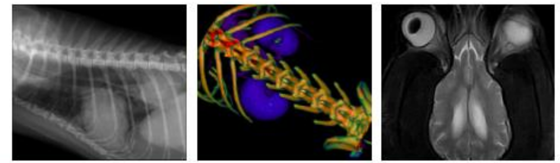

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PATIENT

Hashkii Odette

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Greg Kilburn

INVOICE

56851

DATE

2-21-23

PRESENTING CLINICAL SIGNS

STAT READ Presented to ER for decreased appetite, PU/PD, lethargy. Hospitalzied and in hospital developed ataxia and paresis. Neuro exam suggested cranial thoracic or caudal cervical localization Had previous abd U/S 3 weeks ago: Conclusions: -Right sided liver mass - rule out malignant vs benign etiologies -Diffusely coarse and nodular liver - rule out benign nodular hyperplasia, regenerative nodules, hepatitis, neoplasia, other -Gall bladder sludge -Mild left sided pylectasia - rule out diuresis, pyelonephritis, other

COMPUTED TOMOGRAPHY OF THE CERVICAL SPINE, THORAX AND ABDOMEN

A plain CT study of thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Cervical spine

The intervertebral disc space C7/T1 is collapsed, and the subchondral bone of the respective vertebral endplates is irregular with a moderate sclerosis. Level with the intervertebral disc space C7/T1, a small amount of irregular hyperattenuating disc material is mildly bulging into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal.

At the caudal pole of the right thyroid gland, a soft tissue attenuating nodule, measuring 7.5 mm in diameter is seen.

Thorax

Multifocal spondylosis formation is seen along the thoracic spine. The periarticular bones of both shoulder joints present mild osteophyte new bone formation. Multiple intervertebral discs along the thoracic spine are mildly bulging into the vertebral canal, distorting the ventral epidural space.

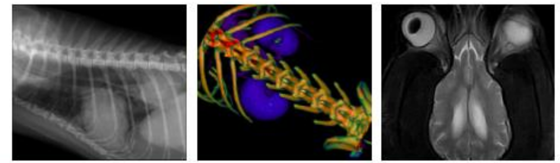
In the subcutaneous tissue along the thoracic wall, multiple well-defined, variable sized lipomas are visible.

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 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 caudodorsal dependent aspects of the lung parenchyma, present a heterogeneous ground glass-attenuation pattern and a decreased volume of the lung parenchyma. In the dorsolateral aspect of the left caudal lung lobe, a subpleural nodular consolidated lesion is appreciated. In the craniomedial aspect of the left caudal lung lobe and the caudodorsal aspect of the cranial part of the left cranial lung lobe, a gas filled irregular roundish lesion demarcated by a thin soft tissue attenuating capsule is appreciated; measuring up to 9 mm in diameter. Randomly distributed punctuate mineralization of the lung parenchyma is visible. The bronchi of the caudodorsal aspects of the lung are partially distorted and the pulmonary arteries and veins of the caudodorsal aspects of the lung field present a tortuous course.

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



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abnormal dilation.

Abdomen

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

The volume of both kidneys is decreased, and the margins of the kidneys are irregular.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma.

A moderate amount of irregular mild hyperattenuating sludge is appreciated in the gallbladder. In the dorsal aspect of the right division of the liver, a spherical, mild hypoattenuating mass is seen, measuring 6.2 cm in diameter. The right divisional hepatic mass is protruding beyond the hepatic surface.

The hepatic lymph nodes are prominent and rounded, with a homogeneous attenuation pattern.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

In the pyloric antrum of the stomach, a small (<11 x 7 mm), mineral attenuating ovoid body is seen. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

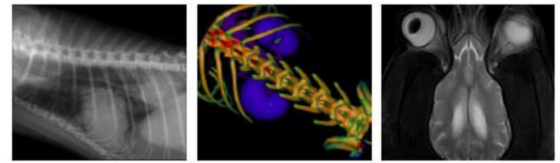
Level with the intervertebral disc space L1/L2 mild irregular mineralized disc material is protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level. The intervertebral dis L2/L3 is protruding into the vertebral canal, occupying 20% of the cross-sectional area, the dural tube is mildly deviated dorsally and distorted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right divisional hepatic mass
- Lymphadenopathy hepatic lymph nodes
- Nodular enlargement caudal pole right thyroid gland
- Chronic nephropathy
- Intervertebral disc protrusion L2/L3 with compressive myelopathy
- Chronic discopathy C7/T1 with mild intervertebral disc protrusion and possible dynamic myelocompression
- Gallbladder sludge
- Small gastric foreign body
- Multiple lipomas along the thoracic wall
- Degenerative osteoarthrosis shoulder joints bilaterally
- Pulmonary bullae
- Pulmonary osteomas
- Spondylosis deformans
- Dystelectasis caudodorsal lung field

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of right divisional hepatic mass, primary hepatic neoplasia such as hepatocellular adenoma/carcinoma, neuroendocrine tumor, sarcoma are considered likely.



