



**PATIENT**

Gracie Johnson

**PRESENTING CLINICAL SIGNS**

Chronic kidney disease-regulated, chronic URI, losing weight, vomiting,  
Abnormal PE/Chem/CBC/UA Results: 3/6 heart murmur, muscle wasting, thickening of stifles, nasal discharge

**SPECIES**

Feline

**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 are provided for review.

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

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

**SEX**

Female Spayed

In both nasal cavities, a small amount of fluid attenuating material is attached to the nasal mucosal lining.

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

**AGE**

16 Years

Both tympanic bullae are filled with non-contrast enhancing soft tissue material. The external ear canals are within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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The osseous and soft tissue structures of the neck present without abnormalities.

Thorax

Multifocal spondylosis formation is seen along the cranial thoracic spine.

**REFERRING VET**

Dr. Joseph D'Abbraccio

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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.

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The lung parenchyma presents the expected architecture and attenuation behavior, but a zone of consolidation of the lung parenchyma in the caudodorsal aspect of the left caudal lung lobe with a decreased volume.

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



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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. 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 spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The liver is normal in size and shape. Multifocal throughout the hepatic parenchyma, well-defined, parenchymal filling defects are appreciated, measuring up to 5 mm in size.

The common bile duct is mildly dilated, measuring 1.7 mm in diameter.

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The volume of the pancreatic parenchyma is generalized mildly decreased. In the lateral aspect of the left lobe of the pancreas a moderate contrast enhancing intraparenchymal nodule is appreciated, measuring 4 mm in size. The pancreatic duct is generalized dilated, measuring up to 4 mm in diameter.

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The major duodenal papilla is prominent and bulging into the lumen of the duodenum, measuring 4.7 x 4.3 x 5.7 mm in size.

Post contrast administration, the outer layer of the small intestinal loops is generalized prominent, measuring up to 2.5 mm in width.

Multifocal spondylosis formation is seen along the lumbar spine.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Generalized mural thickening of the outer layer of the small intestinal loops
- Prominent major duodenal papilla
- Dilated common bile duct and pancreatic duct
- Mild atrophy of the pancreas and contrast enhancing intraparenchymal nodule left lobe of pancreas
- Rhinitis
- Bilateral otitis media
- Nephrolithiasis without signs of obstruction
- Hepatic cysts
- Zone with atelectasis caudodorsal aspect left caudal lung lobe
- Spondylosis deformans

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mural thickening of the small intestinal loops appears to affect the outer (muscular) layer and can be due to chronic inflammatory disease (e.g. lymphocytic plasmocytic, eosinophilic), neoplastic disease (e.g. round cell tumor) or less likely idiopathic. The changes of the small



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intestinal loops are a potential source for the history of vomiting. Either diagnostic therapy or full-thickness biopsy of the small intestinal loops can be performed for further workup.

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The prominent major duodenal papilla might present a normal anatomical variant, however polyp or neoplastic lesion (e.g. lymphoma) are considerations as well with possible increased resistance causing dilation of the common bile duct and pancreatic duct. However, the latter can also be an age related finding in older feline patients. Ultrasound guided FNA sampling or duodenoscopy including biopsy can be tried as minimally invasive diagnostic tests.

The pancreatic nodular lesion is most consistent with pancreatic nodule hyperplasia.

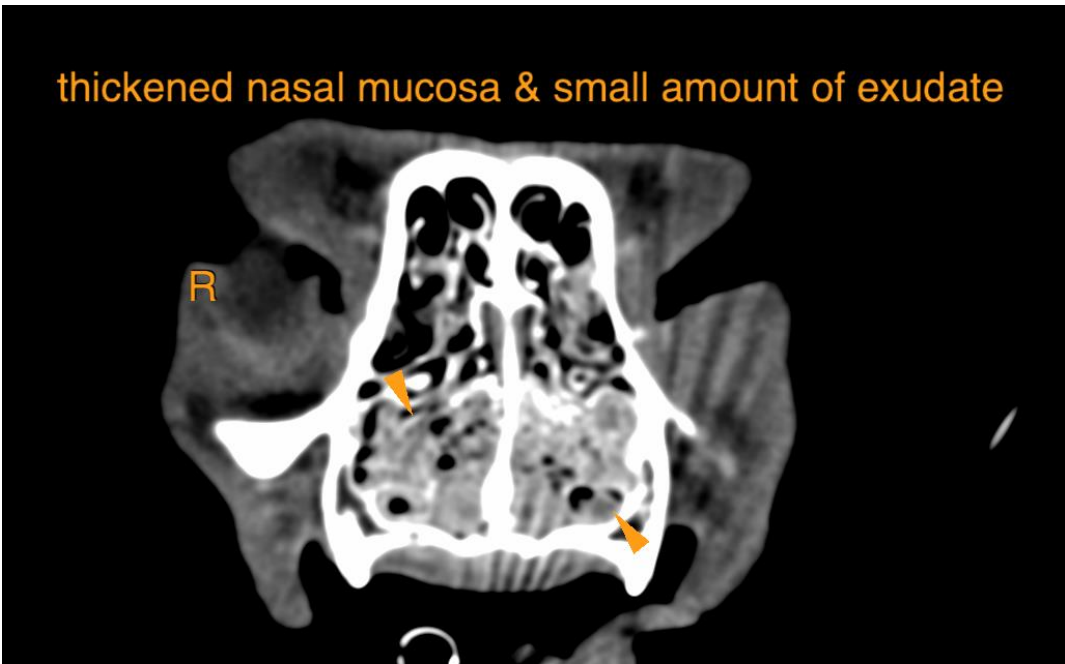
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The mild rhinitis is commonly primary viral ± bacterial superinfection. The bilateral otitis media can be a sequela to upper respiratory tract infection due to ascending infection.

