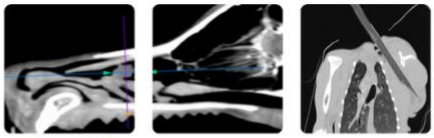


PATIENT

Pippa Hewett

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

12

WEIGHT

17

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Dr. Eamon

INVOICE

14530

DATE

03/22/26

PRESENTING CLINICAL SIGNS

- inappetence
- lethargy
- oral pain when opening mouth
- salivating and hiding

Abnormal PE/Chem/CBC/UA Results: cbc/chem normal crp elevated

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

The right zygomatic gland presents mild intraparenchymal granular mineralization.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits. At the medial aspect of the left temporomandibular joint, a post contrast mild hypoattenuating convex shaped swelling is appreciated – presenting broad contact with the rostral wall of the left tympanic bulla.

The left tympanic bulla is filled with non-contrast enhancing soft tissue attenuating material. The osseous wall of the left tympanic bulla is mildly rough. The horizontal segment of the left external ear canal presents a circumferentially prominent wall.

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 left medial retropharyngeal lymph node is prominent.

Thorax

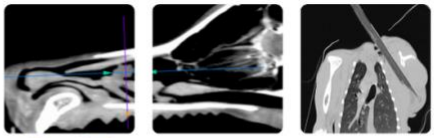
The bony and surrounding soft tissue structures are within normal limits.

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, but zones with mild dystelectasis of the lung parenchyma.



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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 right & left caudal vena cava of the pre-renal segment is seen.

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 both adrenal glands is appreciated, measuring up to 14 mm in diameter and presenting a heterogeneous contrast enhancement pattern.

The spleen present with normal shape, even surface, uniformly attenuating parenchyma and contrast enhancement.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma is uniform soft tissue attenuating, the mild heterogeneous contrast uptake is considered as a sequela to the early post contrast phase.

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 subchondral bone of the caudal vertebral endplate L7 presents well-defined geographic defects and the endplates of the lumbosacral junction reveal moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided otitis media and left sided mild otitis externa
- Soft tissue swelling between the left temporomandibular joint and left tympanic bulla
- Lymphadenopathy left medial retropharyngeal lymph node
- Nodular enlargement adrenal gland bilaterally
- Hepatomegaly
- Chronic discopathy lumbosacral junction with osseous remodeling of the respective vertebral endplates
- Small sialoliths right zygomatic gland
- Spondylosis deformans
- Normal thorax, no evidence of metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small soft tissue swelling between the left temporomandibular joint and the tympanic bulla is highly suggestive for small abscess or inflammatory granulation tissue formation – possibly secondary to the otitis media. Theoretically early stage of myosarcoma is a potential, but I consider the odds low. Secondary reactive hyperplasia of the left medial retropharyngeal lymph node. The finding may explain the described clinical signs. Myringotomy may be used as advanced minimally invasive diagnostic tool for sampling and flushing the left middle ear.

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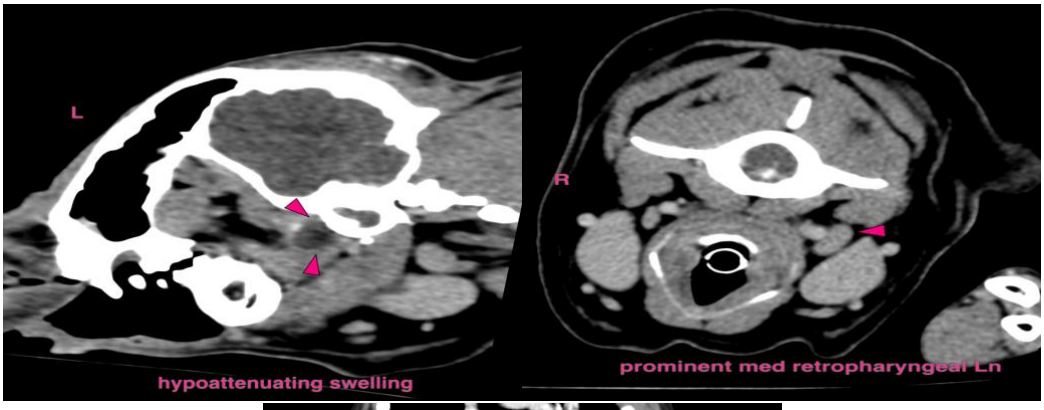
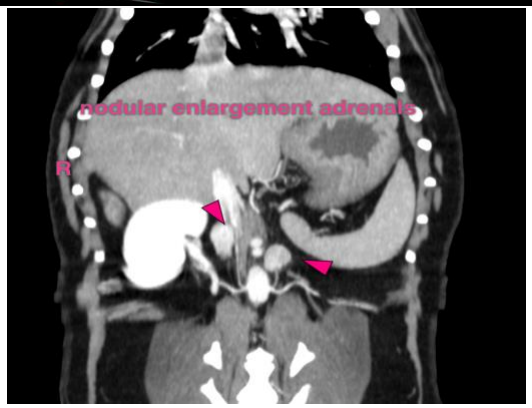
The nodular enlargement of the adrenal glands can present (non)functional adrenal nodular hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis may be beneficial.

Potentials for the hepatomegaly include metabolic/steroid induced hepatic disease, hepatitis or diffuse neoplastic infiltration.





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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com