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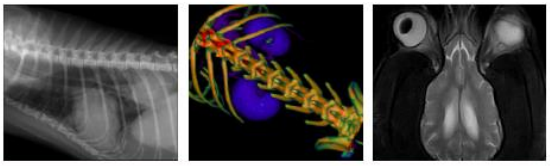


PATIENT

Bentley Kingsley

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Veterinary CT

REFERRING VET

Joseph Leppanen, DVM

INVOICE

51914

DATE

5-4-22

PRESENTING CLINICAL SIGNS

Bentley presents to MVCT for a skull, thoracic and abdominal CT. A pre and post contrast CT study of the abdomen and chest in bone and soft tissue reconstruction is provided for review. A pre and post contrast CT study of the skull in bone reconstruction is also submitted for review. Bentley has a history of ptosis, miosis prolapse of the 3rd eyelid OS. Diagnosed with Horners syndrome. Currently being treated with NeoPoly BDex ointment BID
Abnormal PE/Chem/CBC/UA Results: Lab work 5/4/2022- elevated ALT 491 (12-118) ALk Phosphate 2,676 (5-131) CALCIUM 12.2 (8.9-11.4) Blood work was all normal last year.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone and soft tissue reconstruction 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.

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.

In the subcutaneous tissue at the caudoventral aspect of the right mandible, a small soft tissue attenuating and strong contrast enhancing nodule is appreciated.

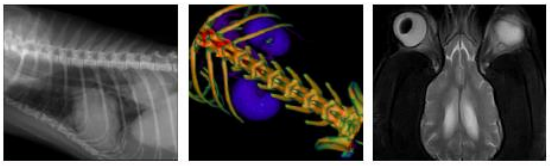
Thorax

The vertebral endplates T5/T6 present moderate spondylosis formation. Multiple lipomas are seen in the subcutaneous tissue along the thoracic & abdominal wall.

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.



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The lung parenchyma presents the expected architecture and attenuation behavior with regions of dystelectasis of the dorsal dependent aspects of the lung.

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. In the post contrast CT study, protruding from the dorsal urinary bladder wall, a moderate contrast enhancing, small cauliflower like broad based mass is noted, measuring 15 x 8 x 15 mm in size.

Nodular enlargement of the cranial pole of the right adrenal gland is appreciated, presenting with a uniform attenuating and contrast enhancement pattern and measuring 19 mm in diameter. Level with the right phrenicoabdominal vein, a small intraluminal I filling defect is seen in the caudal vena cava.

The left adrenal gland presents without abnormalities.

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

Protruding from the caudal surface of the right division of the liver, an irregular roundish, mild heterogeneous contrast enhancing mass is seen, measuring 9.3 x 8.9 x 13.5 cm in size. The remainder of the hepatic parenchyma present smooth margins and uniform soft tissue attenuating and contrast enhancing parenchyma.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary hepatic soft tissue mass, originating from the right liver lobes
- Mass right adrenal gland with evidence of vascular invasion and tumor thrombus formation
- Small mural intraluminal mass dorsal urinary bladder wall – just cranial to the vesical trigone
- Multiple lipomas along the thoracic & abdominal wall
- Nonspecific subcutaneous soft tissue nodule caudoventral aspect of the skull
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current CT study fails to present an underlying macromorphological abnormality that can explain the history of left sided Horner's syndrome. Rule out other causes for facial nerve paralysis like hypothyroidism, polyneuropathy, thoracic pathology or idiopathic facial nerve

