



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Mr Cuddles Muzic

SPECIES Feline

Recently diagnosed diabetic 2/14/2022. Doctor Notes: dull, weak- he has not had gabapentin today and is still acting blind, mom felt he was visual when I saw him Monday but was just dull from Gaba, he is not lifting the head or looking up pupils non-ligth responsive, optic disc normal, no visual bleeds new or old, vessels present. BP 160 cuff 3, heart 160 normal. Rule out brain tumor, acromegaly pituitary tumor pressing on optic chiasm vs other.

Abnormal PE/Chem/CBC/UA Results: Overall symptoms have improved since above Hx. BG before CT 314

BREED COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED DSH

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.

SEX COMPUTED TOMOGRAPHIC FINDINGS

SEX Male Neutered

Skull

Advanced resorption of the crowns of triadan 307&407 is appreciated. Moderate abrasion of the crowns of multiple incisors is noted.

AGE 15 Years

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

INTERPRETED BY Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 external ear canals are within normal limits.

HOSPITAL NAME Mobile Pet Imaging

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.

REFERRING VET Meaux

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

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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.

DATE 2-17-22

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery



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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The ventral dependent aspects of the lung parenchyma present a decreased volume and consolidation of the lung parenchyma.

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

Abdomen

BREED

DSH

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

SEX

Male Neutered

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

AGE

15 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The small intestinal loops are generalized prominent and post contrast administration, the outer (muscular) layer is moderately thickened.

Multifocal spondylosis formation is seen along the lumbar spine.

HOSPITAL NAME

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized thickening of the muscular layer of the small intestinal loops
- Resorptive lesions triadan 307&407
- Spondylosis deformans
- Atelectasis of the cranioventral aspects of the lung due to general anesthesia
- Normal brain

REFERRING VET

Meaux

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The thickened muscular layer of the small intestinal tract can be a sequela to chronic inflammation (e.g. lymphocytic plasmocytic, eosinophilic), hyperthyroidism or neoplastic infiltration(e.g. lymphoma). The finding needs to be correlated with clinical signs – is there is a history of vomiting or diarrhea?

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No additional clinically relevant abnormalities are appreciated. If there is strong suspicion for intracranial lesions, consider complementing workup by an MRI study of the brain.



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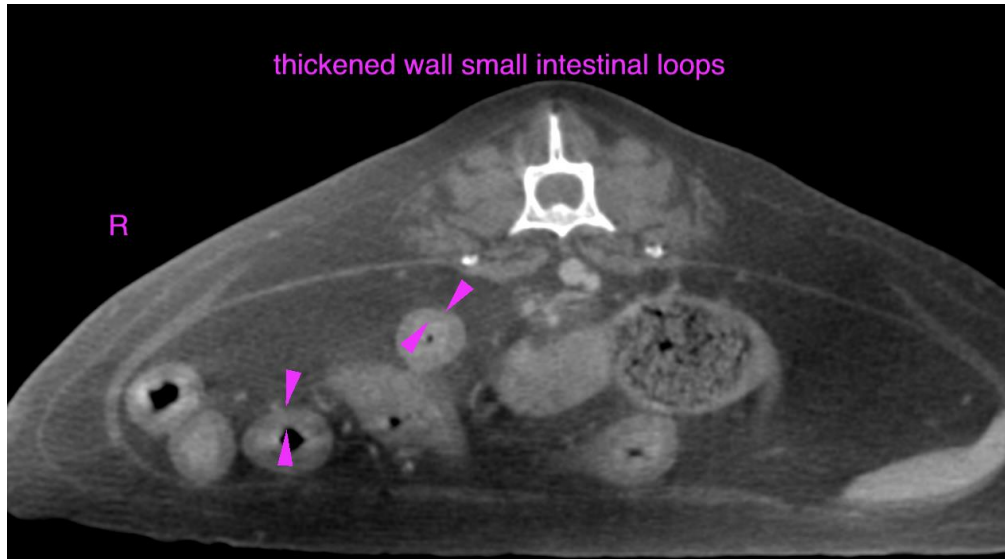
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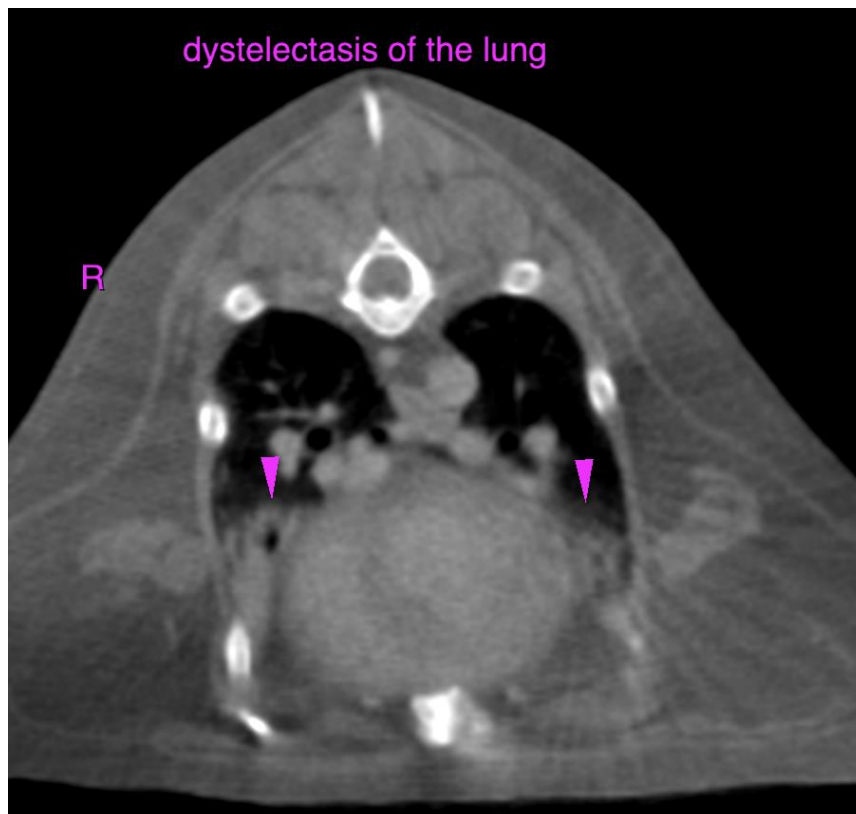
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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