



PATIENT PRESENTING CLINICAL SIGNS

Millie Evert
 Cushings work up. Further evaluation of the skull and adrenals. Splenectomy 2 weeks ago (benign histopathology). Previous Hx of IVDD. Previous CT in the past.
 Abnormal PE/Chem/CBC/UA Results: Eyelid mass OD, Obese

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, THORAX, AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Beagle
 The body condition score is 8/9.

SEX Skull

Female Spayed
 The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

AGE The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

13 Years
 Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY 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.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME 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 pituitary gland is within normal limits and not bulging beyond the margins of the pituitary fossa. The ventricular system is non-dilated and symmetric.

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REFERRING VET 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.

Meaux
 The intervertebral disc C6/C7 is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

INVOICE The remainder of the osseous and soft tissue structures of the neck are within normal limits.

49024 Thorax

The intervertebral discs T6/T7 present mild spondylosis formation.

DATE 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.

12-14-21

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



PATIENT

Millie Evert

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.

SPECIES

Canine

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed multifocal punctuate mineralization.

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

BREED

Beagle

Abdomen

The serosal fat presents mild to moderate fat-stranding and mild amount of free peritoneal gas, most accentuated level in the left cranial abdomen – history of splenectomy.

SEX

Female Spayed

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.

AGE

13 Years

The right adrenal glands is within normal limits for size (measuring up to 4 mm in diameter), shape and organ architecture. Nodular enlargement of the left adrenal gland is noted, presenting two post contrast hypoattenuating nodules with the caudal nodule measuring up to 11 mm in diameter.

INTERPRETED BY

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The spleen is absent.

The hepatic volume is moderately increased, the caudoventral hepatic margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

HOSPITAL NAME

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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.

REFERRING VET

Meaux

There is evidence of history of right sided hemilaminectomy level L1/L2 and L5/L6 – L6/L7. Level with the intervertebral disc space L5/L6 heterogeneous mineralized disc material is protruding into the vertebral occupying approximately 60% of the cross-sectional area of the vertebral canal at the same level – the dural tube is displaced dorsally and distorted. All intervertebral discs of the lumbar spine are mild to moderately protruding into the vertebral canal.

INVOICE

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The subcutaneous fat in the midline of the ventral abdominal wall presents moderate fat stranding. An intermuscular lipoma is seen at the right cranioventral abdominal wall, measuring 4.3 x 2.2 x 6.7 cm in size.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Current state 2 weeks post splenectomy with secondary mild peritonitis and pneumoperitoneum
- Nodular enlargement left adrenal gland



PATIENT

Millie Evert

- Hepatomegaly
- Significant chronic intervertebral disc extrusion L5/L6 with compressive myelopathy
- History of multifocal hemilaminectomy lumbar spine
- Multifocal chronic intervertebral disc protrusions along the lumbar spine
- Mild intervertebral disc protrusion C6/C7

SPECIES

Canine

- Intermuscular lipoma right cranioventral abdominal wall
- Pulmonary osteomas
- Normal pituitary gland
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

BREED

Beagle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular enlargement of the left adrenal gland is concerning for functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma). The pituitary gland is within normal limits, however pituitary microadenoma is still a consideration. Correlate with laboratory changes to differentiate between central or peripheral hyperadrenocorticism.

SEX

Female Spayed

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or less likely diffuse neoplastic infiltration.

