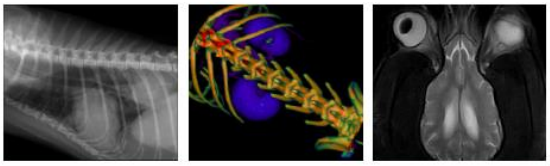

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1-800-838-4268 info@sonopath.com

PATIENT

Frankie Elford

SPECIES

Canine

BREED

Labrador X

SEX

MN

AGE

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Advanced Veterinary Imaging

REFERRING VET

Eamon

INVOICE

55973

DATE

1-4-23

PRESENTING CLINICAL SIGNS

Acute onset hindlimb paresis and ataxia
Abnormal PE/Chem/CBC/UA Results: Cbc/Chem wl Fna mass pelvic canal pending

COMPUTED TOMOGRAPHY OF THE SKULL & ABDOMEN

A pre- and post-contrast CT study of the neurocranium and abdomen in a bone and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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 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.

Abdomen

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.

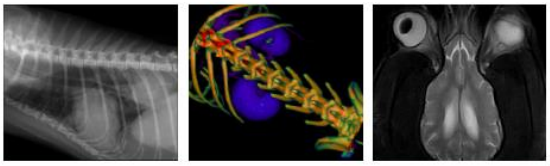
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

The stomach is moderately distended by gas – suspect preceding aerophagia. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The anal sacs are included in the field of view of the plain CT series and the medial wall of the left anal sac appears prominent.

Ventral to the sacrum, a moderately enlarged and rounded sacral lymph node is appreciated,



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measuring 3.7 x 1.8 x 2.1 cm in size; post contrast administration, the enlarged sacral lymph node presents a hypoattenuating center. The fat surrounding the enlarged sacral lymph node presents mild fat-stranding. The left sacrocaudalis ventral lateralis muscle, ventral to the sacrum and up to the 3rd caudate vertebra is swollen and presents a peripheral contrast enhancement pattern with a hypoattenuating center.

The medial iliac lymph nodes are prominent, R>L.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying 90% of the cross-sectional area of the vertebral canal at the same level.

Multifocal mild spondylosis formation is seen along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy sacral lymph node with central cavitation with mild surrounding steatitis
- Thick wall intramuscular cavitary lesion cranial aspect left sacrocaudalis ventralis lateralis muscle
- Mild lymphadenopathy medial iliac lymph nodes, R>L
- Possible small intramural mass medial wall left anal sac
- Degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Spondylosis deformans
- Structural normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging features of the cavitary intramuscular lesion and the accompanying lesion in the sacral lymph node are most suggestive to be inflammatory in origin with small abscess formation, focal steatitis and reactive hyperplasia of the medial iliac lymph nodes. An underlying cause for the supposed small abscesses is not appreciated, such as migrating foreign body. The findings are unusual for primary neoplastic disease (e.g. myxosarcoma, fibrosarcoma, carcinoma), FNA sampling has already been performed for further definition. The clinical relevance of this finding for the acute presenting clinical signs is unclear.

Check the left anal sac if there are signs for intramural lesion, concerning for neoplastic transformation (e.g. adenocarcinoma).

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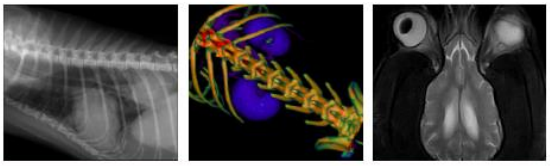

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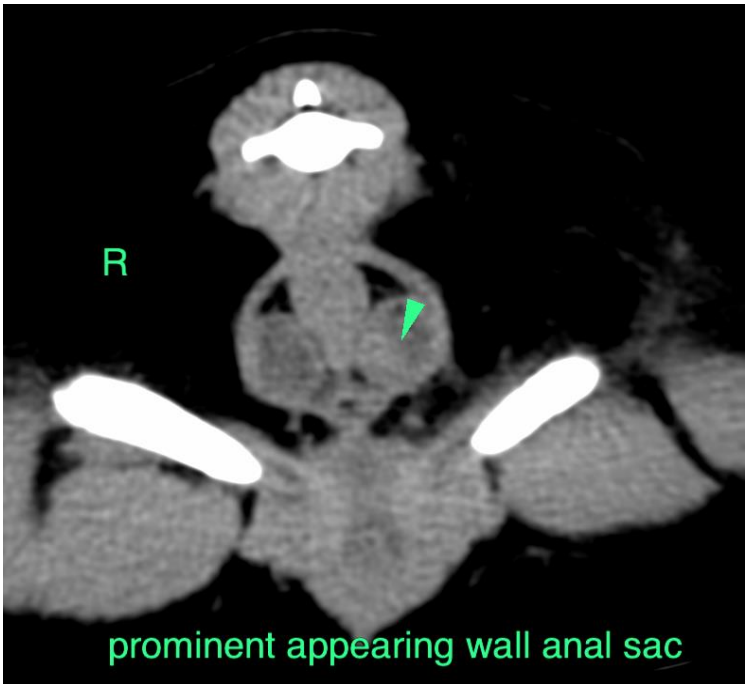

