



**PATIENT PRESENTING CLINICAL SIGNS**

Coco Weston Initially presented neurologic - circling, not wanting to get up to use the bathroom. Changes in behavior. Treated medically and doing much better.  
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes. Moderate to severe periodontal Dz, missing teeth.

**SPECIES**

Canine

**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**

Maltese

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

Multiple teeth are absent. The remaining teeth present evidence of moderate periodontal disease.

**SEX**

Spayed Female

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

**AGE**

9 Years, 11 Months

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.

**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 lateral ventricles are prominent and mildly asymmetric, L>R.

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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Thorax

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

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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

**DATE**

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left & right caudal vena cava of the pre-renal segment is appreciated.



**PATIENT** Both kidneys present irregular margins with concave depressions of the surface. After contrast administration level with the depressed renal cortex, wedge shaped hypoattenuating zones of the renal parenchyma are seen.

Coco Weston

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

**SPECIES** The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The hepatic volume is mild to moderately increased and the liver is protruding caudally beyond the costal arch; the caudoventral hepatic margins are rounded. The gastric axis is deviated caudally. The hepatic has a mild heterogeneous attenuation pattern, presenting small zones with faint mineralization of the hepatic parenchyma of the left liver lobes. Post contrast administration the hepatic parenchyma is uniform contrast enhancing, but a well-defined parenchymal roundish filling defect in the caudate process of the liver, measuring 3 mm in diameter.

**SEX**

Spayed Female

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

Multifocal spondylosis formation is seen along the lumbar spine.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Hepatomegaly
- Zones with mild mineralization of the hepatic parenchyma
- Solitary hepatic cyst
- Ventriculomegaly lateral ventricles of the brain
- Generalized moderate periodontal disease of the remaining teeth
- Multiple absent teeth
- Chronic renal infarction
- Double caudal vena cava, pre-renal segment
- Spondylosis deformans
- No evidence of portosystemic shunting, neither intra- nor extrahepatic
- Normal thorax

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An underlying cause for the described clinical signs is not appreciated. The ventriculomegaly is commonly an incidental finding and not associated with clinical signs.

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If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.



**PATIENT**

Coco Weston

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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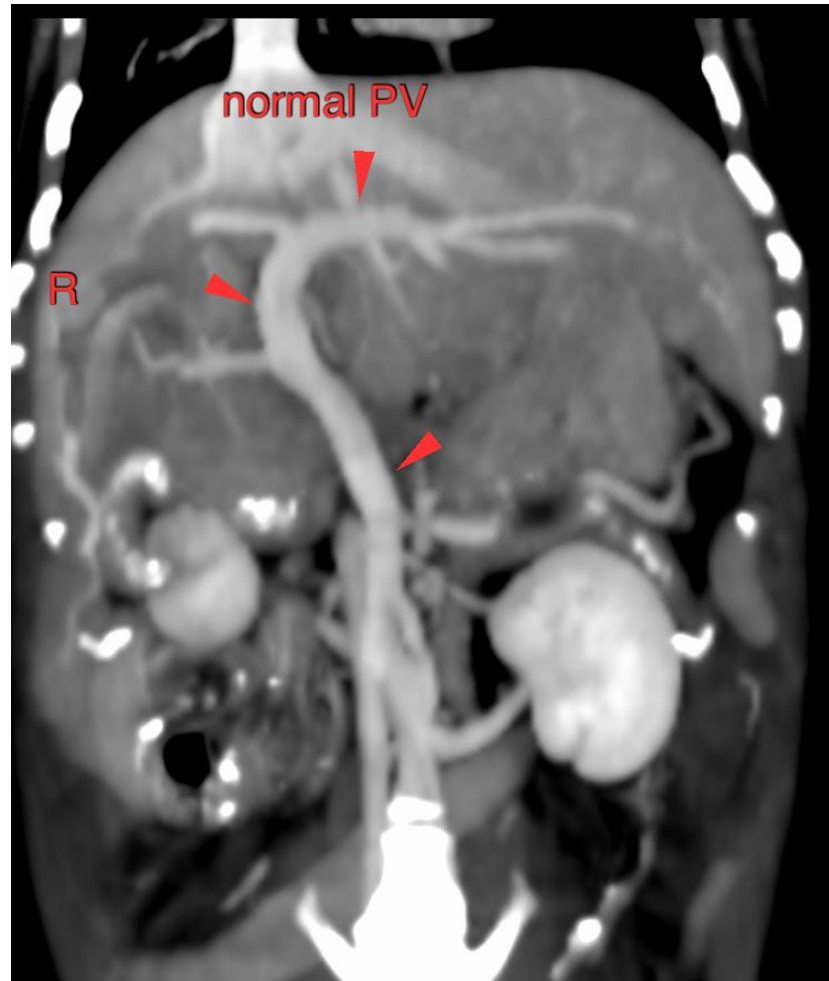
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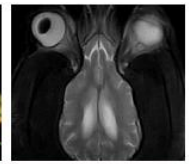


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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