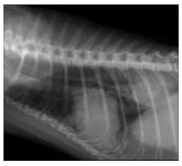
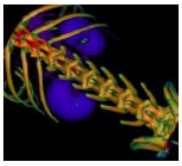
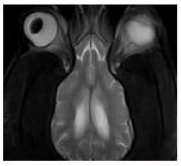




PATIENT

Arnie Mujica

SPECIES

Canine

BREED

Mixed

SEX

N

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

56054

DATE

1-9-23

PRESENTING CLINICAL SIGNS

Epistaxis, elevated liver enzymes.
Abnormal PE/Chem/CBC/UA Results: Heart murmur

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 105, 106, 205-207, 303, 401 are absent. All remaining teeth present a significant widening of the periodontal space. The roots of triadan 104&204 are perforating the nasal cavity and a mild intranasal soft tissue swelling is seen at the same level.

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 contain a moderate amount of fluid attenuating material, 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

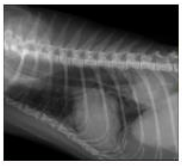
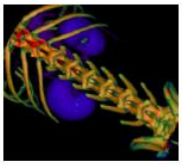
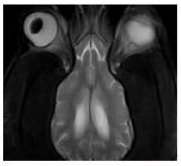
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. In the urinary bladder, a small to moderate amount of gravity dependent, granular mineral attenuating material is appreciated.

Both adrenal glands are prominent, presenting an increased cross-sectional diameter of 8.6 (left) and 9.1 mm (right). Post contrast administration, both adrenal glands have a mild heterogeneous contrast enhancement pattern.

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

The hepatic volume is increased and the liver is protruding beyond the costal arch; the caudoventral hepatic margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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The gallbladder is not appreciated, small granular mineralization is seen along the ventral aspect of the bile duct in the hepatic hilar region.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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. In the subcutaneous tissue at the dorsal left aspect of the anus, a heterogeneous, roundish mineralization is seen, measuring 7 mm in diameter. The right anal sac is not appreciated.

Mineralization of the wall of the external iliac artery bilaterally is seen.

The intervertebral discs L4/L5 and L5/L6 are mildly bulging into the vertebral canal. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized advanced periodontal disease with oronasal fistula formation triadan 104&204
- Bilateral adrenomegaly
- Mineralization external iliac artery
- Hepatomegaly
- Dystrophic mineralization dorsal to left anal sac
- Cystolithiasis without signs of obstruction
- Degenerative lumbosacral stenosis with potential dynamic compression of the cauda equina fibers
- Mild intervertebral disc protrusion L4/L5 and L5/L6 with possible dynamic myelocompression
- Suspect history of cholecystectomy
- Nephrolithiasis without signs of mechanical obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The epistaxis is considered as a sequela to the oronasal fistula formation by triadan 104&204. A complete dental workup, with extraction of the affected teeth – including nearly all mandibular and maxillary premolar and molar teeth – is recommended.

The bilateral adrenomegaly is suggestive for (non)functional hyperplasia/macronodular hyperplasia, the odds for neoplastic transformation are considered low. Testing of the pituitary adrenal axis can be used for further workup. The mineralization of the walls of the external iliac arteries can be a sequela to metastatic mineralization in combination with hyperadrenocorticism.

Potentials for the hepatomegaly include metabolic/steroid induced hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

Check the left anal sac for signs of nodular thickening of the wall or other perianal small soft tissue masses.