AGE

13 Years

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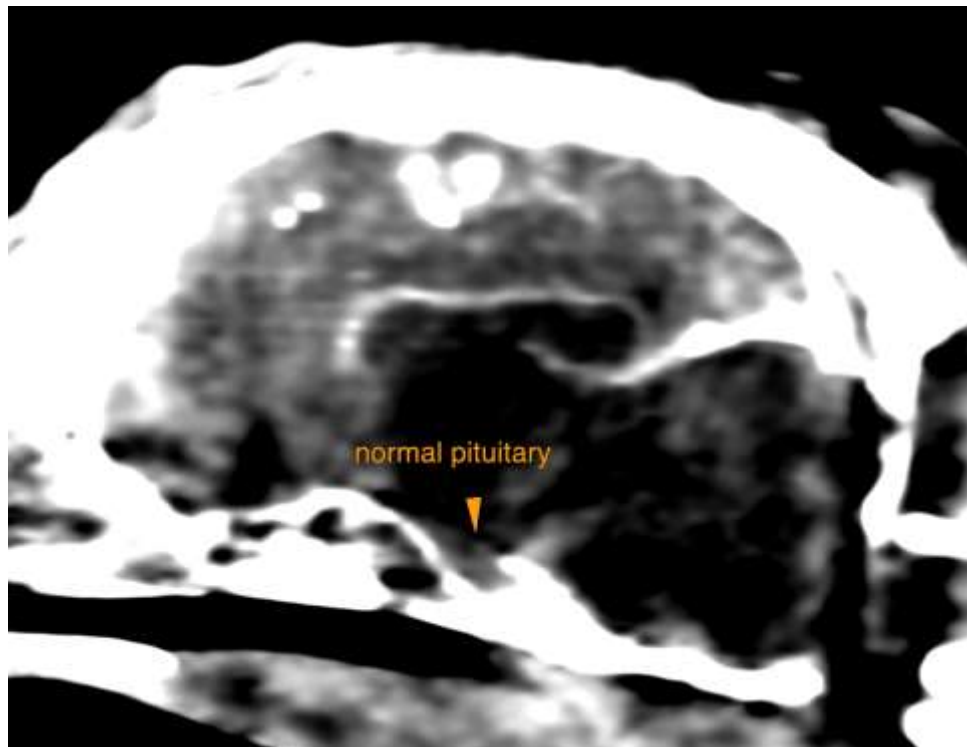
Meaux

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Millie Evert

SPECIES

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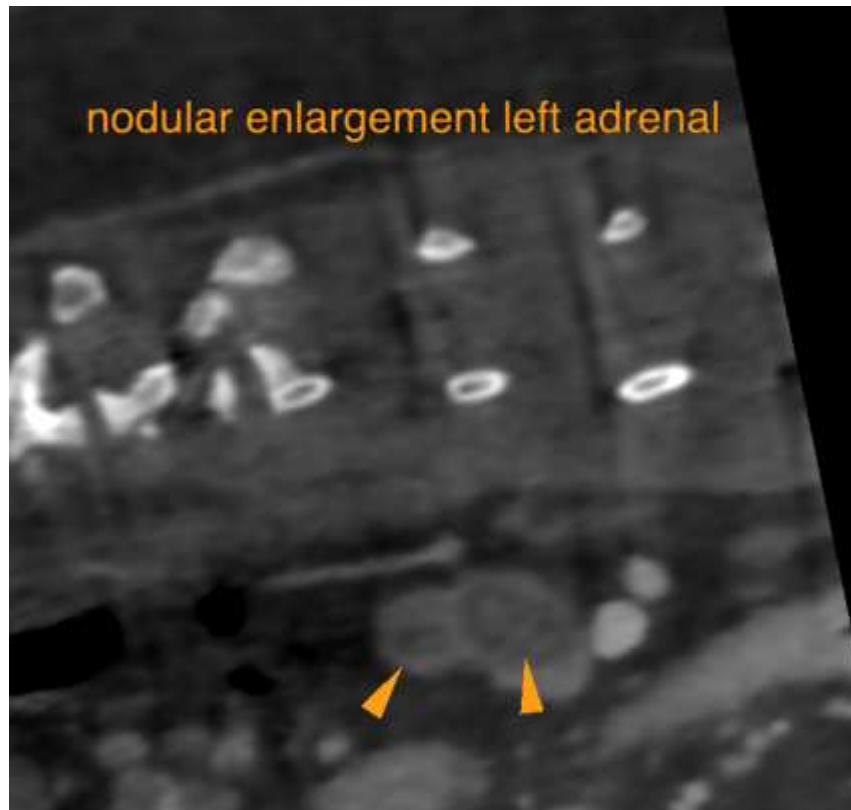
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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