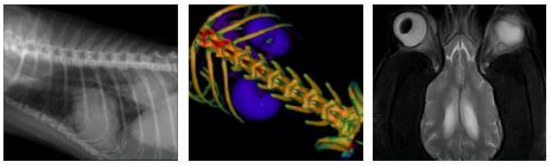


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Evans

SPECIES

Canine

BREED

Shihtzu

SEX

FS

AGE

14

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Advanced Animal Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

51015

DATE

3-17-22

PRESENTING CLINICAL SIGNS

suspected lymphoma, FUO, elevated WBC

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The intervertebral disc space C6/C7 is collapsed, and the respective vertebral endplates present a moderate sclerosis of the subchondral bone and spondylosis formation.

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.

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.

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.

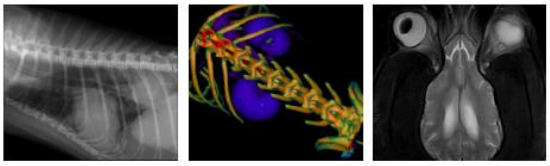
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple small (<1 mm) parenchymal filling defects are seen throughout the renal cortex bilaterally.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma; post contrast administration the splenic parenchyma presents with multiple roundish hyperattenuating lesions throughout the splenic parenchyma.

The hepatic volume is moderately increased and post contrast administration, multiple heterogeneous contrast enhancing roundish zones are noted throughout the hepatic parenchyma – partially causing mild convex bulging of the hepatic surface.

Post contrast administration, the mucosal lining of the gallbladder is mildly irregular thickened.



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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 intervertebral discs L5/l6 to L7/S1 are mildly protruding into the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with multifocal roundish faint heterogeneous contrast enhancing lesions
- Mild heterogeneous contrast enhancement pattern of the spleen
- Mild irregular thickening gallbladder wall
- Renal cortical cysts
- Chronic discopathy C6/C7 without compressive myelopathy
- Mild intervertebral disc protrusion L5/L6 to L7/S1 with possible dynamic compression of the cauda equina fibers
- Normal thorax
- No evidence of lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly is not specific and diffuse hepatic disease is considered likely ± regeneration nodules. Rule out hepatitis, metabolic hepatic disease/steroid induced hepatopathy or diffuse neoplastic invasion. Recommend ultrasound guided FNA sampling for further workup.

The mild irregular thickening of the gallbladder wall can be due to age related cystic mucinous hyperplasia or cholecystitis.

The nodular contrast enhancement pattern of the spleen can be caused by nodular hyperplasia – recommend FNA sampling to rule out malignant infiltrative disease.

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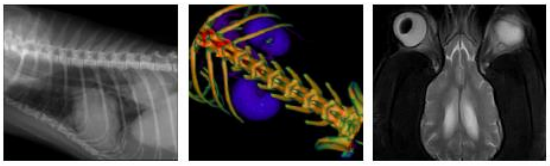

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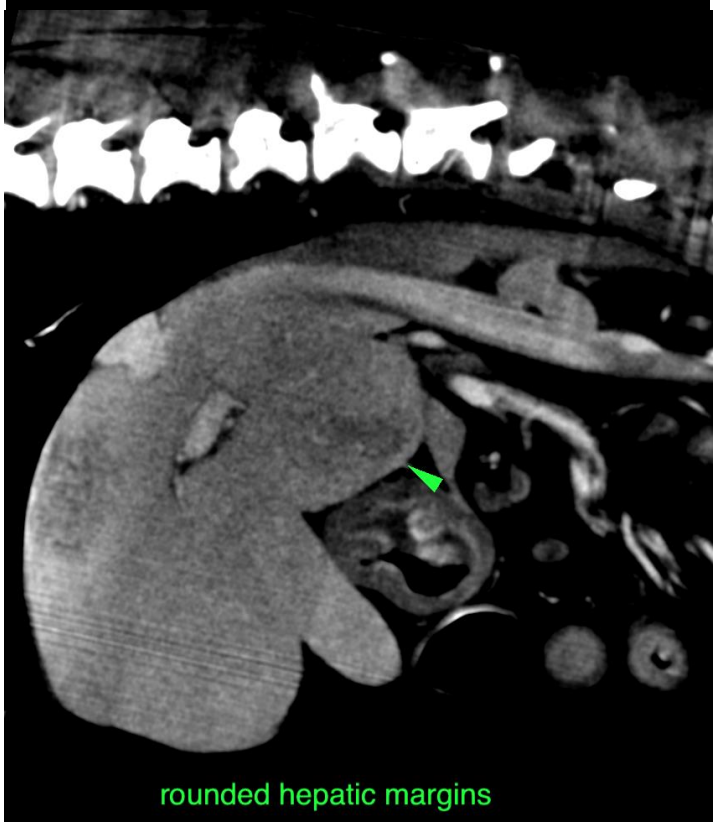

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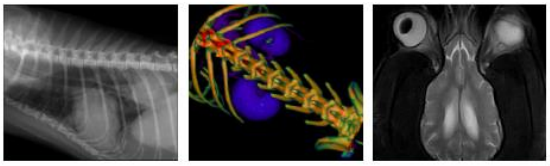

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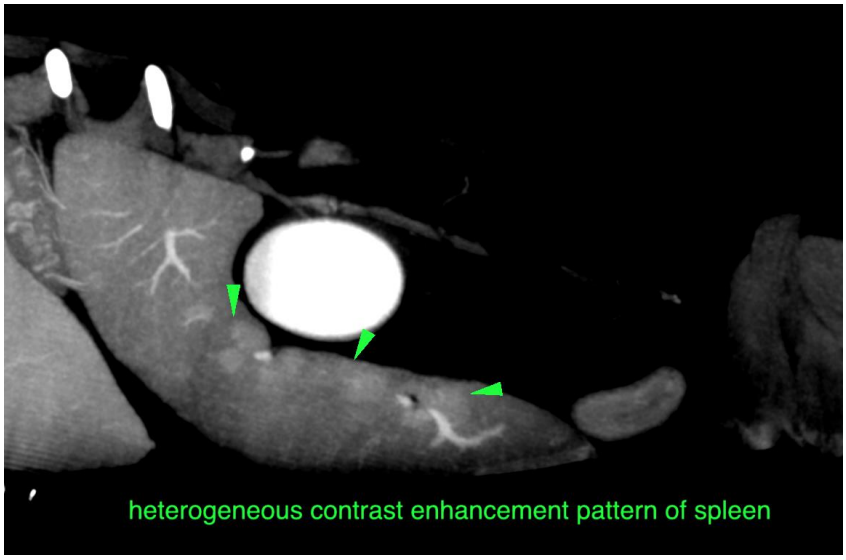

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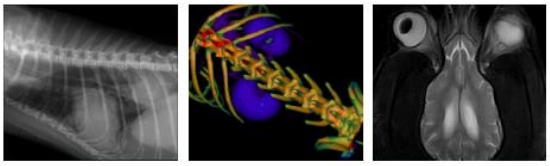

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com