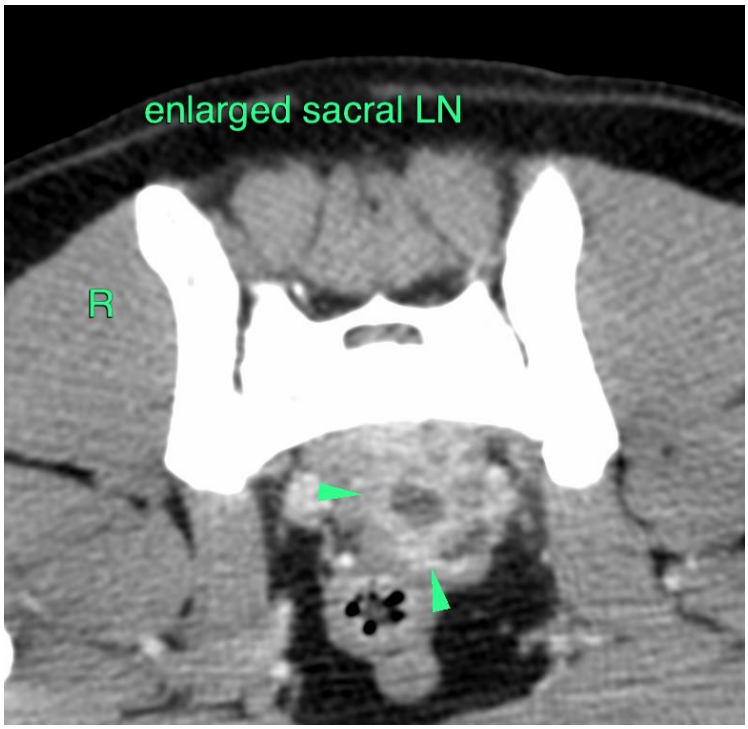

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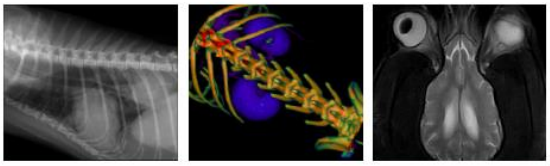

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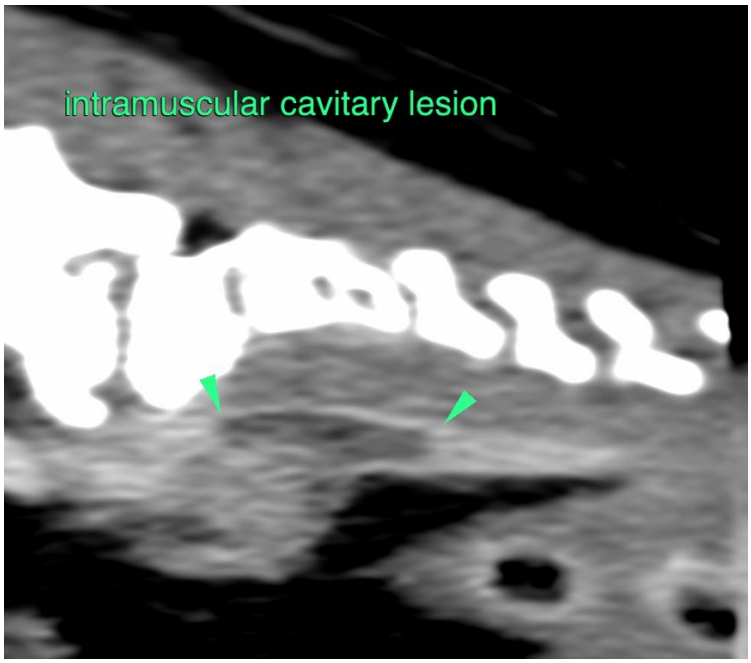

