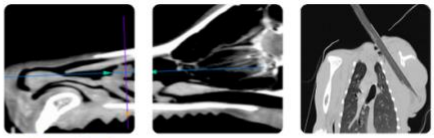


PATIENT

Henry Russell

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

63 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Samantha Short

HOSPITAL NAME

Animal Health Care Denver

REFERRING VET

Dr. Cathryn Sayer

INVOICE

35215

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: Hypercalcemia, confirmed with ionized calcium. A small nodule is palpable in left anal sac. PTH is 3.4 (1.1-10.6), which is an equivocal result.

Abnormal PE/Chem/CBC/UA Results: Overall normal labwork besides hypercalcemia.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the neck and abdomen and a plain CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. In the medial aspect of the left external ear canal, a small amount of non-contrast enhancing soft tissue material is seen.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Both thyroid glands present the expected size, shape and attenuation behavior – no abnormal nodular lesion is appreciated in the periphery of the thyroid glands.

The osseous and soft tissue structures of the neck are within normal limits.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

In the subcutaneous tissue multifocal along the thoracic wall, variable sized lipomas are seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

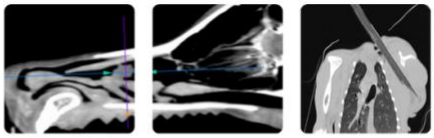
The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis of the dorsal dependent aspects of the lung and randomly distributed punctuate mineralization of the lung.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The body of the spleen presents focal segmental nodular enlargement with convex bulging of the splenic surface

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The anal sacs are nearly empty present a thin an even wall.

Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nodular enlargement body of the spleen
- Suspect small amount of cerumen left ear canal
- Osteoarthrosis coxofemoral joints due to hip dysplasia
- Multiple lipomas along the thoracic wall
- Pulmonary osteomas
- Normal thyroid glands, no evidence of pathological enlargement of the parathyroid glands
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular enlargement of the body of the spleen can be caused by benign nodular hyperplasia or present neoplastic transformation of the spleen (e.g. round cell tumor). Ultrasound guided FNA sampling can be performed for specification.

The clinically described nodule of the left anal sac cannot be appreciated, anyway FNA sampling may be performed to screen for anal sac adenocarcinoma as cause for the hypercalcemia.

No additional abnormalities are appreciated that can explain the history of hypercalcemia.

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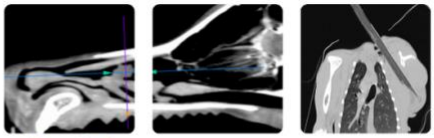

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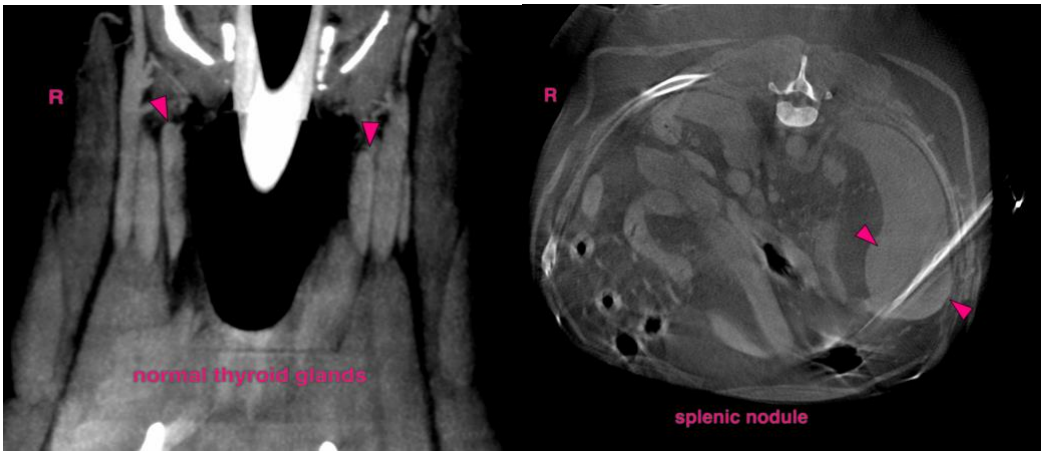

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com