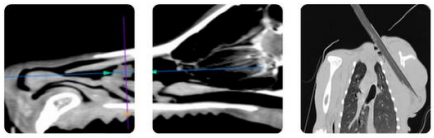

PATIENT

Luna Rivera

SPECIES

Canine

BREED

Shih Tzu

SEX

Female

AGE

16Y

WEIGHT

15lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Ruiz

INVOICE

72650

DATE

11-17-25

PRESENTING CLINICAL SIGNS

The patient experienced a seizure episode and subsequently became blind. She was referred for CT imaging to investigate the underlying cause.

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

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 lateral ventricles of the brain are prominent 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 and organ architecture and present mild irregular margins. A small amount of granular mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration throughout the renal parenchyma, multiple well-defined, roundish parenchymal filling defects are seen.

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

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

Protruding from the hilar region of the body of the spleen, a roundish, uniform soft tissue attenuating and strong contrast enhancing ovoid shaped mass is seen; measuring 3.1 x 2.5 x 3.0 cm.

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.

Throughout the subcutaneous tissue along the lumbar spine, multiple well-defined, ovoid shaped soft tissue nodules are seen.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

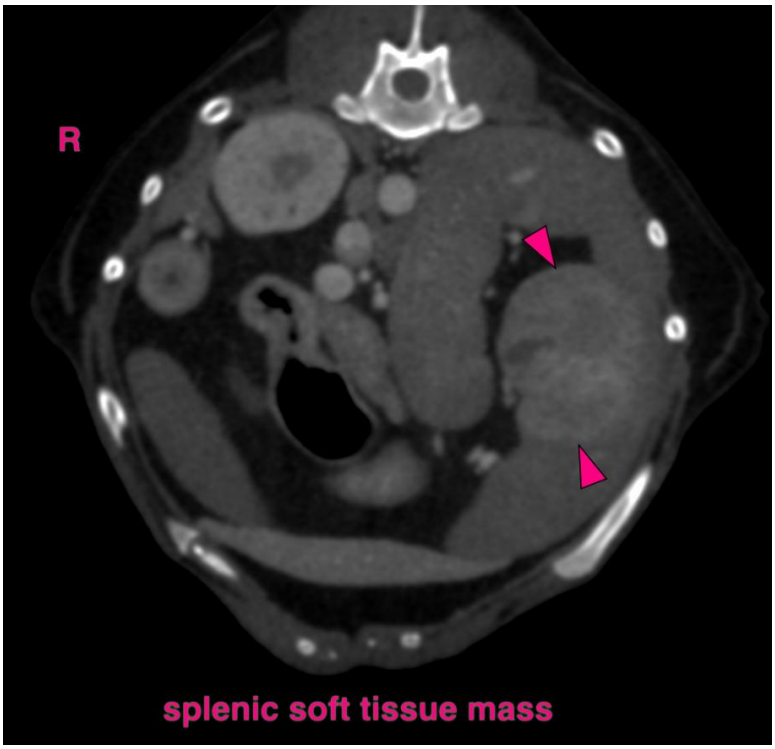
- Splenic soft tissue mass
- Multiple simple renal cortical cysts
- Mild ventriculomegaly lateral ventricles of the brain – incidental
- Multiple absent teeth
- Multiple simple renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic soft tissue mass can present benign nodular hyperplasia or malignant neoplastic transformation of the spleen (e.g. sarcoma, round cell tumor). Ultrasound guided FNA sampling can be used for specification. Be aware that benign and malignant splenic masses can rupture and cause abdominal hemorrhage.

In the present study of the brain there is no evidence of clinically relevant macromorphological disease, which supports the presumptive diagnosis of idiopathic/cryptogenic epilepsy.

If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.



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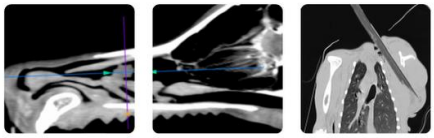

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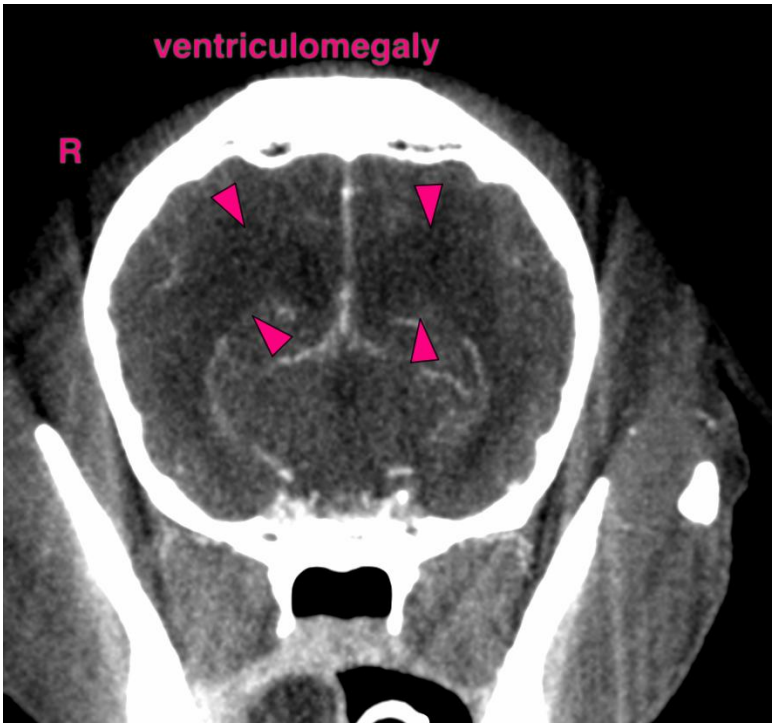

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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