



**PATIENT PRESENTING CLINICAL SIGNS**

Oreo Medina DVM pet. Acute onset of vestibular signs 5 days ago (Left head tilt). A previous episode about 6 months ago. Suspect old dog idiopathic vestibular. Not eating as much. Geriatric gait (muscle atrophy Right shoulder) but ambulatory x 4.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: \*DVM pet. Mild Left sided head tilt; no nystagmus anymore but previously present.

Canine **COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

**BREED** 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.

Mixed **COMPUTED TOMOGRAPHIC FINDINGS**

Skull

**SEX** The tooth elements 302, 306 & 406 are absent. A remaining root of triadan 302 is seen in the alveolar crest.

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

**AGE** Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

14 Years 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 ventricular system is non-dilated and symmetric.

**HOSPITAL NAME**

Mobile Pet Imaging

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 left thyroid gland presents a post contrast mild heterogeneous hypoattenuating nodule, measuring 5.5 mm in diameter. The nodule is mildly protruding beyond the surface.

**REFERRING VET**

Thorax

Meaux 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, but a zone of dystelectasis of the ventral tip of the right middle lung lobe.



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

Oreo Medina Abdomen

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

Canine 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.

**BREED** The right adrenal gland is within normal limits for size, shape and organ architecture. The left adrenal gland is enlarged, measuring up to 13 mm in diameter and presenting a mild heterogeneous contrast enhancement pattern.

Mixed Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**SEX** In the dorsal aspect of the left middle liver lobe, a well-defined ovoidal shaped, parenchymal filling defect is seen, measuring 3.0 x 2.6 x 2.3 cm in size. The hepatic volume is increased, and the liver is protruding caudally beyond the costal arch, the caudoventral margins are rounded. In the arterial post contrast phase, a roundish hyperattenuating lesion is seen in the right medial liver lobe – not appreciated in the delayed post contrast phase.

Neutered Male

**AGE** The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

14 Years

**INTERPRETED BY** Multiple small osseous fragments are seen in the stomach. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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Dr. med. vet. DipECVDI

The bony and surrounding soft tissue structures reveal no abnormalities.

**HOSPITAL NAME** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Nodular enlargement left adrenal gland
- Nodular lesion left thyroid gland
- Hepatomegaly
- Solitary hepatic cyst left medial liver lobe
- In arterial phase contrast enhancing parenchymal lesion right medial liver lobe
- Multiple osseous bodies in stomach – correlate with fed diet
- Multiple absent teeth
- No evidence of otitis media or interna
- Structural normal brain
- Structural normal thorax

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The nodular enlargement of the left adrenal gland can be a sequela to (non)functional macronodular hyperplasia or present neoplastic transformation of the left adrenal gland (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis can be used as advanced diagnostic tool.



**PATIENT** Oreo Medina  
The nodular lesion of the left thyroid gland can present an enlarged parathyroid gland, suggestive for (non)functional parathyroid adenoma. Nodular hyperplasia of the left thyroid is a potential as well - correlate with labwork.

**SPECIES** Canine  
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. In the early post contrast phase, the enhancing parenchymal lesion is most consistent with benign hepatic regeneration nodule.

**BREED** Mixed  
An underlying macromorphological cause of the current neurological deficits is not detected. However, according to the history an ischemic insult and/or geriatric vestibular syndrome is a potential differential diagnosis. 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 other systemic illness. MR imaging may be indicated in case of the strong suspicion of structural parenchymal changes of the brain.

