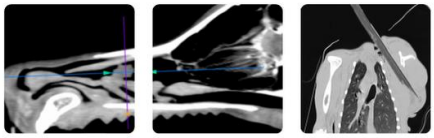


PATIENT

Pepper Cruz

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female Intact

AGE

6M

WEIGHT

3.27kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erica

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Kari Wilson, DVM

INVOICE

72951

DATE

12-11-25

PRESENTING CLINICAL SIGNS

Patient was seen by the vet yesterday for an ear infection - started on tresaderm. owner came home to find patient lateral and minimally responsive
Abnormal PE/Chem/CBC/UA Results: CBC. eosinopenia Chemistry. phosphorus 5.8, total protein 5 EPOC. pH 7.331 Bile Acids: Pre 2.1, Post 10.9 RADIOLOGY CONCLUSIONS: Normal thorax. Multiple small intestinal segments are mildly gas-distended. This is a nonspecific finding. Differentials include nonspecific enteritis, ileus or incidental transient gas. A mechanical intestinal obstruction is considered less likely.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

A persistent triadan 804 is present.

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 left external ear canal presents an irregular thickened wall.

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.

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.

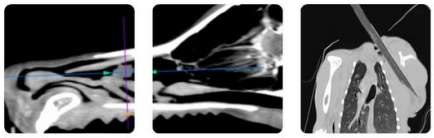
The cardiovascular structures including the pulmonary vasculature are within normal limits. The azygos vein is dilated.

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



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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.

The renal segment of the caudal vena cava is running along the caudal aspect of the right kidney – presenting a corresponding depression of the ventral renal surface.

The prehepatic segment of the caudal vena cava is absent and the renal segment presents a mild tortuous connection to the azygos vein. The azygos vein is generalized dilated, presenting a greater diameter then the paralleling aorta.

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

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

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral otitis externa, L>R
- Persistent triadan 804
- Segmental agenesis of the caudal vena cava with azygos continuation – incidental congenital vascular anomaly
- Normal thorax
- No evidence of gastrointestinal mechanical obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease and an underlying cause for the presenting neurological clinical signs cannot be specified.

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

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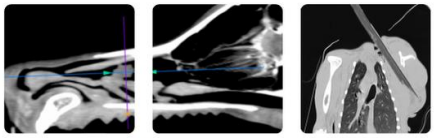

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SonoPath.com info@sonopath.com 1.800.838.4268

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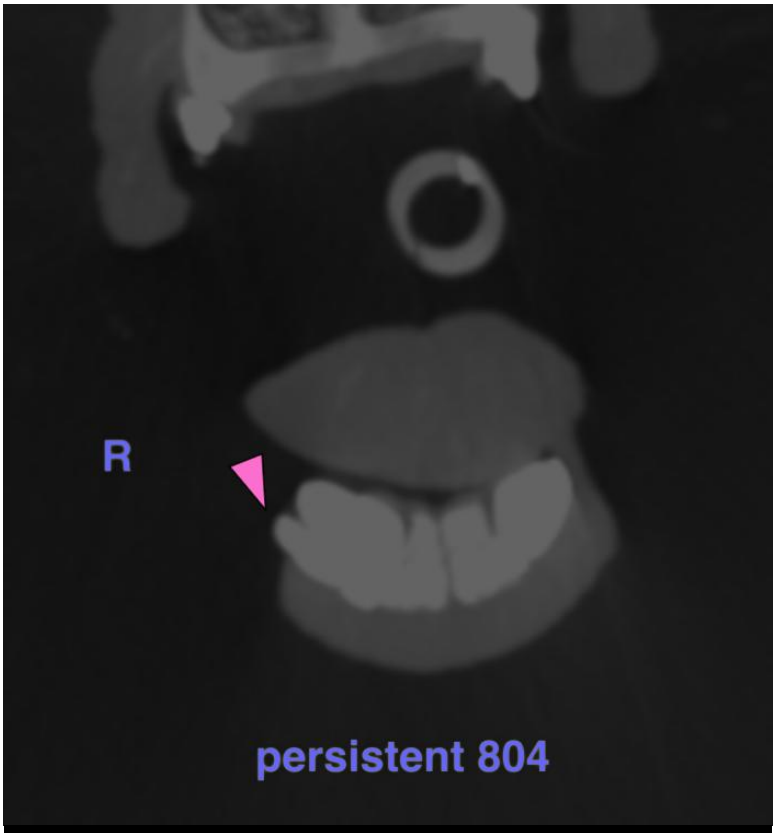