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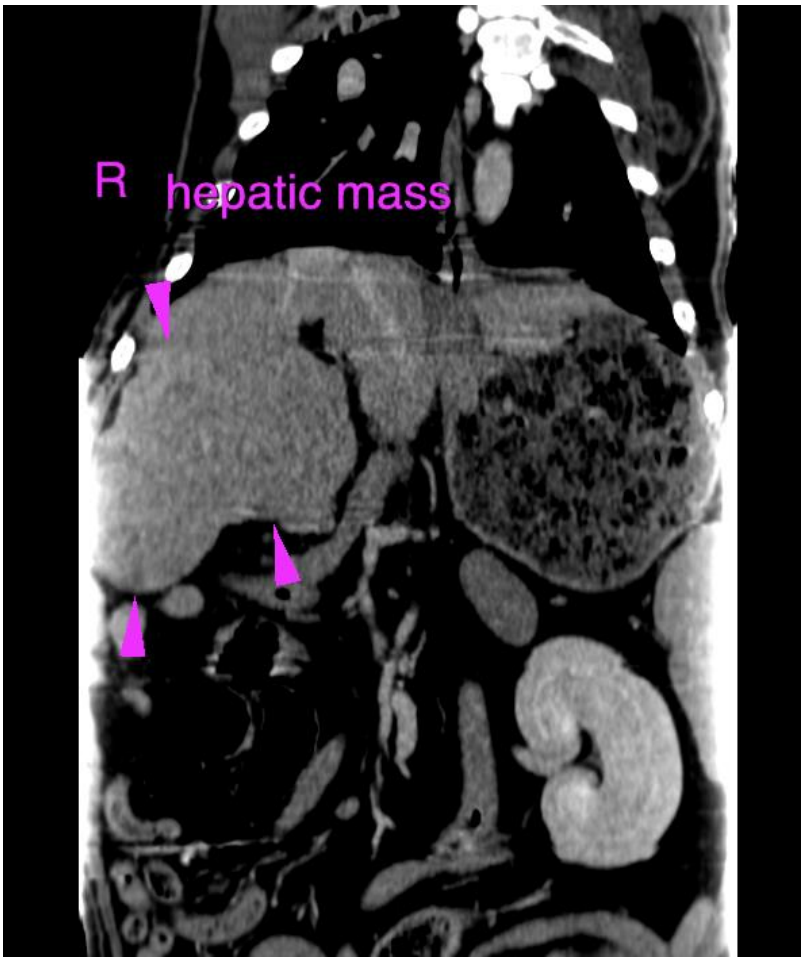
paralysis. The latter is the most common cause for facial nerve paralysis with 75% of the cases in dogs.

The hepatic mass is concerning for hepatic neoplastic transformation, such as hepatocellular adenoma/carcinoma or benign regeneration nodule/nodular hyperplasia. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

The right adrenal mass is compatible with primary adrenal neoplasia, such as (non)functional adenocarcinoma or pheochromocytoma with evidence of vascular invasion.

The polypoid lesion in the urinary bladder is equivocal for neoplastic transformation (e.g. transitional cell carcinoma) or polypoid cystitis. Ultrasound guided suction biopsy might be used for further workup. Consider complete urinalysis as well.



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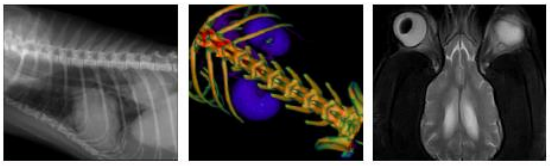

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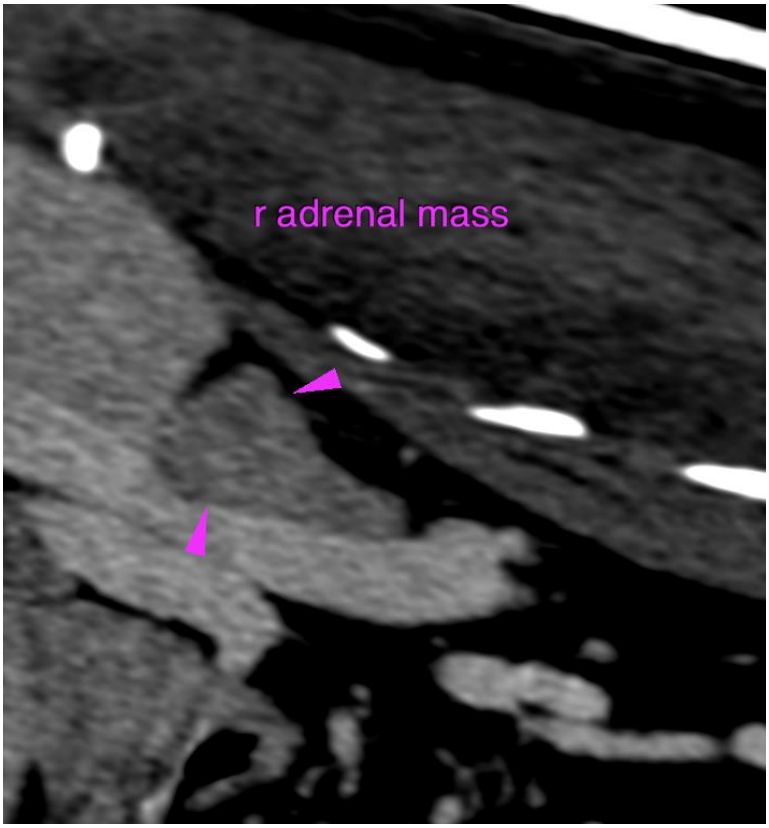

