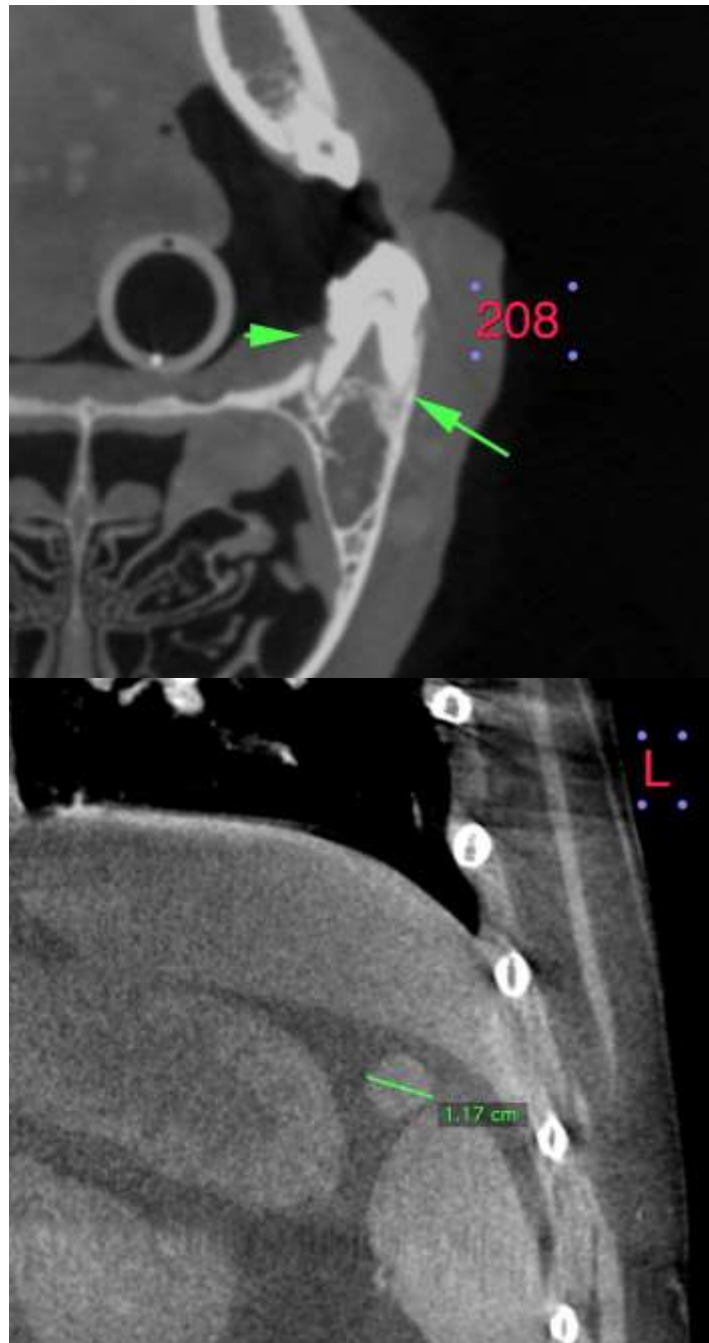
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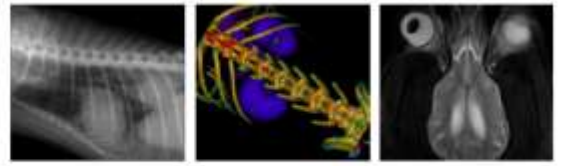
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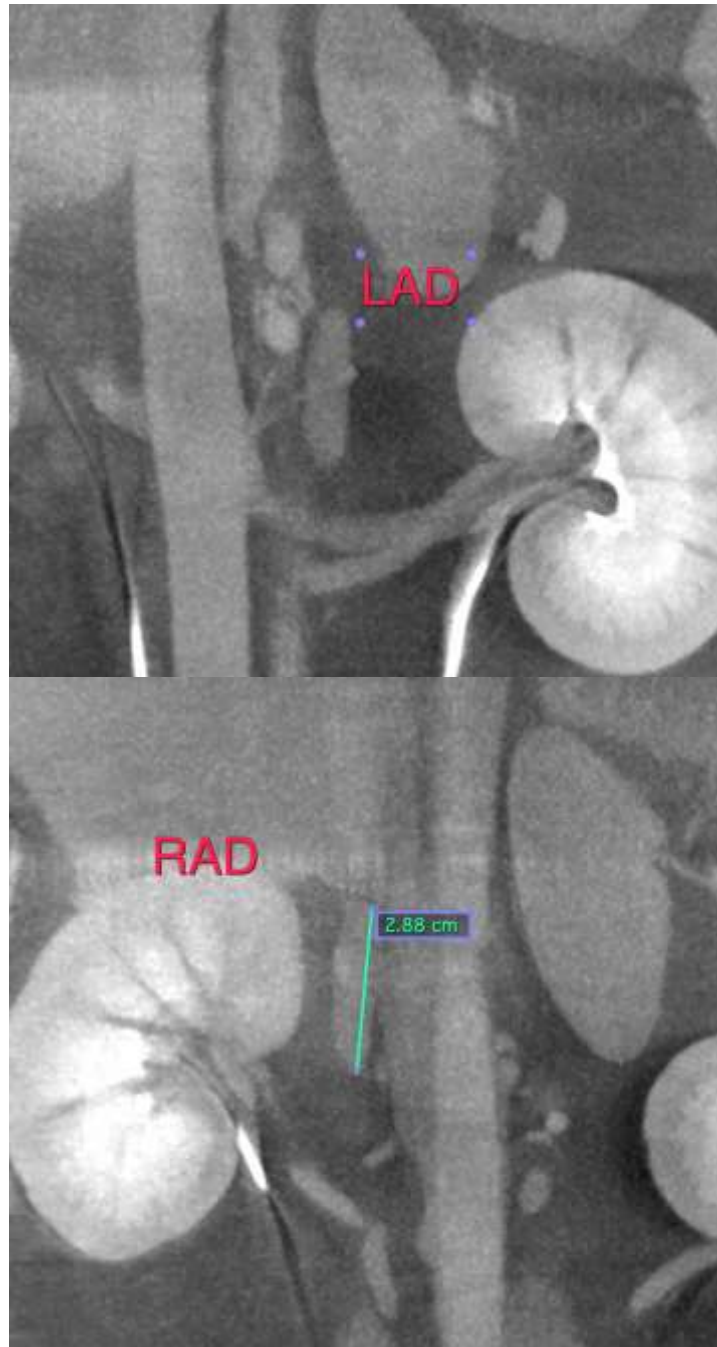
