



PATIENT PRESENTING CLINICAL SIGNS

Jelli Azofeifa Employee pet Jelli presents to MVCT for a CT scan of her neck, thorax and abdomen. A pre-contrast , 1 minute post- contrast & a 3 minute post contrast helical study submitted in both soft tissue and bone algorithm. Jelli has a 6 month history of significant weight loss (~4months). 4 months ago stopped eating dry food, seems unable to do so. Stage 3 renal disease. UTI recently.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Siamese

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

The osseous and soft tissue structures of the neck are within normal limits; no abnormalities of the thyroid glands are appreciated.

FS

The vertebral endplates T9/T10 present mild spondylosis formation.

AGE

14

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.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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

Abdomen

REFERRING VET

Jennifer Azofeifa

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The jejunal lymph nodes are prominent

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.

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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.

DATE

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Multifocal branching mineralization of the biliary tree is seen throughout the hepatic parenchyma. The intrahepatic biliary vessels are moderately dilated. The hepatic parenchyma presents with multiple intraparenchymal fluid attenuating filling defects.

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



PATIENT

Jelli Azofeifa

The small intestinal loops are generalized mild to moderately distended by gas and fluid. The wall layering of the gastrointestinal tract is considered normal.

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

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- COMPUTED TOMOGRAPHIC DIAGNOSIS**
- Lymphadenopathy jejunal lymph nodes
 - Dilation of the intrahepatic biliary vessels without signs of obstruction
 - Mild mineralization of the intrahepatic biliary tree
 - Suspect stasis of intestinal tract
 - Hepatic cysts
 - Spondylosis deformans T9/T10 and L7/S1

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

The prominent jejunal lymph nodes can be caused by reactive hyperplasia/inflammation or neoplastic invasion. Consider ultrasound guided FNA sampling for further differentiation.

There is generalized dilation of the intrahepatic biliary tree without evidence of mechanical obstruction and the presumptive diagnosis is cholangiohepatitis.

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No additional clinically relevant pathologies are appreciated. If not done so yet, complementing workup by complete blood work is recommended.

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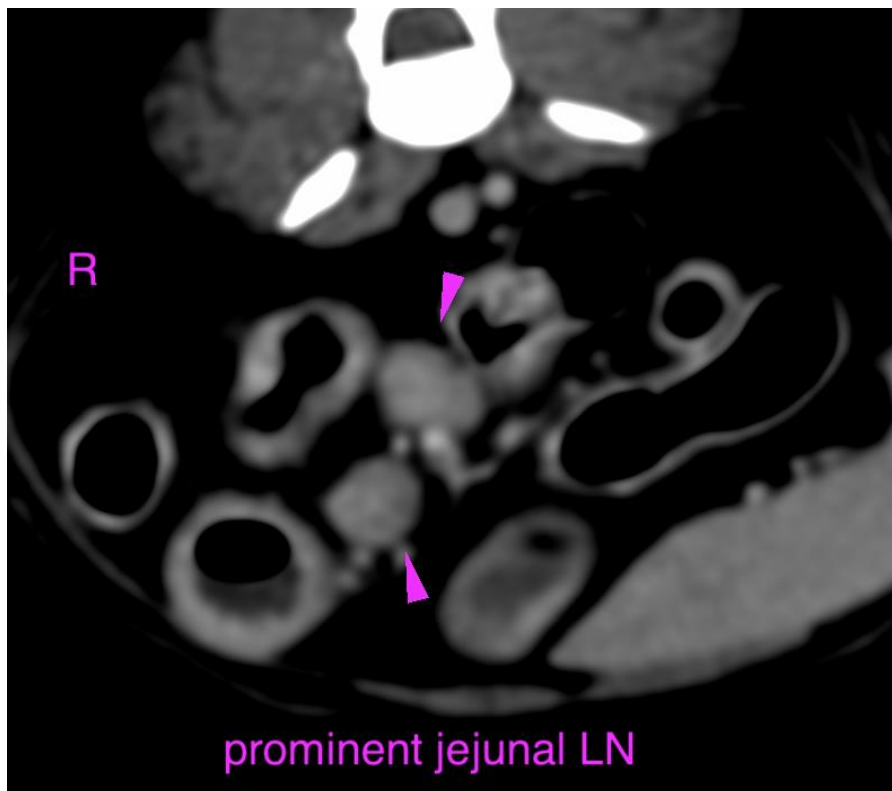
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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