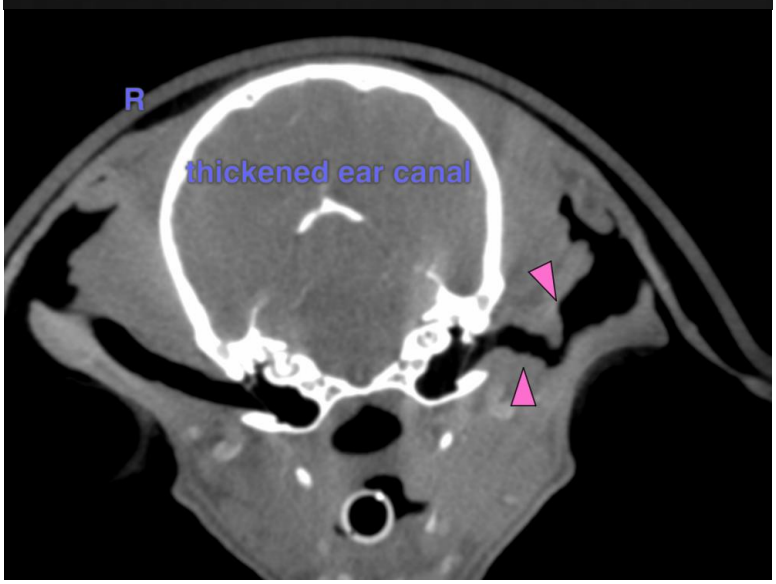

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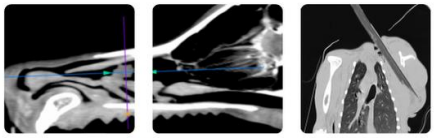

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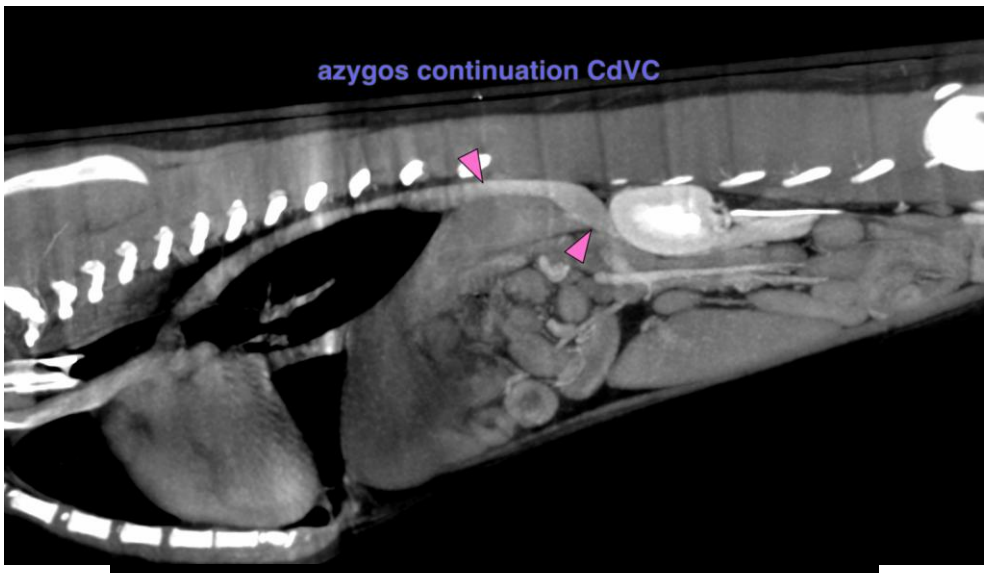

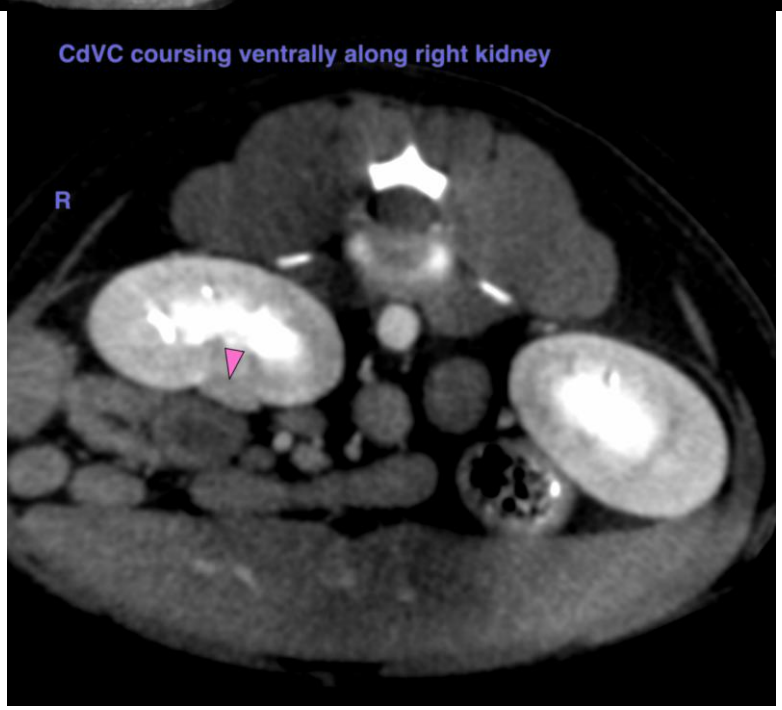

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com