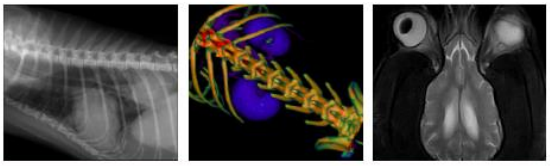


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Augie Steep

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Westgarth

INVOICE

49988

DATE

1-31-22

PRESENTING CLINICAL SIGNS

Cyclical neutropenia, marked thrombocytopenia, diarrhea, hyporexia, nasal congestion, abdominal and peripheral lymph nodes (prior aspirates consistent with reactivity), elevated hepatic enzyme activity (EMH in liver aspirates previous), marked peribronchial cuffing and nodular interstitial lung pattern on previous chest rads. Steroids started last week after lack of response to prolonged antibiotics. Presented over weekend with melena, anorexia, pyrexia, and hematemesis. Suspected abscess in right mandibular region.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth element 108 is absent. Generalized mild to moderate horizontal bone loss is noted in all jaw quadrants.

In the subcutaneous tissue at the lateral aspect of the right parotid gland, a post contrast hypoattenuating, well-defined lesion is visible, measuring 1.5 x 1.2 x 2.6 cm in size.

The subcutaneous tissue along the ventral and lateral aspect of the skull presents a moderate Mild to moderate destruction of the left nasal conchal structures is present.

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. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

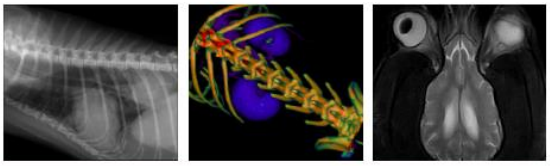
The mandibular lymph nodes bilaterally are prominent and rounded and the right medial of the mandibular lymph nodes and the lateral of the left mandibular lymph nodes presents a post contrast hypoattenuating center, demarcated by a peripheral contrast enhancing thickened capsule.

The medial retropharyngeal lymph nodes are prominent.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Augie Steep

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Westgarth

INVOICE

49988

DATE

1-31-22

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.

Multifocal throughout the lung parenchyma, well-defined, roundish soft tissue attenuating nodules are visible, measuring up to 5 mm in size.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.
Both kidneys present post contrast hypoattenuating parenchymal filling defects.

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

The hepatic volume is moderately increased. The hepatic parenchyma is uniform soft tissue attenuating and presents post contrast hypoattenuating parenchymal ovoid to roundish lesions.

The left hepatic lymph node is significantly enlarged and rounded. The gallbladder wall is moderately thickened and post contrast hypoattenuating.

The spleen is prominent and presents mild rounded margins. Post contrast administration, multiple well-defined, peripherally located, variable sized parenchymal filling defects are seen throughout the splenic parenchyma.

The aortic trifurcation presents an intraluminal filing defect, occupying 100% of the cross-sectional area of the aorta at the same level – extending up into the proximal segment of the right external iliac artery. The external iliac & femoral artery bilaterally present a significantly decreased diameter.

The colonic lymph nodes are prominent and rounded.

In the cranial abdomen, a small intestinal segment presents with a focal post contrast hypoattenuating filling defect of the mural lining.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitary lesion subcutaneous tissue lateral to right parotid gland
- Lymphadenopathy mandibular lymph nodes with potential abscessation
- Lymphadenopathy medial retropharyngeal, hepatic and colonic lymph nodes
- Aortic thrombus formation
- Splenic & renal infarction

SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Augie Steep

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Westgarth

INVOICE

49988

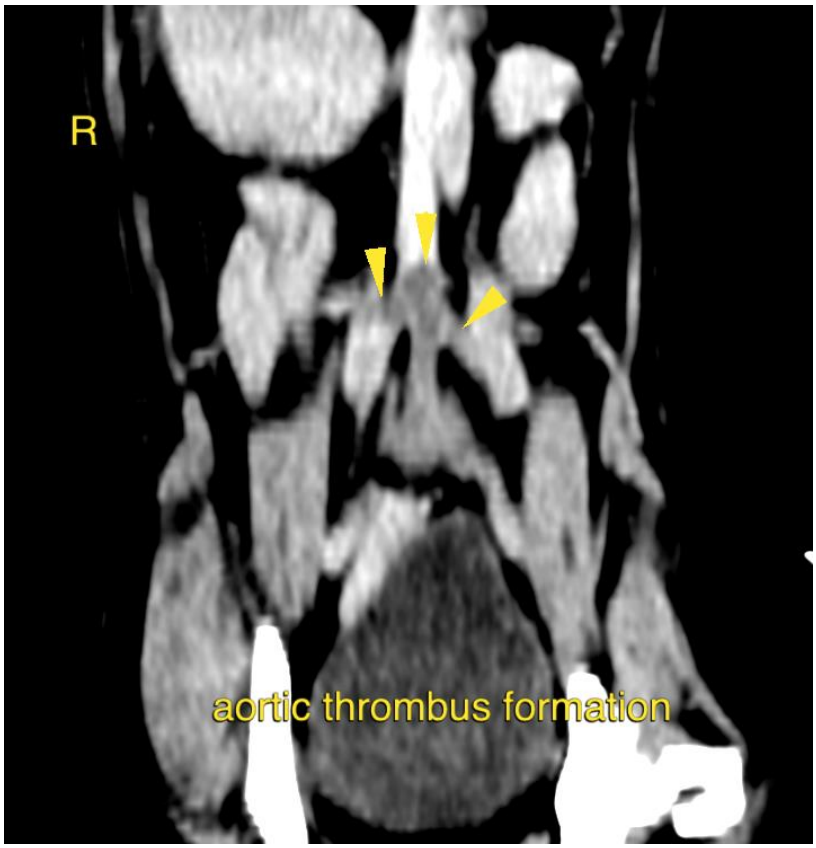
DATE

1-31-22

- Suspect focal mural infarction small intestinal loop
- Structured nodular interstitial pattern
- Hepatomegaly with irregular contrast enhancement pattern
- Rhinitis
- Steatitis subcutaneous tissue skull
- Edema gallbladder wall
- Absent triadan 108
- Generalized periodontal disease

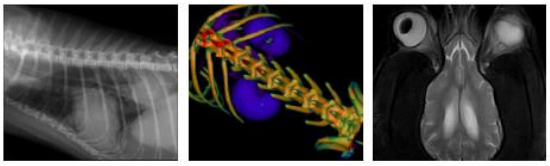
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In summary the findings in conjunction with the findings from the previous diagnostic tests, the odds for systemic inflammatory process (e.g. systemic inflammatory response syndrome) are considered very high. There is evidence of a hypercoagulable state with thrombus formation in the aortic trifurcation, splenic & renal infarction. The post contrast hypoattenuating mural zone of a small intestinal segment is concerning for focal infarction of the wall of the small intestinal wall. Tapping the cavitary lesion at the lateral aspect of the skull with sampling for microbial culture and biopsy is recommended to isolate potential infectious agent including testing for potential mycotic (e.g. Blastomycosis) or protozoal infection. Immune mediated disease might be a consideration, but I would have expected improvement under immunomodulatory therapy. Theoretically, paraneoplastic syndrome is possible, but I would consider this less likely here. Consider a cardiac echo to rule out endocarditis as causative entity as well.



SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Augie Steep

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

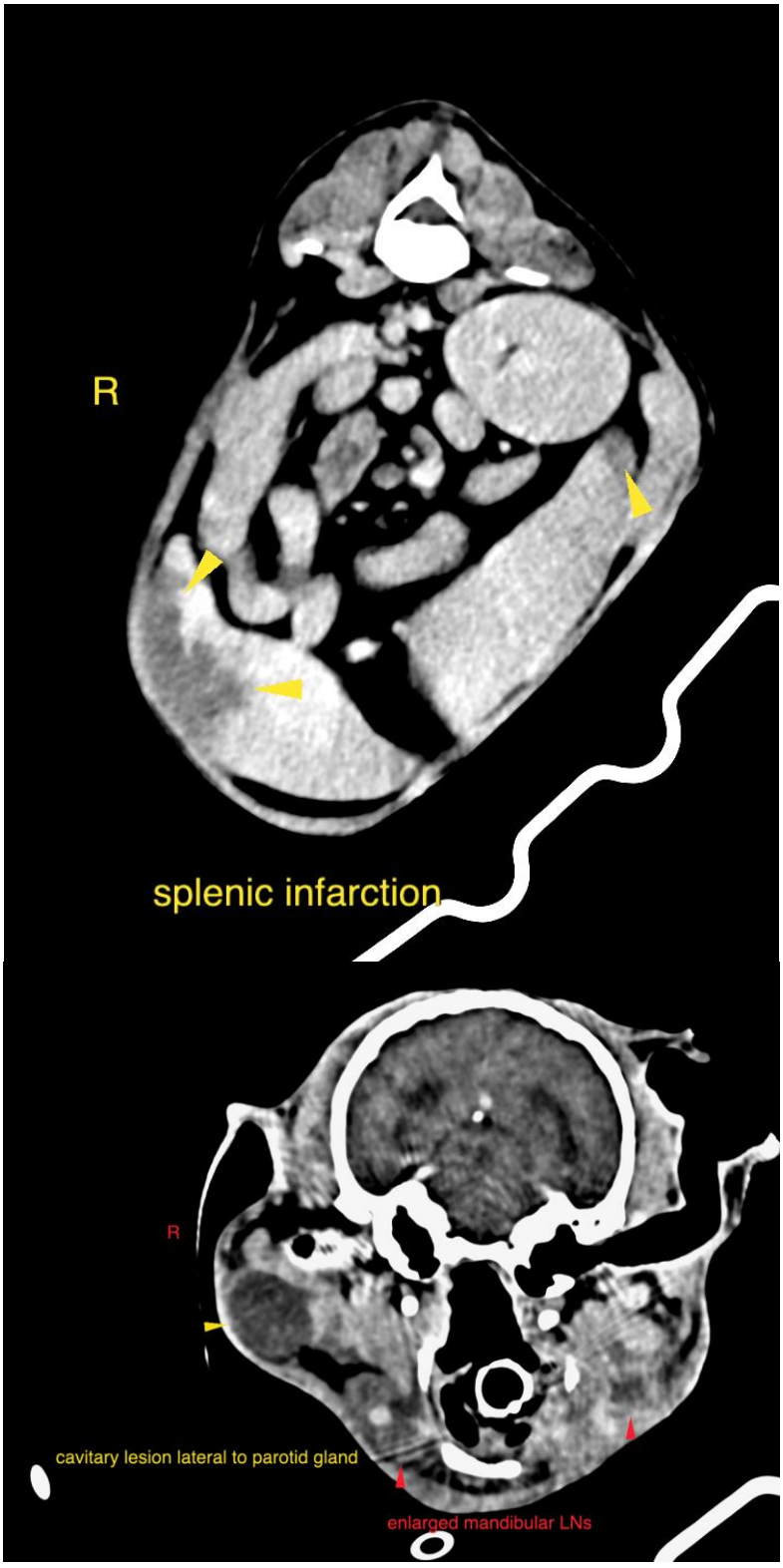
Dr. Westgarth

INVOICE

49988

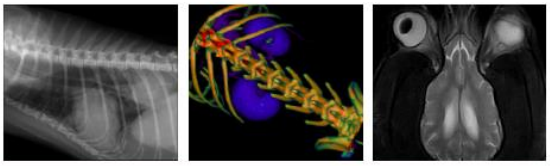
DATE

1-31-22



SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Augie Steep

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

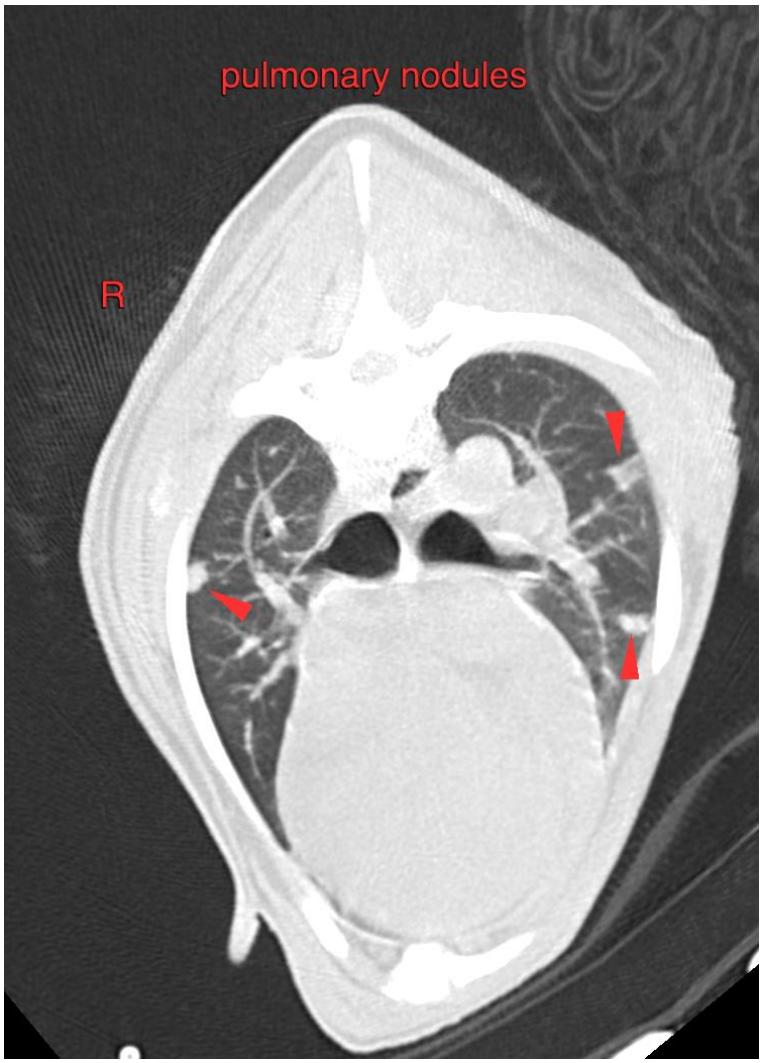
Dr. Westgarth

INVOICE

49988

DATE

1-31-22



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, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com