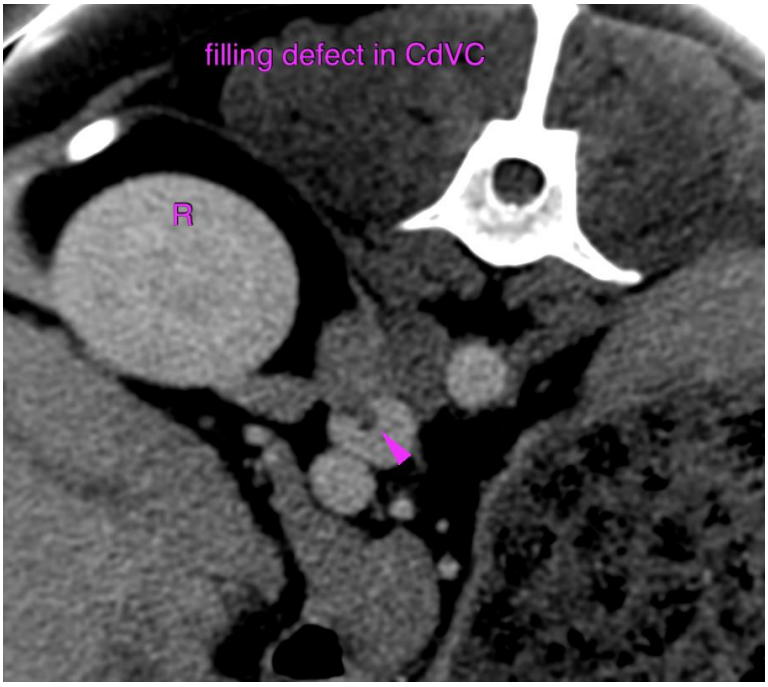

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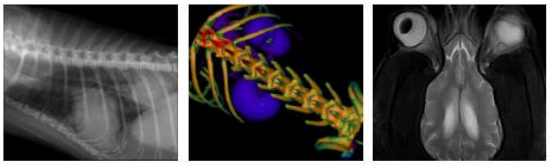

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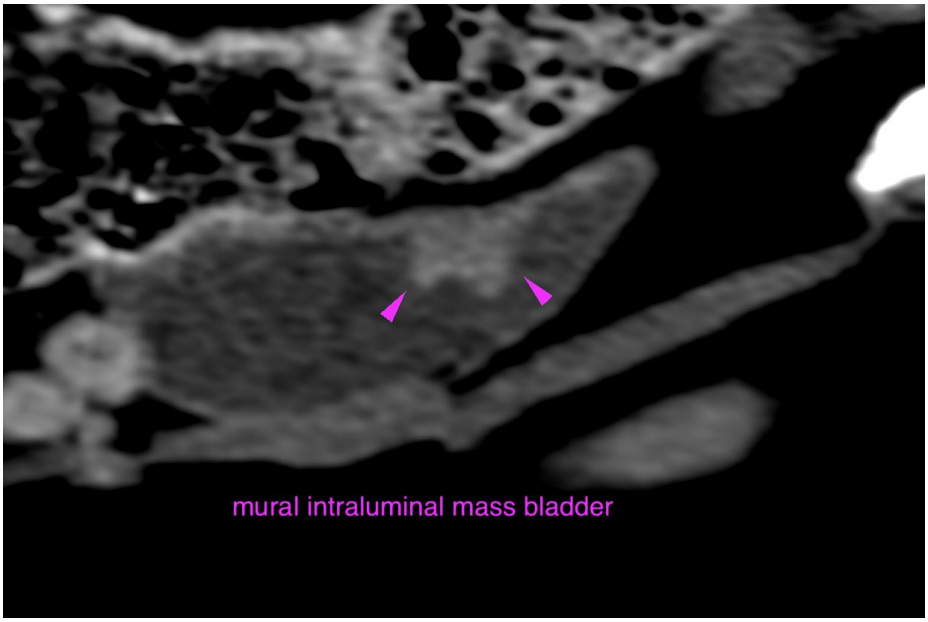

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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