SonoPath Teleradiology

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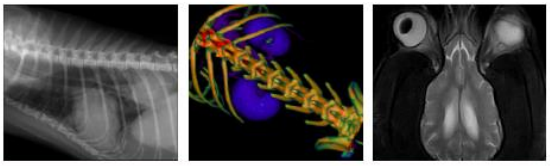


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Reine Brachfeld

SPECIES

Canine

BREED

Doberman Pincher

SEX

Female Spayed

AGE

9 Years, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Dr. Joseph D'Abbraccio

INVOICE

52874

DATE

7-14-22

PRESENTING CLINICAL SIGNS

front leg amputation from fungal infection, chronic idiopathic inflammation of knees, draining tract above 201

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete. Triadan 201 presents a moderate widening of the periodontal space.

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. In the medial aspect of the external ear canals, a small amount of non-contrast enhancing soft tissue material is appreciated.

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.

The dural tube along the cervical spine presents mild to moderate peripheral mineralization.

Thorax

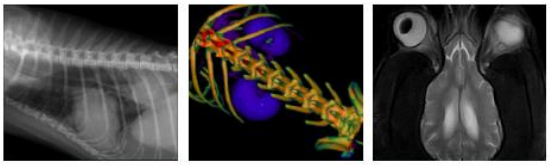
The vertebral endplates T11/T12 present mild spondylosis formation.

The right front limb including the scapular is absent. Mild exostosis formation is seen at the medial aspect of the proximal part of the left scapula.

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 interspersed punctuate mineralization. Dystelectasis of the caudodorsal dependent aspects of the lung parenchyma is noted.

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.

Nodular enlargement of the caudal pole of the left adrenal gland is seen, measuring 12 mm in diameter – presenting a mild heterogeneous contrast enhancement pattern.

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

The cranial and caudal part of the spleen are separated into two parts. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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 periarticular bones of the right coxofemoral joint present mild osteophyte new bone formation.

The subcutaneous tissue at the right lateral aspect of the lumbar spine, level L6 & L7 presents localized moderate fat-stranding – suspect preceding subcutaneous injection.

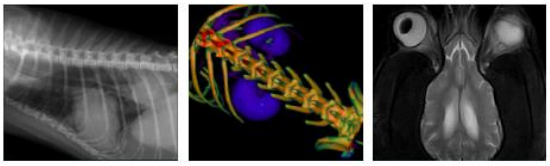
The left medial iliac lymph node is mildly prominent.

The left stifle joint presents a marked thickening of the synovial lining with a heterogeneous contrast enhancement pattern. The periarticular bones of the left stifle joint present moderate irregular new bone formation and multiple well-defined osteolytic lesions of the subchondral bone are appreciated. The left popliteal lymph node is prominent.

The osseous and surrounding soft tissue structures of the right stifle joint are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic mixed osteolytic and osteoproliferative lesions left stifle joint with marked thickening of the synovial lining
- Lymphadenopathy left popliteal & medial iliac lymph node
- Nodular enlargement left adrenal gland
- Periodontal disease 201
- Mild otitis externa
- Mild degenerative osteoarthrosis right coxofemoral joints



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- Splenosis – incidental, possible preceding trauma versus congenital
- Spondylosis deformans
- Incidental dural mineralization
- History of amputation right front limb – including scapulectomy
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is marked thickening of the synovial capsule of the left stifle joint in combination with osteolytic and osteoproliferative lesions of the associated osseous structures. Regarding the history immune mediated erosive arthritis is the presumptive diagnosis, however infectious origin (e.g. mycotic arthritis) or neoplastic joint disease (e.g. synovial cell sarcoma, fibrosarcoma, histiocytic sarcoma, myxosarcoma) need to be considered. Repeating synovial tap ± capsule biopsy might be considered.

The odds for reactive hyperplasia of the left medial iliac lymph node versus metastatic spread are considered equal.

The nodular enlargement of the left adrenal gland is suggestive for (non)functional macronodular hyperplasia. Neoplastic transformation of the left adrenal gland is a differential (e.g. adenoma, adenocarcinoma, pheochromocytoma).

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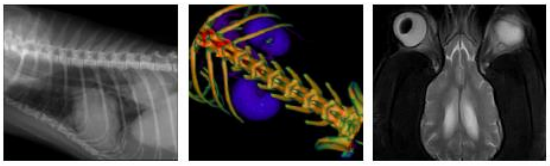

