



PATIENT PRESENTING CLINICAL SIGNS

Alondra Villafañe

Disorientation for about a week. Circling the bed at night. Ate well this morning. Very anxious in the car and vomit in car ride this morning. P is being very "needy" and close to owner. Discussed multiple causes of seizures. Will wait on pending lab work to start any additional therapy, but did discuss high possibility of a CT scan. Will start p on Keppra and Gabapentin (for hip pain/dysplasia, anxiety, and anti-seizure properties). Recommend monitoring closely for any other abnormal signs and if a seizure occurs after hours, to take her to the ER.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: CBC --- RBC, HCT HGB increased, mild thrombocytopenia CHEM --- Sodium mild increased, K decreased, GLU decreased 59mg/dL, PHOS decreased Urine Culture --- pending Abd U/S was performed: rule out insulinoma Blood Work (Insuline Ratio) consistent w/ insulinoma On ultrasound a small mass was observed on the L pancreatic limb.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

SEX

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

SF

COMPUTED TOMOGRAPHIC FINDINGS

AGE

The most cranial aspect of the abdomen presents with mild motion artefacts in the post contrast study.

8 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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. A mild amount of gravity dependent material is seen on the dorsal urinary bladder wall.

HOSPITAL NAME

Veterinary Image Center

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

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

REFERRING VET

Dr. M. Carrillo, DVM

Caudal to the left lobe of the pancreas, two ovoid shaped nodules, measuring up to 1.9 x 1.4 x 2.4 cm in size; the nodular lesion presents mild heterogeneous contrast enhancement. The nodular lesions are most consistent with the hepatic lymph nodes.

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

INVOICE

50818

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

DATE

3-8-22

Both coxofemoral joints present marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim and dorsal subluxation of the femoral heads is seen. Multiple small periarticular mineralization are seen along the synovial lining of the coxofemoral joints.



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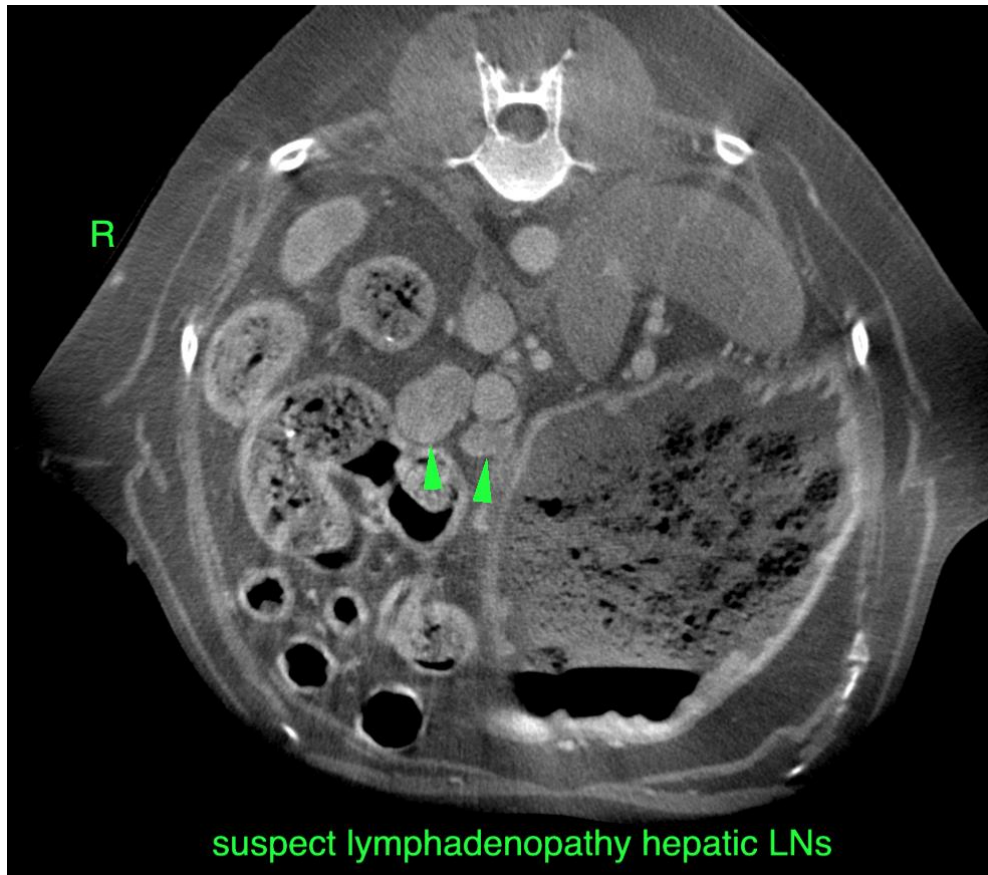
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect lymphadenopathy hepatic lymph nodes
- Marked degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Metaplasia synovial capsule coxofemoral joints
- Mild bladder sand – consider urinalysis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular lesion in the region of the left lobe of the pancreas is suggestive for lymphadenopathy of the hepatic lymph nodes. Recommend ultrasound guided FNA sampling for further differentiation between reactive hyperplasia or neoplastic transformation.