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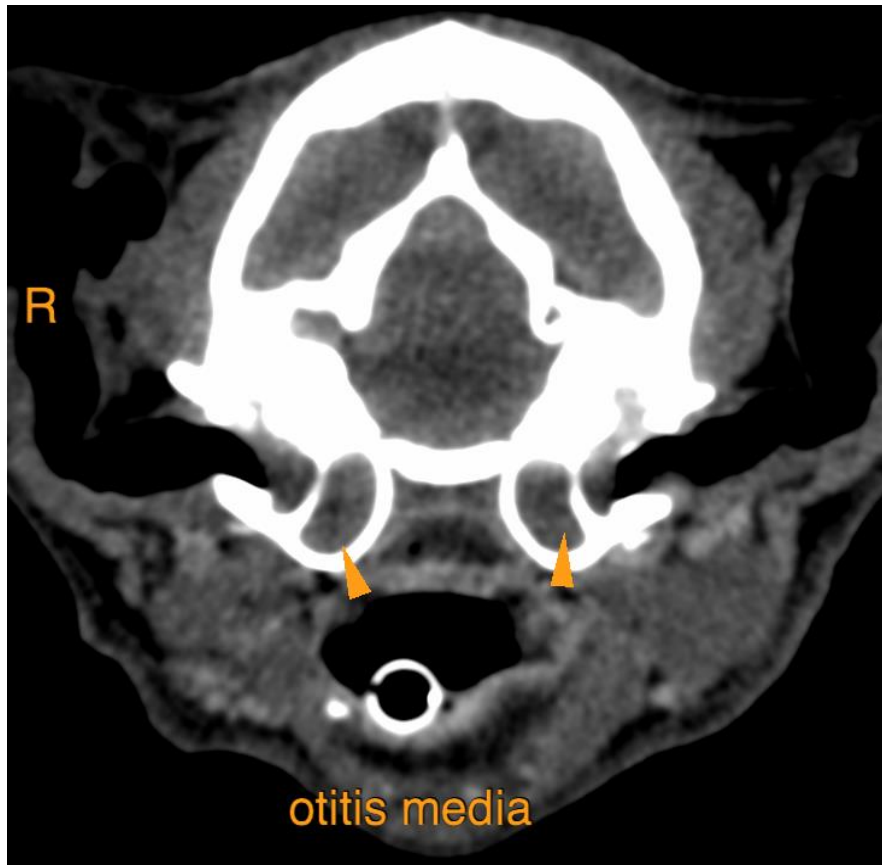
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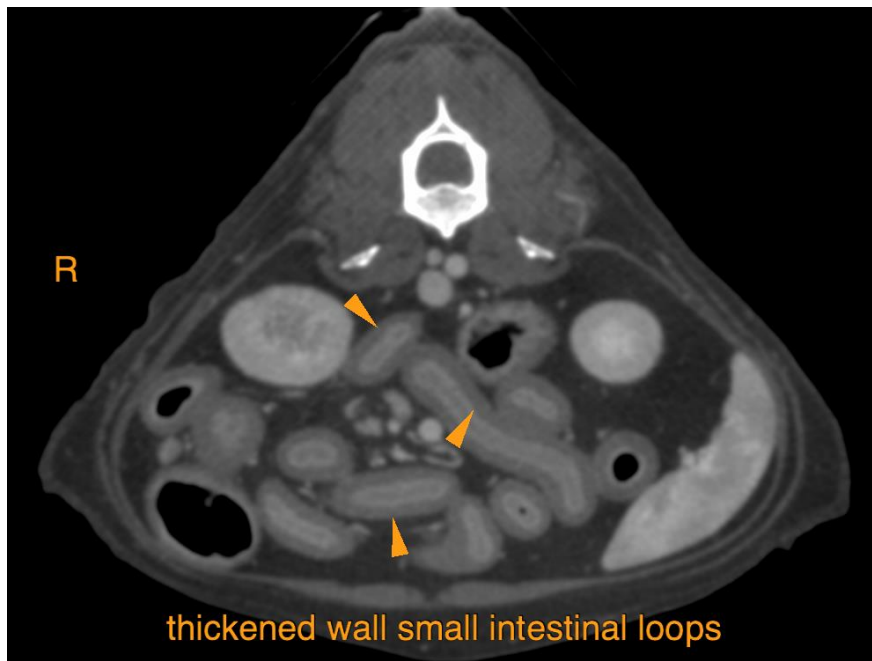
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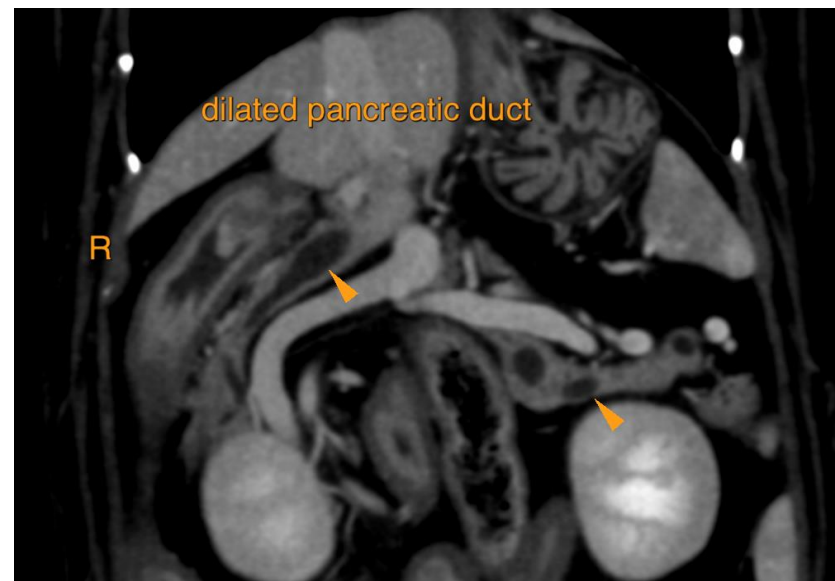
