



PATIENT PRESENTING CLINICAL SIGNS

Gracie Leyva History of chronic harsh cough for last 12 months, worse in the last few weeks. No heart murmur on auscultation, normal rate and rhythm. No cough on tracheal palpation. Bloodwork 11/5 (CBC/Chem): Elevated ALP 434, otherwise WNL. Radiographs done 11/5: Thoracic- Generalized cardiomegaly, multifocal areas of increased opacity; Abdominal- Cranial abd organomegaly r/o liver vs spleen.

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COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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Terrier Mix

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

The bony and surrounding soft tissue structures are within normal limits.

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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.

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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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents a generalized decreased volume and multiple feathered zones of marked ground glass attenuation pattern are noted throughout all lung lobes.

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

Abdomen

The caudal part of the abdomen is cropped by the field of view.

REFERRING VET

Dr. Engleschall

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.

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

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

DATE

11-8-22

The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch. In the caudoventral aspect of the left medial liver lobe, a multicameral, roundish, pre and post contrast hypoattenuating lesions is visible measuring 4.6 x 4.6 x 6.4 cm in size – mildly bulging beyond the hepatic surface. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents



PATIENT uniform contrast enhancement.

Gracie Leyva The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Patchy unstructured interstitial lung pattern with regions of pulmonary consolidation – the pulmonary volume is generalized decreased
- Hepatomegaly
- Large hepatic complex cyst left medial liver lobe

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX The unstructured interstitial lung pattern is accentuated by dystelectasis of the lung parenchyma, due to general anesthesia. Given the chronic clinical signs, the odds for pneumonitis – allergic versus infectious – ± pulmonary fibrosis are high. Other potentials such as systemic disease (e.g. pancreatitis, IMHA, renal disease) or neoplasia are considered far less likely. Complementing workup by BAL would be ideal.

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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.

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The hypoattenuating hepatic lesion is considered as benign hepatic cyst, although neoplastic disease such as cholangiocellular carcinoma is a differential. In case of doubt, recommend FNA sampling.

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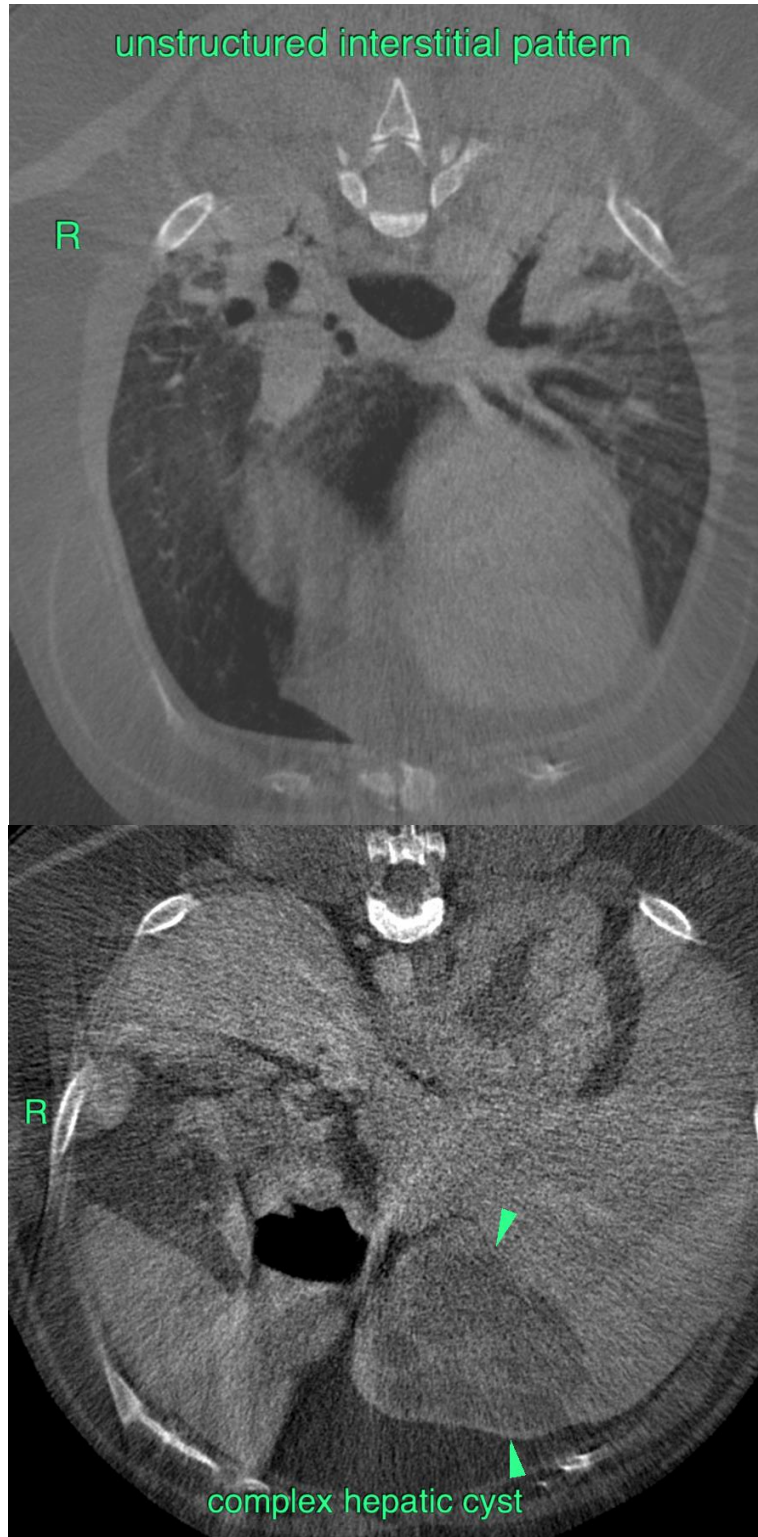
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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SEX

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