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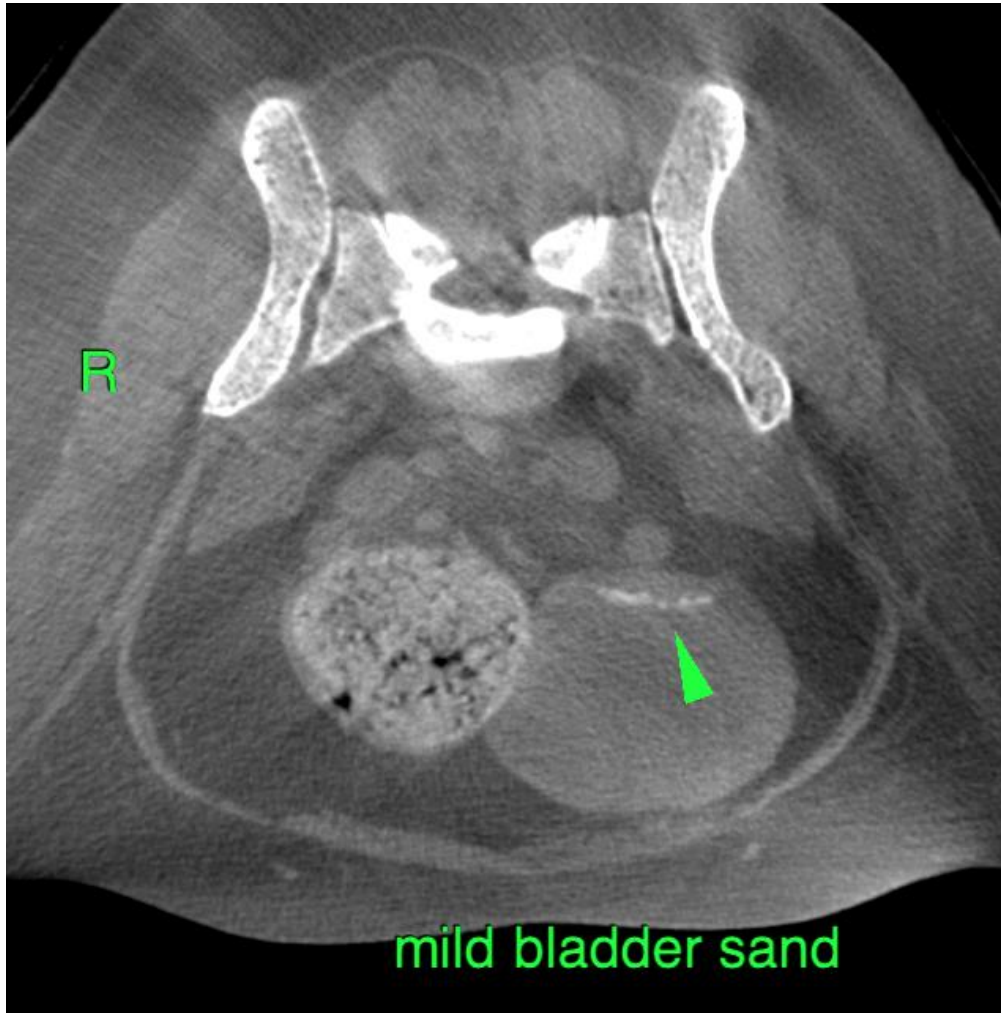
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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