**SEX** Neutered Male

**AGE** 14 Years

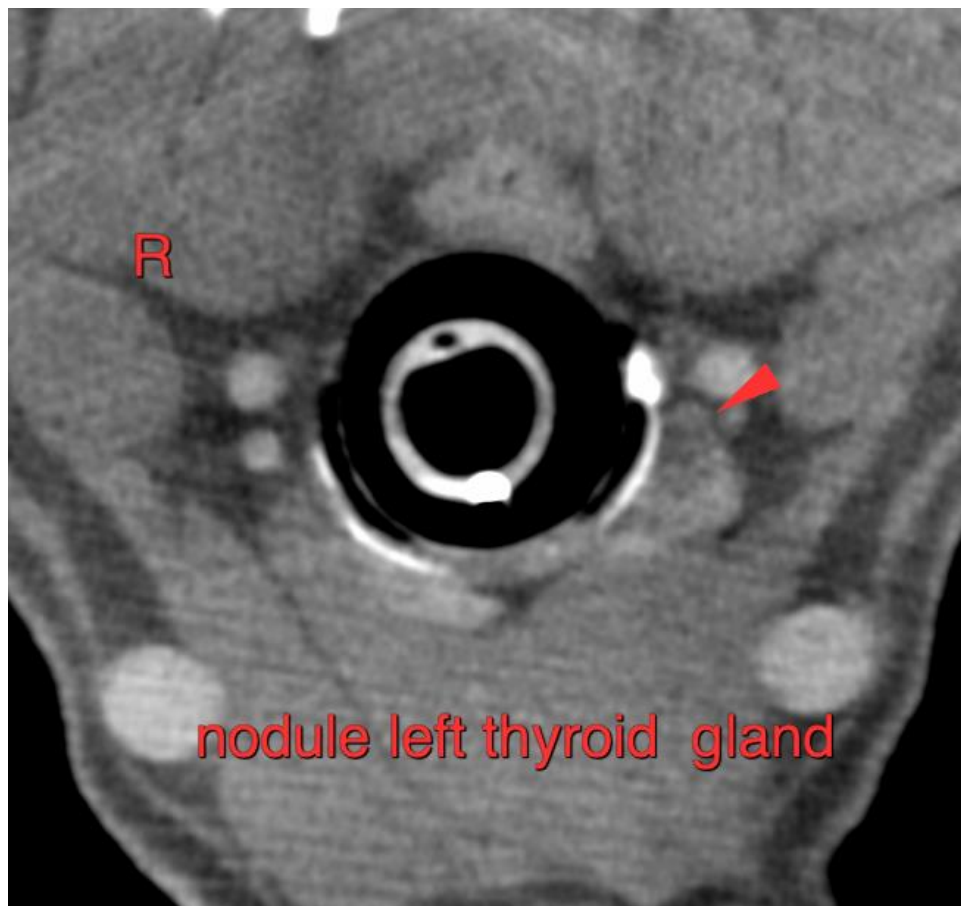
**INTERPRETED BY** Sebastian Schaub, DVM  
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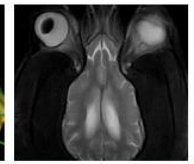
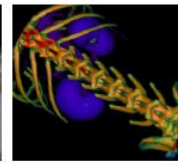
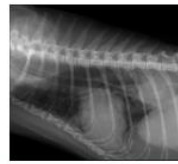
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**PATIENT**

