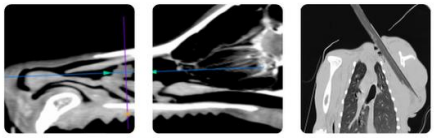

PATIENT

Rosie Plattner

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

10Y

WEIGHT

22lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kirsten Bodie

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Dr. Kelly Gavin

INVOICE

73672

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- Multiple month history of inspiratory wheezing and cough with intermittent congestion, cardiology ruled out cardiogenic base
- low urine specific gravity, chronic pu/pd

Abnormal PE/Chem/CBC/UA Results: Usg 1.008

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

A pre- and post-contrast CT study of the skull and abdomen in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth element 207 is absent.

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

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.

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.

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.

Abdomen

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 symmetric and uniform nephro- and pyelogram is noted.

Nodular enlargement of the caudal pole of the left adrenal gland is seen, measuring 9.0 mm in diameter.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma. Post contrast administration the splenic parenchyma has a heterogeneous contrast enhancement pattern, presenting multiple hyperattenuating parenchymal nodules. The hepatic parenchyma has a homogeneous contrast enhancement pattern.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

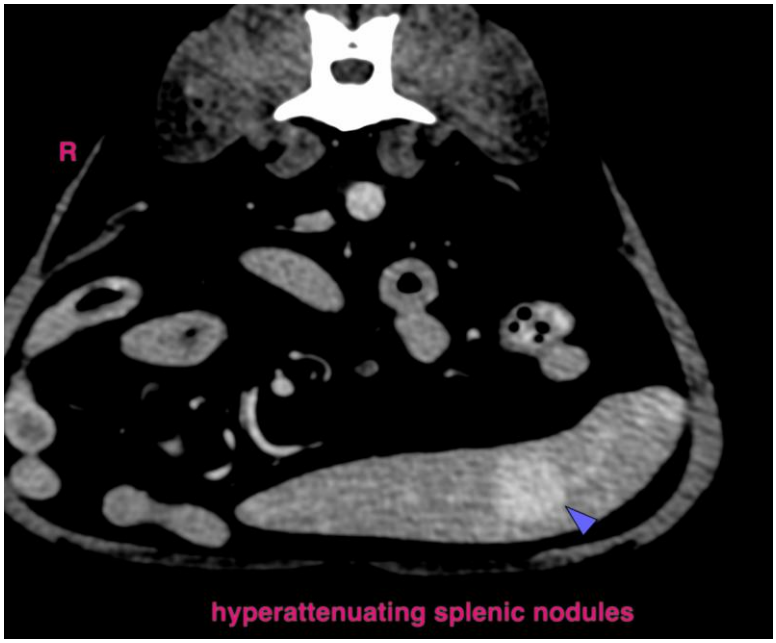
- Mild nodular enlargement caudal pole left adrenal gland
- Heterogeneous contrast enhancement pattern of the spleen
- Normal upper airways, but incidental agenesis right frontal sinus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular enlargement of the left adrenal gland can present (non)functional nodular hyperplasia or less likely early stage of neoplastic transformation (e.g. adenoma, adenocarcinoma).

The heterogeneous contrast enhancement pattern of the spleen is most consistent with nodular hyperplasia or extramedullary hematopoiesis. FNA sampling of the spleen can be used to rule out malignant infiltrative disease.

An underlying cause for the described respiratory clinical signs cannot be specified; laryngeal paralysis may be a potential here.



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
info@sonopath.com