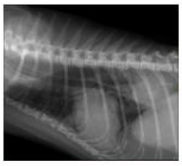
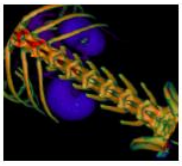
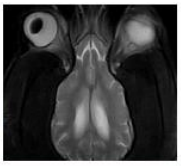

PATIENT

Pancha Jacob

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

57794

DATE

4-13-23

PRESENTING CLINICAL SIGNS

Presented for cough and lethargy. No findings in bloodwork, rads, and ultrasound.

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

Multifocal spondylosis formation is seen along the thoracic spine.

The sternal lymph nodes are prominent.

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 of dystelectasis of the ventral aspects of the lung level with the heart.

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 a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

The spleen is prominent and has mild undulating margins. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The intrahepatic biliary vessels are generalized mildly dilated and can be appreciated as hypoattenuating tubular structures paralleling the intrahepatic vessels. The common bile duct is measuring 1.5 mm in diameter.

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 disc space of the lumbosacral junction is narrowed and the respective vertebral endplates present mild spondylosis formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild dilation of the intrahepatic biliary tree – no sign of mechanical obstruction of the common bile duct
- Splenomegaly
- Lymphadenopathy sternal lymph nodes
- Regions of dystelectasis of the lung
- Chronic discopathy lumbosacral junction
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent intrahepatic vessels of the biliary tree can indicate cholangitis/cholangiohepatitis.

The mild splenomegaly can be accentuated by general anesthesia with pooling of blood within the spleen. Differentials include nodular hyperplasia, extramedullary hematopoiesis or less likely splenitis or diffuse neoplastic infiltration. FNA sampling can be performed for further differentiation.

The prominent sternal lymph nodes can be a sequela to pathology in the cranial abdomen (e.g. cholangiohepatitis) as they drain parts of the cranial abdomen.

The pulmonary changes are considered as zones of dystelectasis secondary to general anesthesia – supported by the decreased volume of the lung lobes. Theoretically pneumonia is a potential.

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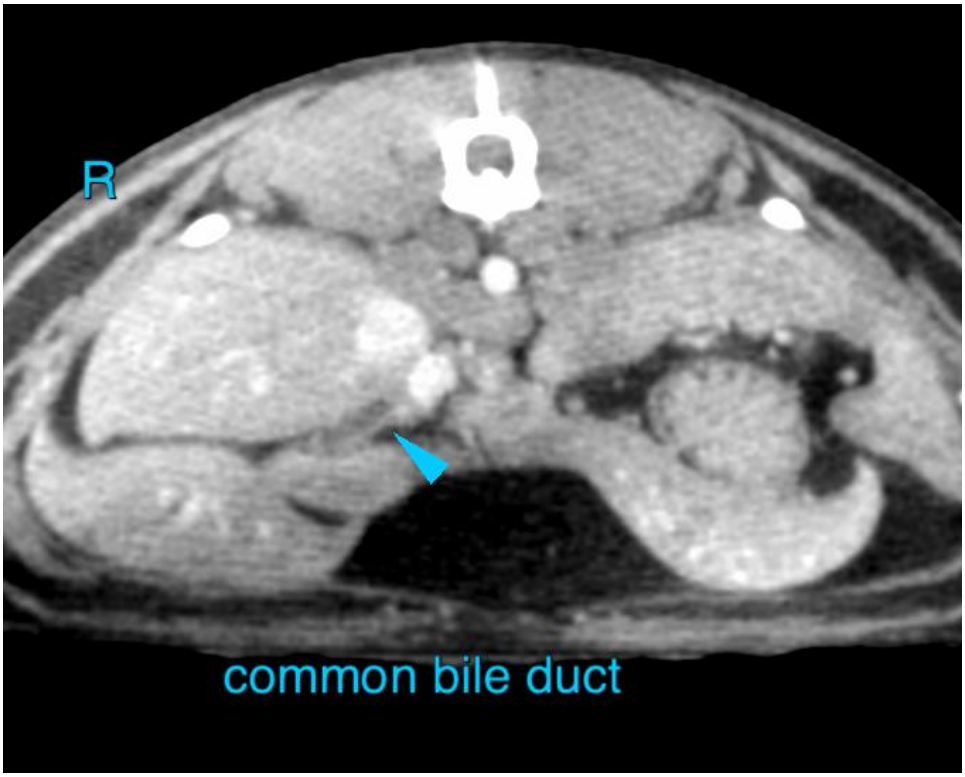

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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