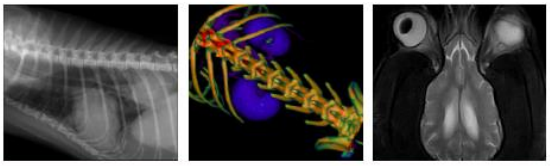
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Frankie Alive

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Dr. Joseph D'Abbraccio

INVOICE

55771

DATE

12-21-22

PRESENTING CLINICAL SIGNS

Hyperthyroid, severe gingivitis/stomatitis, grade 2/6 heart murmur, IBD
Abnormal PE/Chem/CBC/UA Results: Met check prior to dental procedure

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Multiple retained roots are visible in all jaw quadrants. Ankylosis of the roots of the maxillary & mandibular canine teeth is seen with signs of mild resorptive lesions of the roots. The alveolar process of the maxillary bone presents moth eaten osteolysis bilaterally.

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.

A small amount of fluid attenuating material is attached to the wall of the tympanic bulla bilaterally. 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 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.

The right thyroid gland is irregularly enlarged, measuring 11 x 5 x 24 mm in size.

Thorax

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

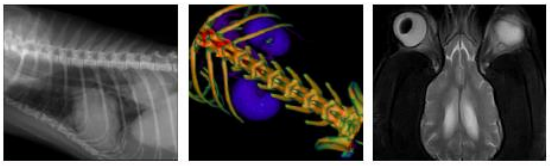
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

Generalized mild thickening of the bronchial walls is appreciated. The first degree bronchus of the cranial part of the left cranial lung lobe is obliterated by soft tissue attenuating material. Multiple second degree bronchi are obliterated by soft tissue material, resulting in multifocal fine tree-in-bud pattern.

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.



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Abdomen

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

The volume of the right kidney is mildly decreased. A small amount of mineral attenuating material is seen in the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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 pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement. The pancreatic duct is dilated, measuring 1.4 mm in diameter.

The common bile duct and multiple intrahepatic biliary vessels are mildly dilated, measuring <1 mm in diameter.

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

The jejunal lymph node is prominent.

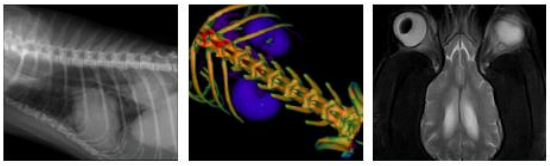
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lean body condition
- Right thyroid enlargement – history of hyperthyroidism
- Lymphadenopathy jejunal lymph node
- Right sided mild otitis media
- Mild bronchial pattern and 'tree-in-bud-pattern' due to multifocal bronchial obstruction by soft tissue material
- Signs for osteomyelitis alveolar process maxillary bone bilaterally
- Nephrolithiasis without signs of obstruction
- Possible nephropathy
- Multiple absent teeth with retained roots
- Ankylosis of the canine teeth
- Mild dilation of the pancreatic duct and common bile duct – considered as an age related finding

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial pattern and the multiple obliterated bronchial segments ('tree-in-bud' pattern) are likely a sequela to feline bronchial disease with bronchial mucus plugs. Theoretically bronchial carcinoma is a consideration, but the odds are low. In case of doubt, recommend lower airway sampling.