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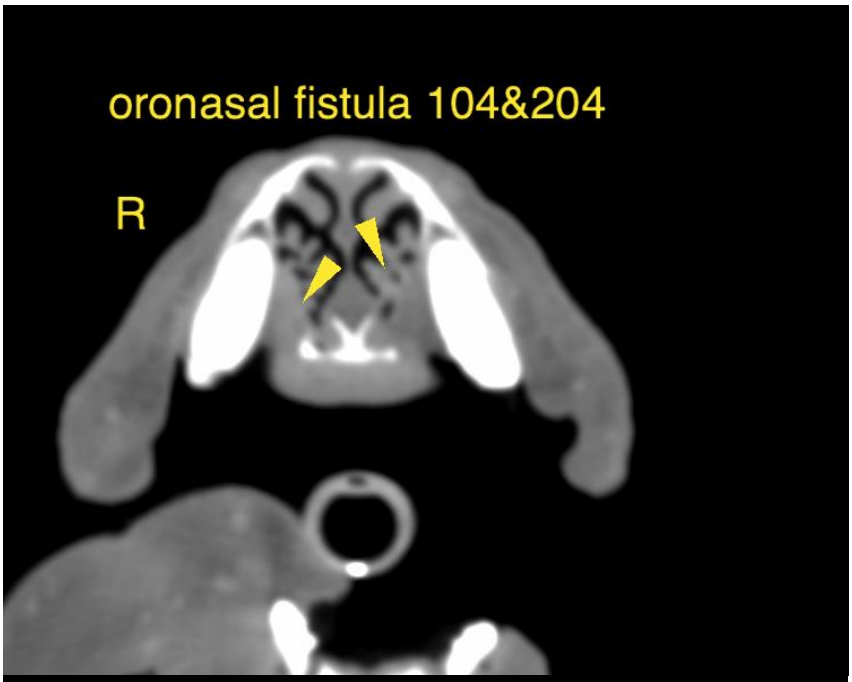

