



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Gracie Bertolami	P presented for vomiting and anorexia for 4 days.
<b>SPECIES</b>	<b>COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, &amp; ABDOMEN</b>
Feline	Pre/post contrast studies provided for review.
<b>BREED</b>	<b>COMPUTED TOMOGRAPHIC FINDINGS</b>
Domestic Shorthair	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.
<b>SEX</b>	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.
Female Spayed	Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.
<b>AGE</b>	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.
10 Years	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. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.
<b>INTERPRETED BY</b>	Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging	Abdomen:  Liver shows normal findings in terms of size, surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. The spleen is moderately enlarged with rounded margins and transverse diameters of 1.35 cm. An inhomogeneous contrast enhancement is recognized.
<b>HOSPITAL NAME</b>	Pancreas is normal as far as can be assessed. The peripancreatic fat tissue and omentum are inconspicuous.
Animal Emergency Hospital Volusia	Unremarkable presentation of the bilaterally symmetrical kidneys. Excretion of contrast into the renal pelvises appears delayed. As far as can be assessed, the stomach and all parts of intestine
<b>REFERRING VET</b>	
Dr. Johnson	
<b>INVOICE</b>	
47356	
<b>DATE</b>	
9-3-21	

**PATIENT**

Gracie Bertolami

are regularly presented, predominantly empty without any indication of a wall thickening or a mass. There are no signs of an obstructive or functional ileus.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Moderate, unspecific splenomegaly
- Questionable delay of renal contrast excretion
- Normal findings of the head, thorax and the abdomen apart from that.

**SEX**

Female Spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic findings are unspecific. Splenomegaly in cats is commonly seen with chronic pancreatitis and infiltrative disease such lymphoma or mast cell tumor. FNA is needed for further evaluation. The inhomogeneous contrast uptake could also be due to differential perfusion of the red and white pulp of the spleen under general anesthesia.

**AGE**

10 Years

Renal findings need to be correlated with the clinical presentation/bloodwork and are not specific for renal insufficiency.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

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Gracie Bertolami

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female Spayed

**AGE**

10 Years

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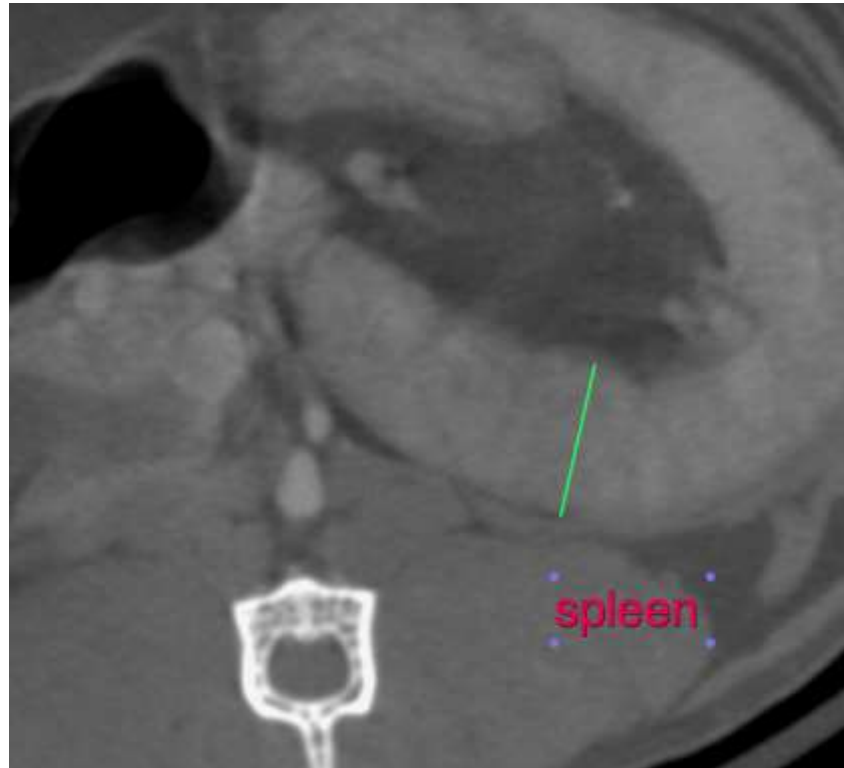
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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