Oreo Medina

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

14 Years

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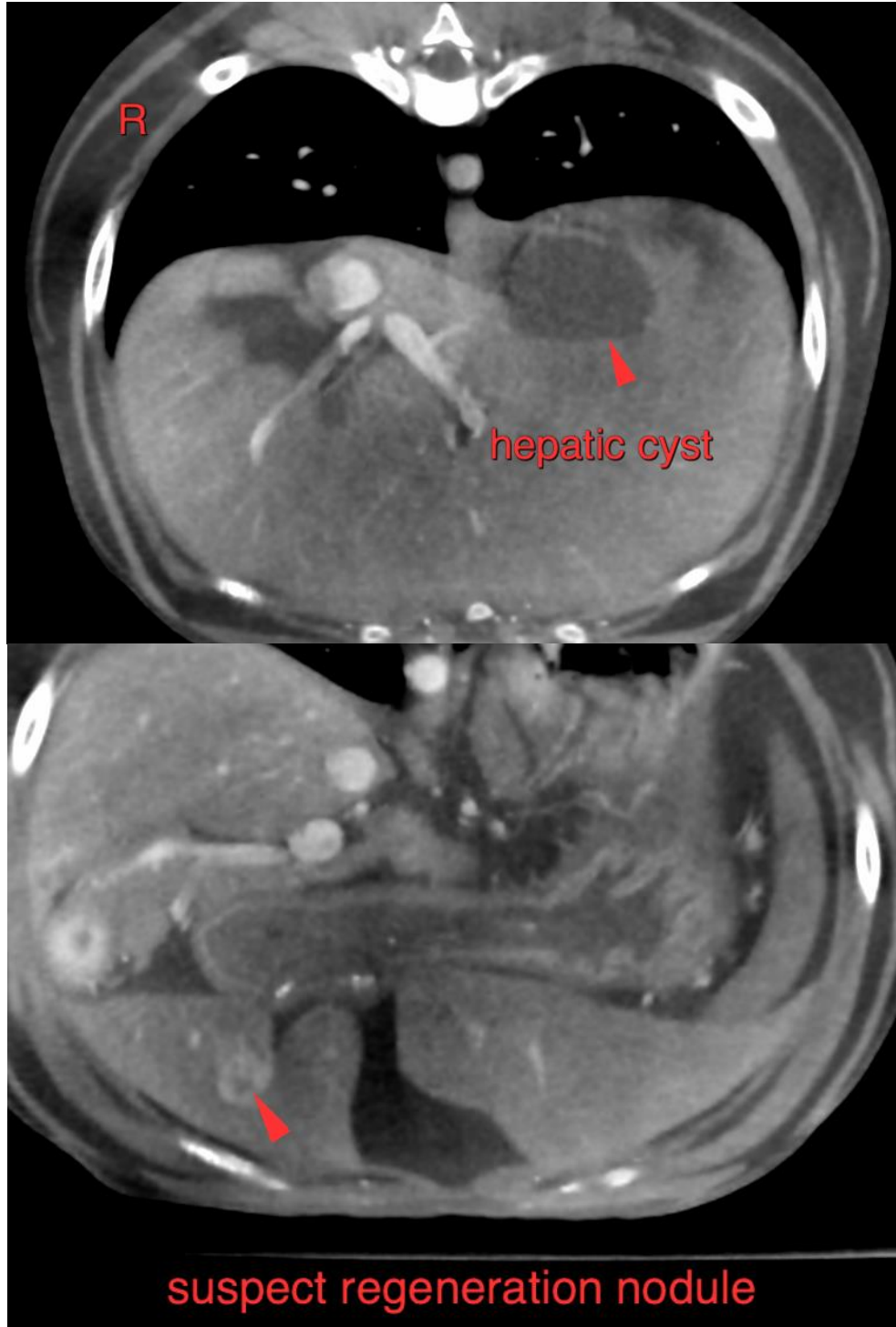
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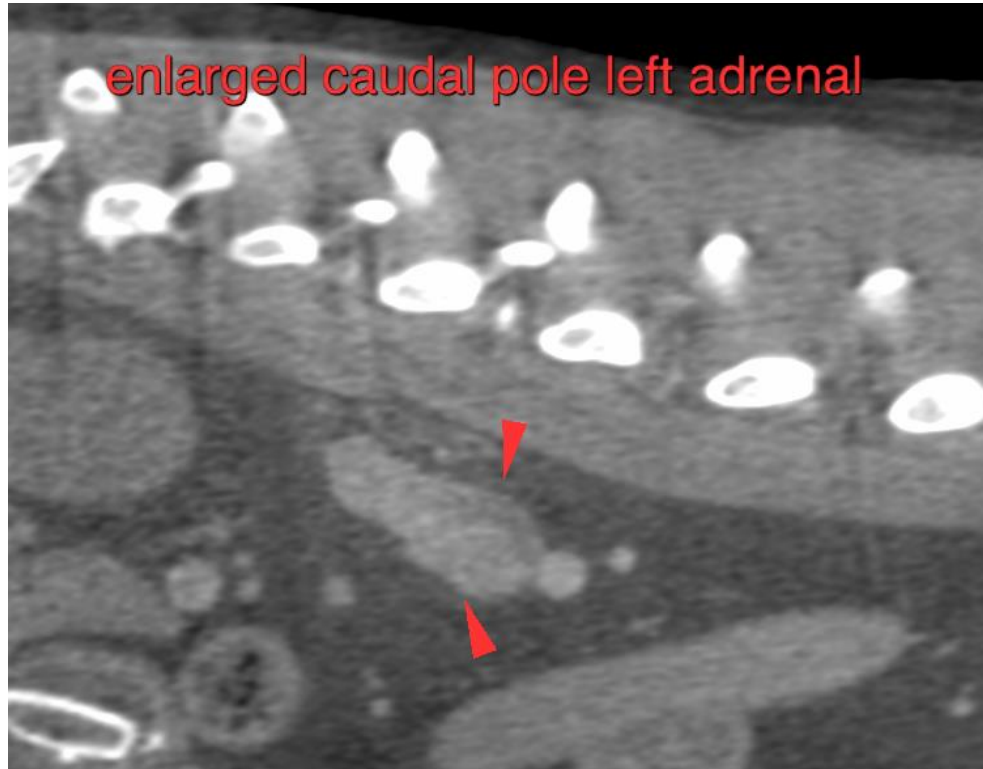
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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