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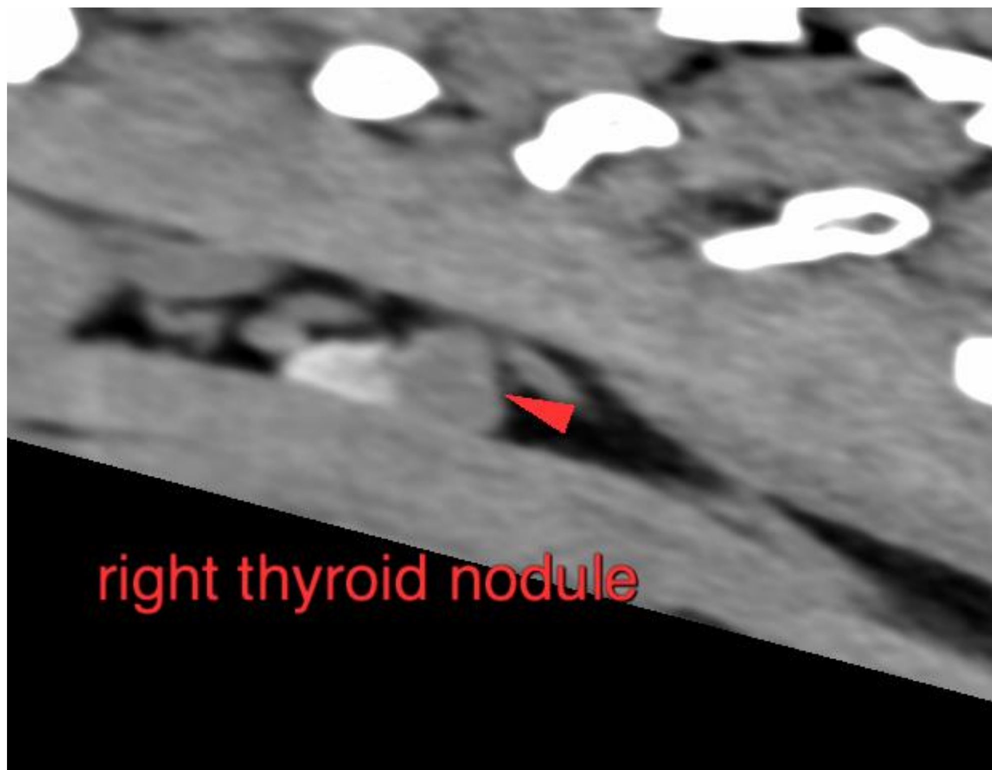
FNA sampling is warranted for further differentiation. The mass appears to extend up into the hilar region of the liver and complete surgical excision might not be feasible.

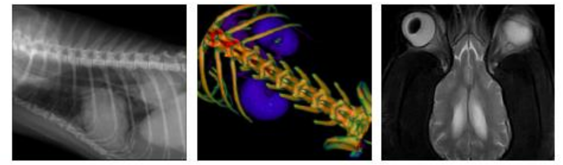
The enlarged hepatic lymph nodes are equivocal for metastatic disease or reactive hyperplasia. FNA sampling can be performed as advanced diagnostic tool.

The nodular enlargement of the right thyroid gland can present a thyroid cyst, macronodular hyperplasia or neoplastic transformation. Ultrasound can be performed to differentiate between solid or cystic lesion.

The changes of the caudodorsal lung field are considered as dystelectasis secondary to positioning and general anesthesia. The focal subpleural nodular consolidated lesion can present a small granuloma, round pneumonia or metastasis.

The clinical relevance of the appreciated intervertebral disc protrusions is questionable, rule out possible acute non-compressive nucleus pulposus extrusion, ischemic myelopathy or other intradural lesion as cause for the tetraparesis.