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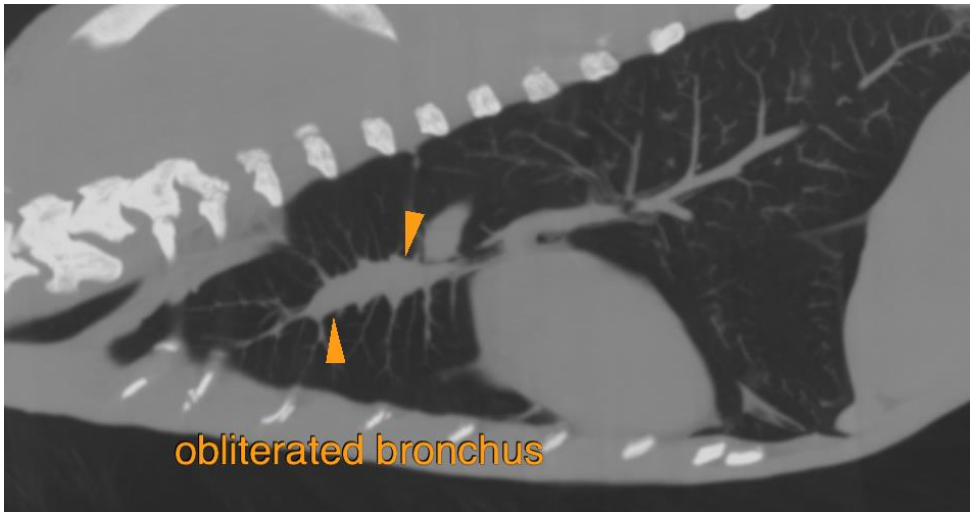
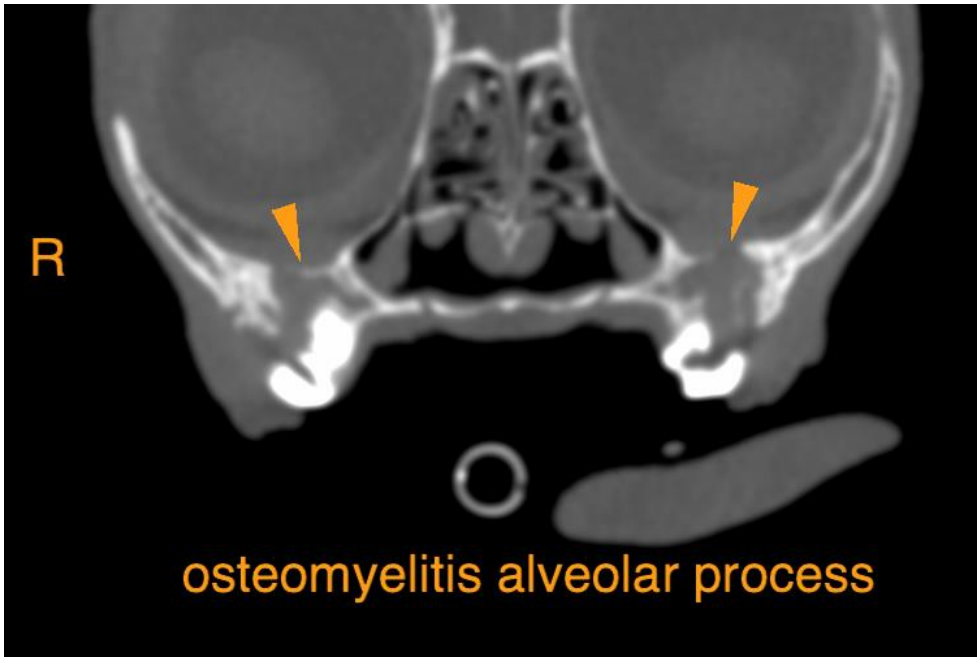
The prominent jejunal lymph node is most consistent with reactive hyperplasia, ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool to rule out malignant infiltration entirely.





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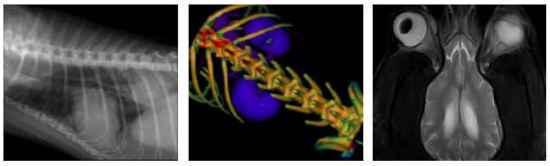

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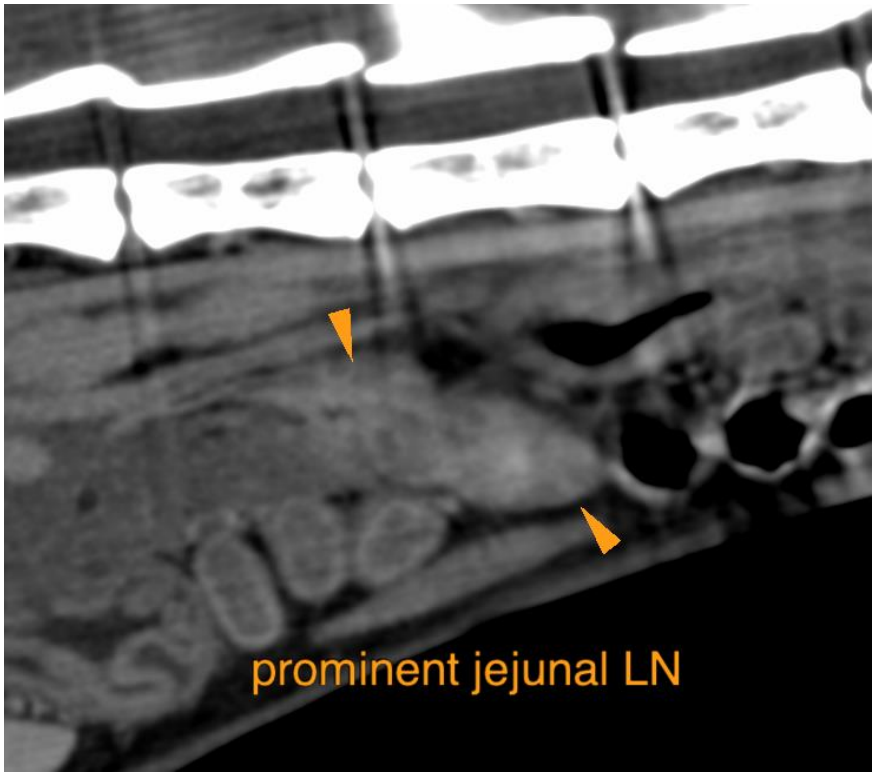

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com