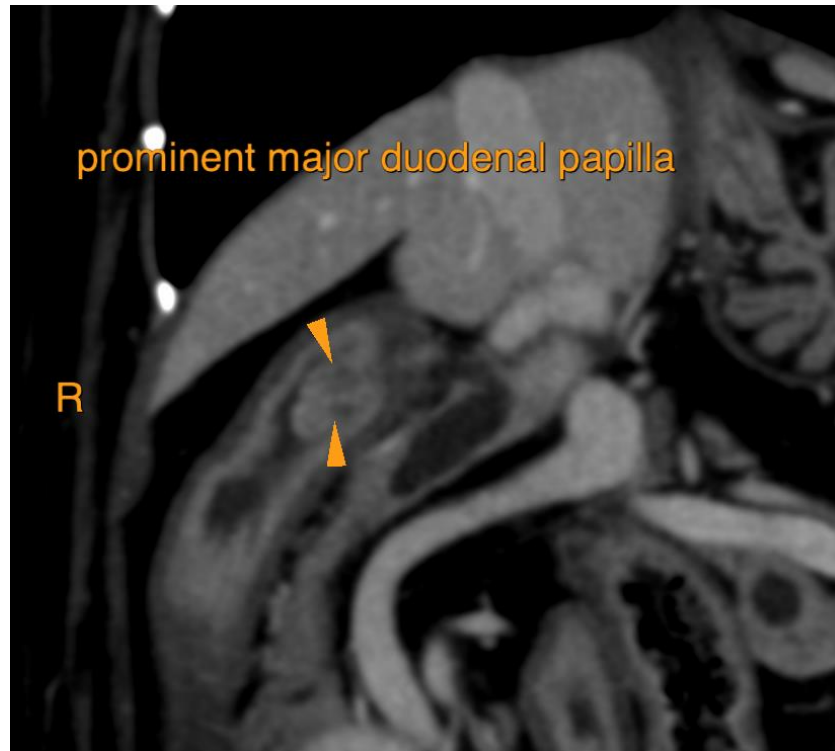
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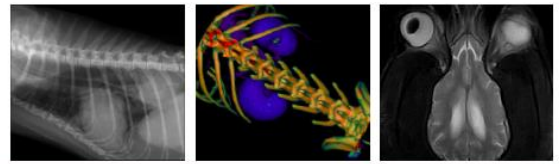
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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