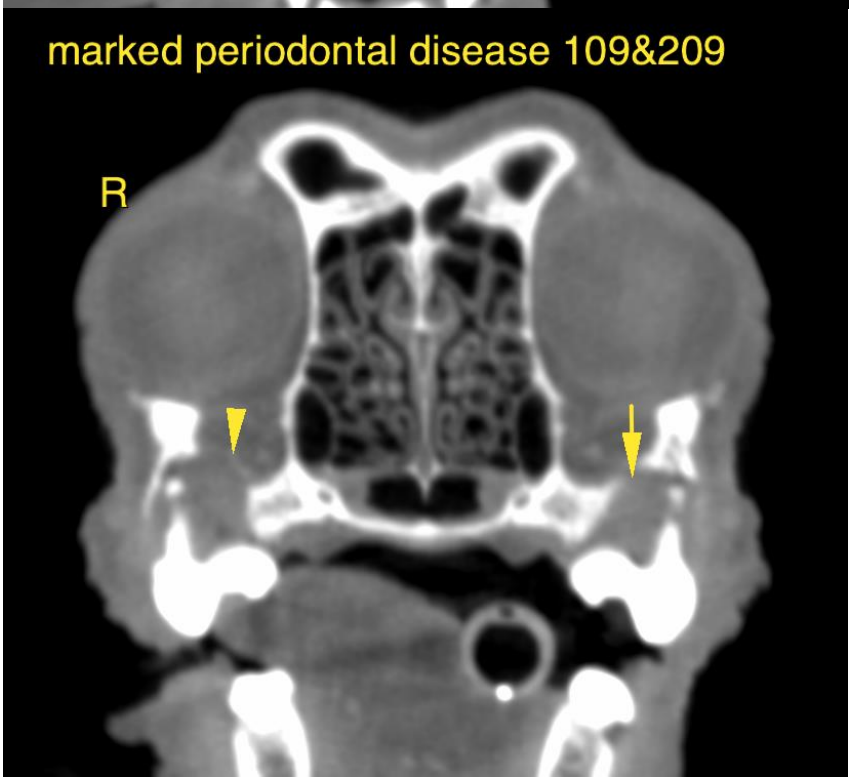

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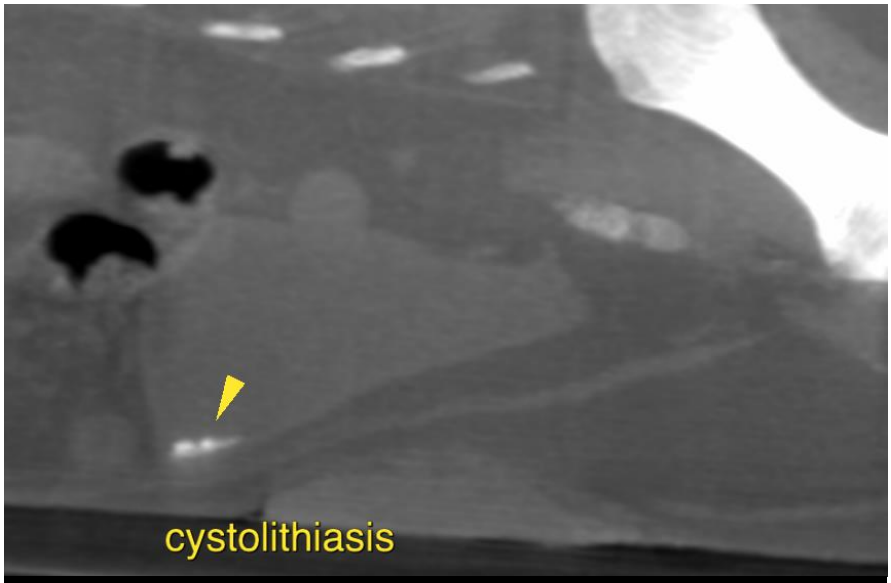

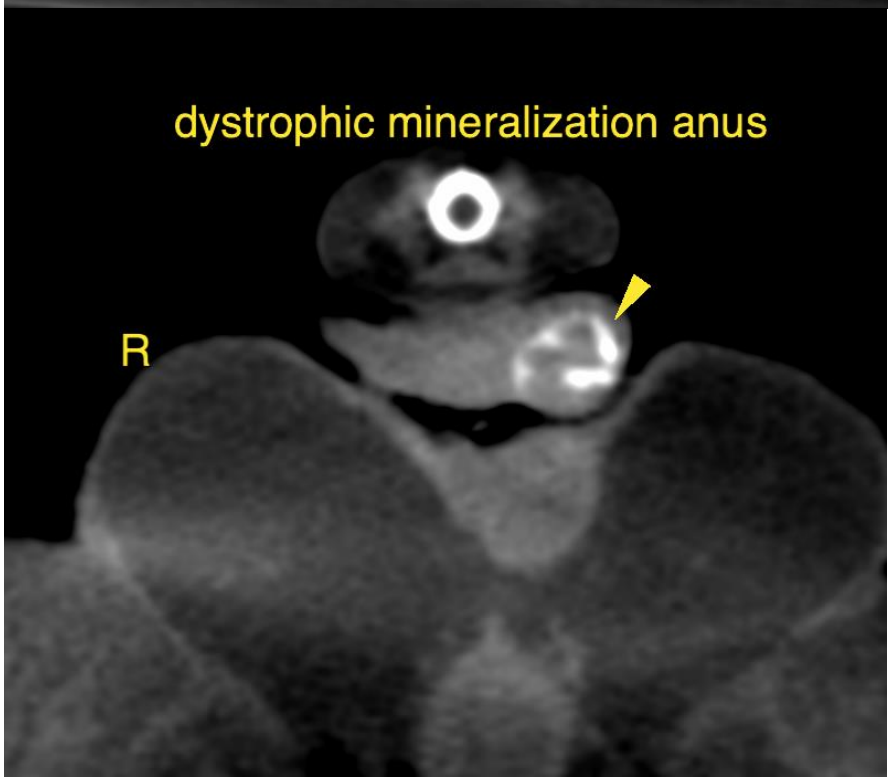

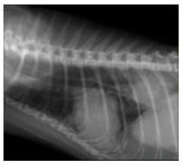
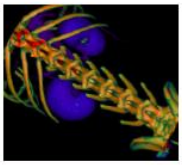
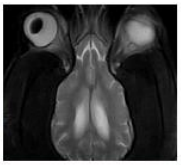

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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