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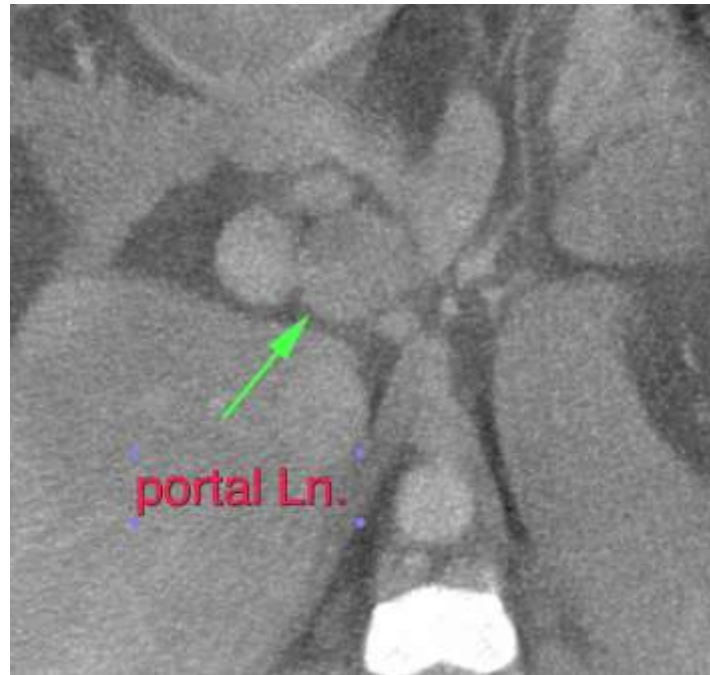
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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