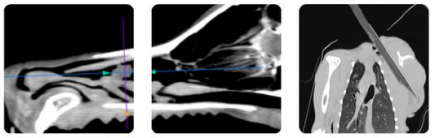


**PATIENT**

Loki Aronoff

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

MN

**AGE**

12Y

**WEIGHT**

39lbs

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**IMAGING PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

72577

**DATE**

11-11-25

## PRESENTING CLINICAL SIGNS

Epistaxis, severely elevated liver values.

## COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 108, 301, 401 and 411 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. In the caudal aspect of the left nasal cavity, focal osseous turbinate hyperplasia is appreciated.

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.

At the right dorsolateral aspect C1/C2, a cutaneous nodule is visible; measuring 7.6 mm.

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.

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

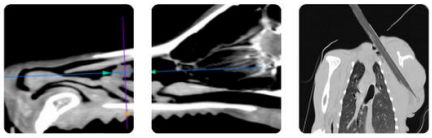
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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.





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The right kidney presents mild punctuate mineralization of the renal parenchyma. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are prominent, presenting a maximum diameter of up to 10 mm.

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

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue attenuating and contrast enhancing.

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.

Both femoral heads are absent. A surgical implant is appreciated along the lateral surface of the left femur. Metal attenuating implants are appreciated along the medial surface of the right acetabulum.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly
- Adrenomegaly
- Mild nephrocalcinosis right kidney
- Non-specific cutaneous nodule right dorsal aspect of the cranial neck
- History of bilateral femoral head ostectomy and surgical management of a left sided femoral fracture
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic 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.

The adrenomegaly can indicate (non)functional adrenal hyperplasia or unlikely here adrenal neoplastic transformation.

An underlying cause for the epistaxis cannot be specified; there is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis. Possible causes for epistaxis include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.

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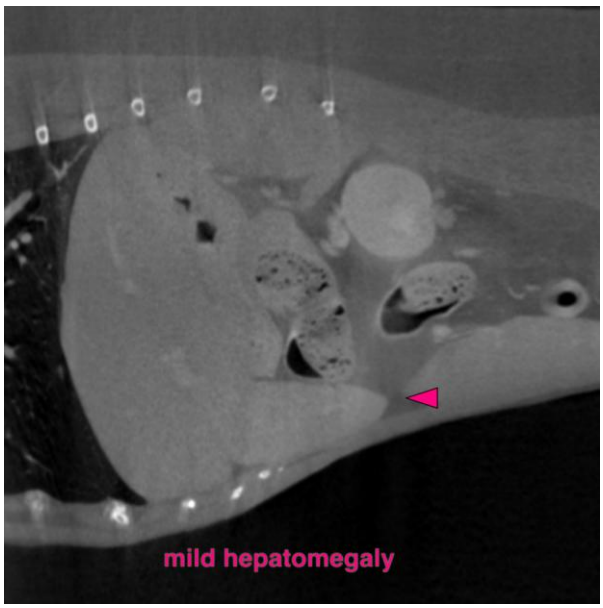

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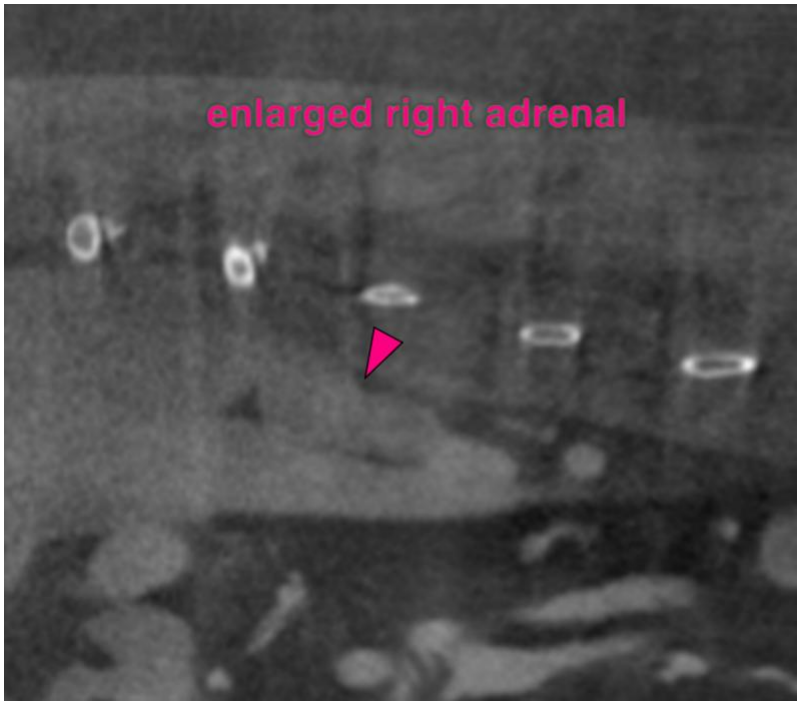


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@sonopath.com