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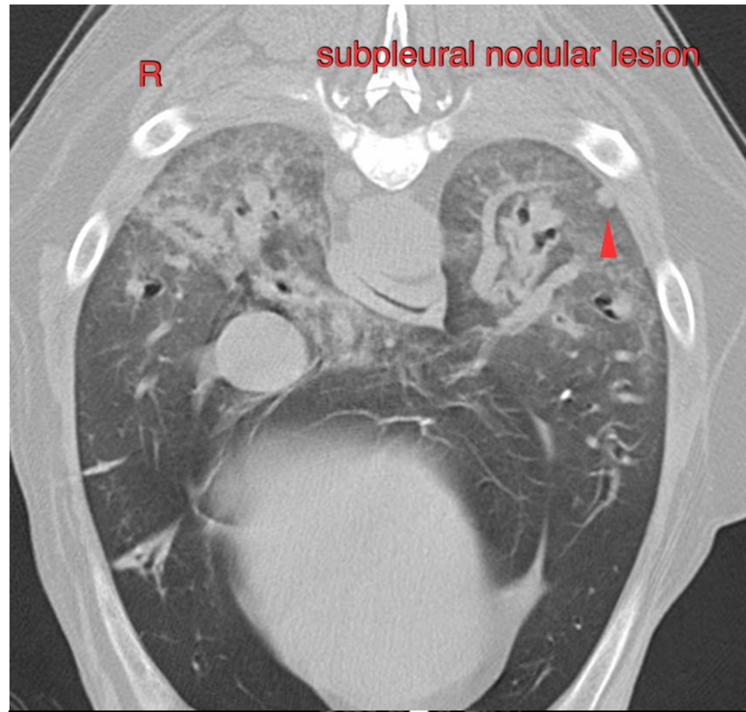

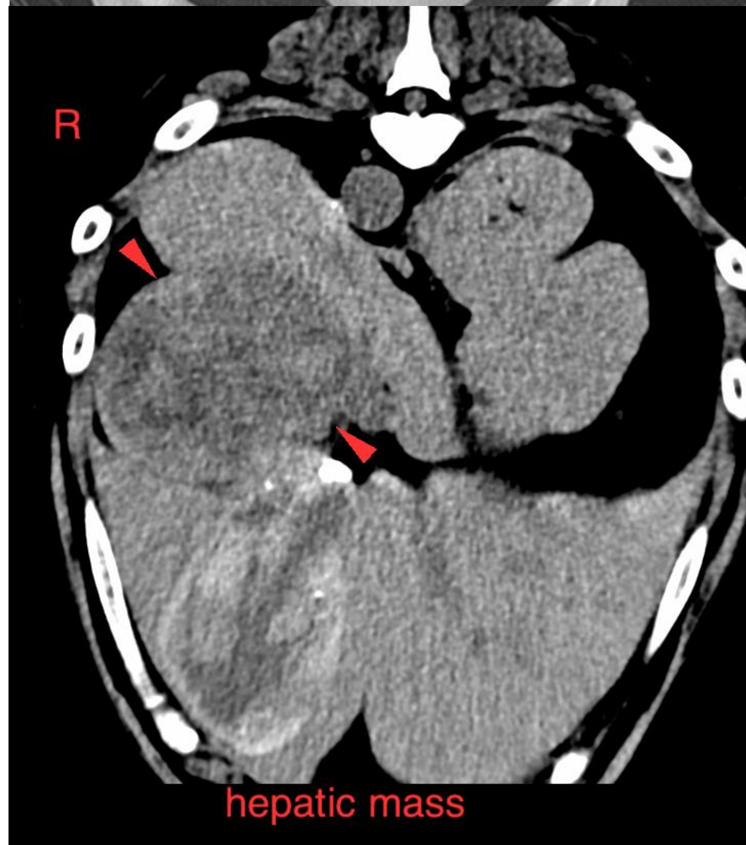

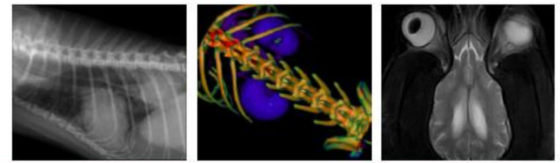

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2-21-23

IVD protrusion L2/L3

R

enlarged hepatic LNs

R

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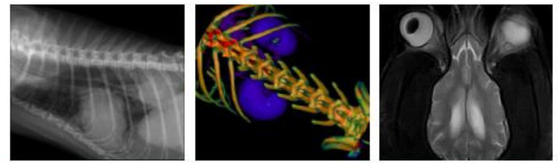

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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