



PATIENT

Ranger Rikje

PRESENTING CLINICAL SIGNS

P has multiple masses on body. CT done to assess if there are masses on the internal organs.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Chihuahua Mix

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Electronic imaging markers of the skull are flipped, R is actually indicating the left side of the patient and vice versa.

SEX

Male Neutered

The tooth elements 306, 405 and 406 are absent.

AGE

11

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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.

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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.

REFERRING VET

Dr. Gans

In the subcutaneous tissue, at the right ventral aspect of the neck, a well-defined, uniform fat attenuating mass, demarcated by a thin, soft tissue attenuating capsule is visible, measuring 4.7 x 4.1 x 5.2 cm in size is visible.

Thorax

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In the subcutaneous tissue at the lateral aspect of the right scapula, a region with moderate fat-stranding and multiple small gas inclusions is seen – consistent with preceding subcutaneous injection.

DATE

12-23-21

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.



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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 with interspersed pinpoint mineralization.

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

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Abdomen

Photon starvation artefact is superimposed on the lumbar spine/dorsal retroperitoneal space.

SEX

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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 multiple small roundish parenchymal filling defects are seen throughout the renal cortex.

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The left adrenal gland presents a maximum cross-sectional diameter of 9.4 mm.

INTERPRETED BY

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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.

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

A lipoma is seen in the right inguinal region.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Gans

- Mild nodular enlargement left adrenal gland
- Lipoma right ventral aspect of the neck and right inguinal region
- Multiple absent teeth
- Renal cortical cysts
- Pulmonary osteomas
- No evidence of pulmonary metastatic spread

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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12-23-21

The enlargement of the left adrenal gland can be consistent with (non)functional macronodular enlargement or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Consider testing of pituitary adrenal axis.

The subcutaneous masses are compatible with lipomas.



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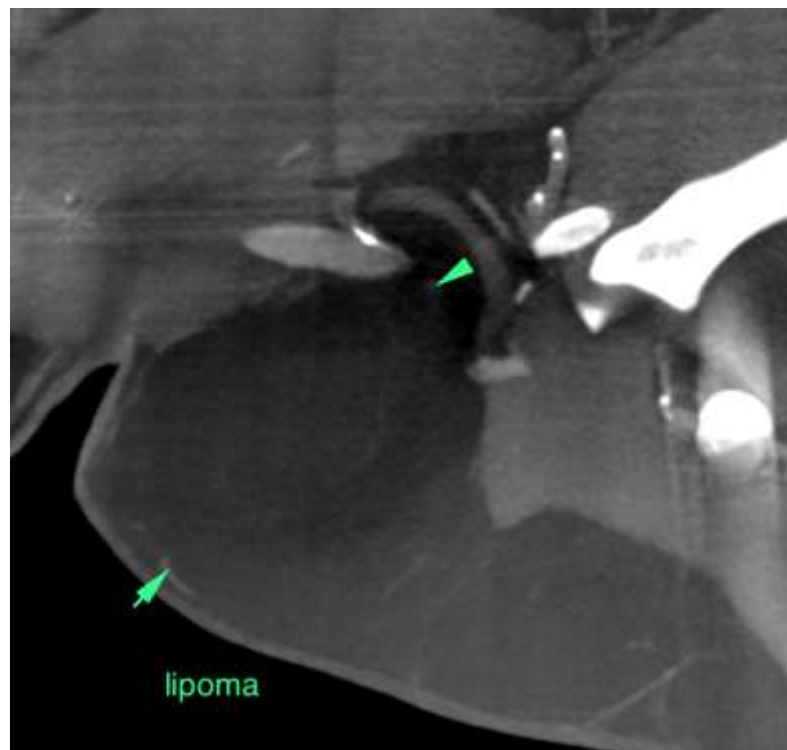
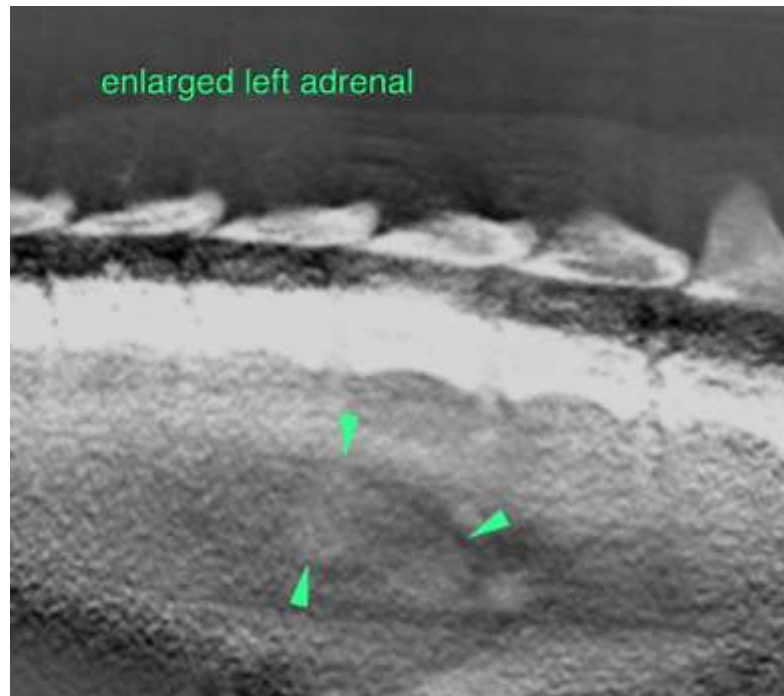
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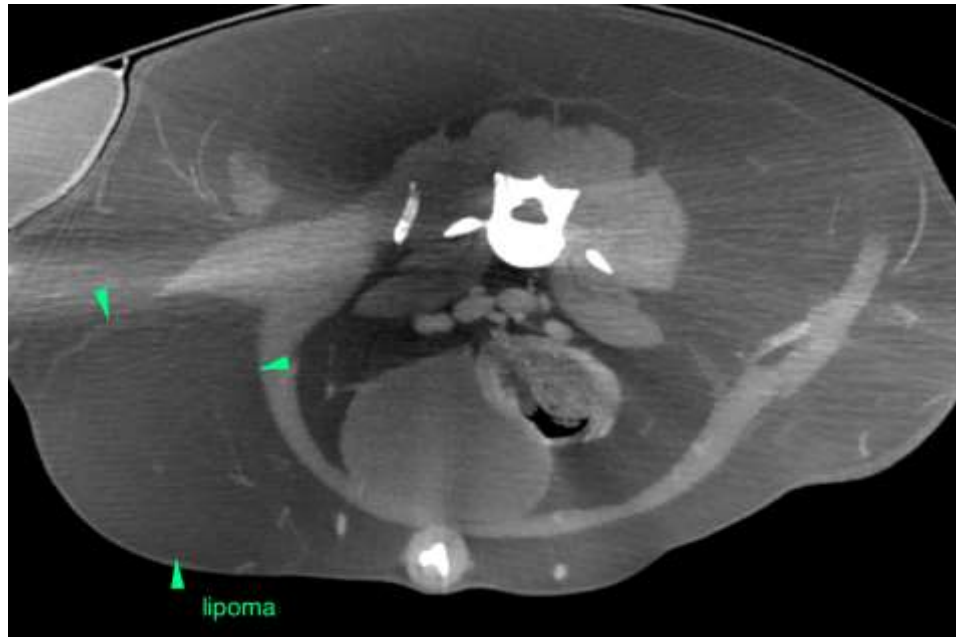
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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