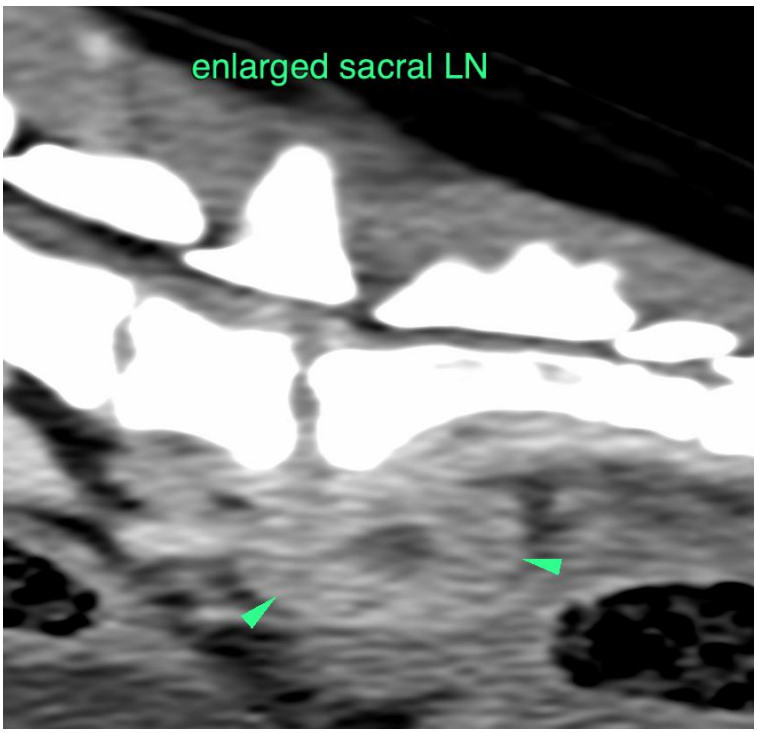

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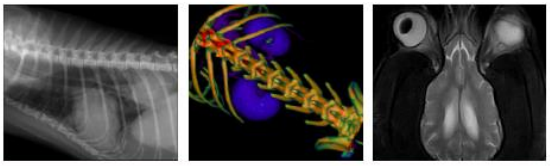

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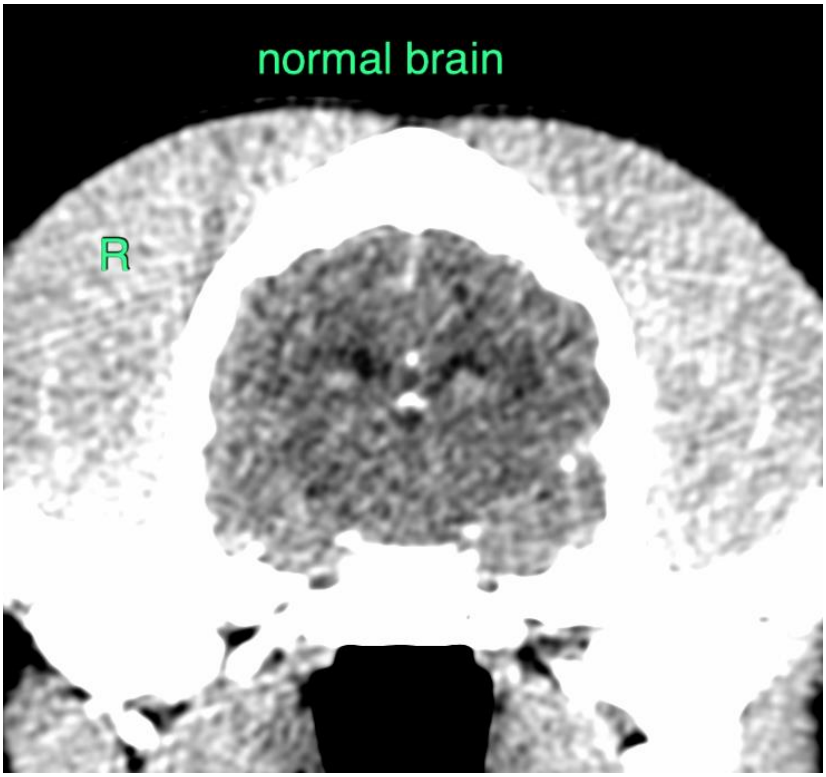

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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