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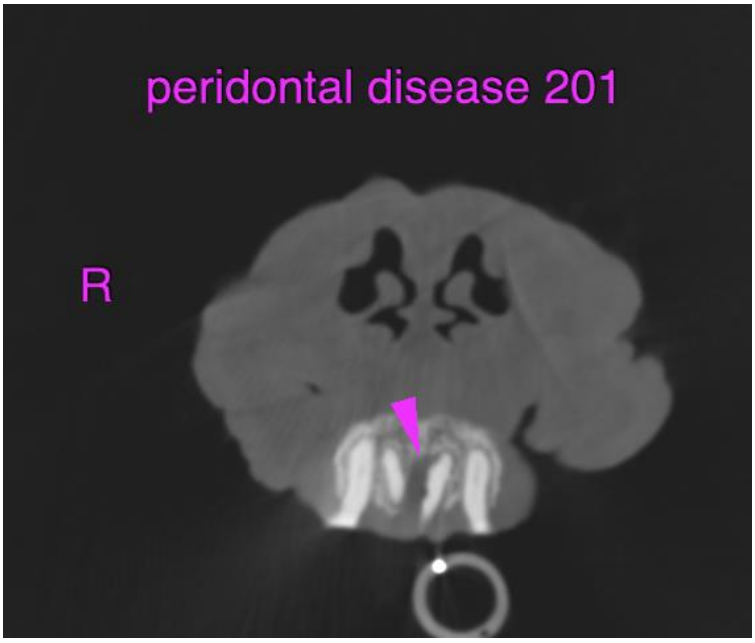

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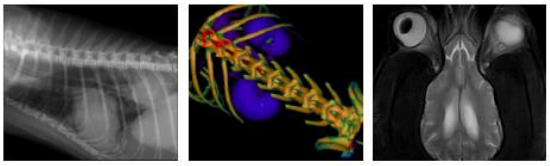

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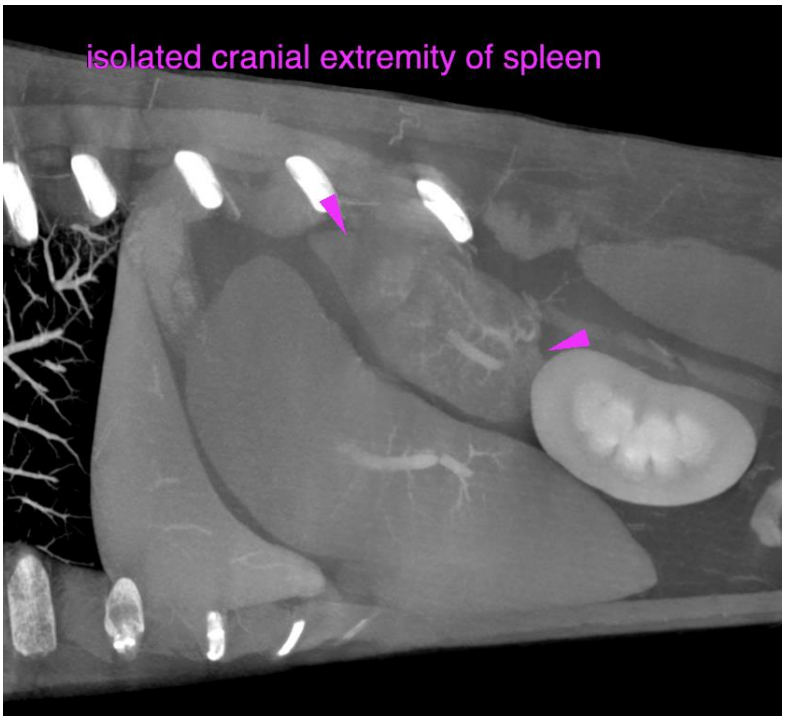

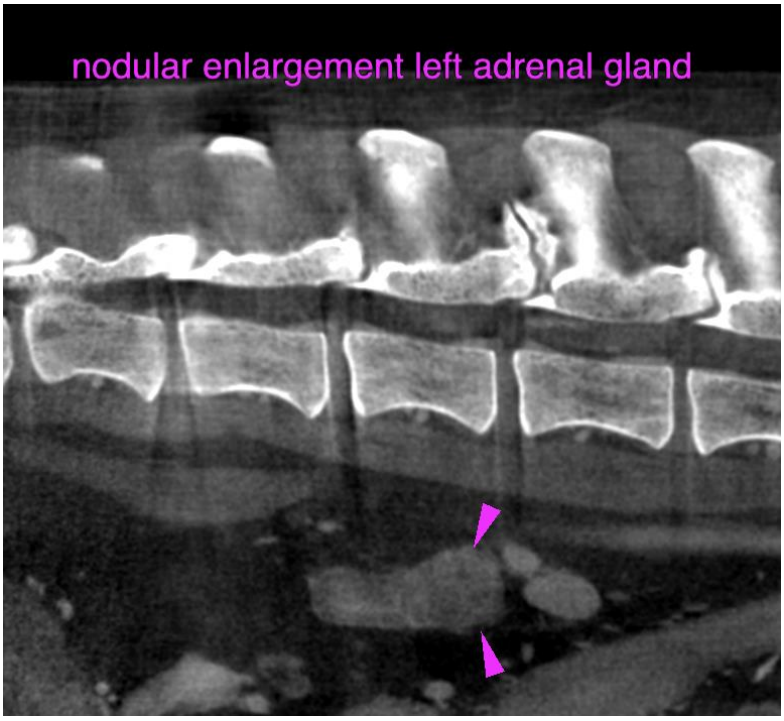

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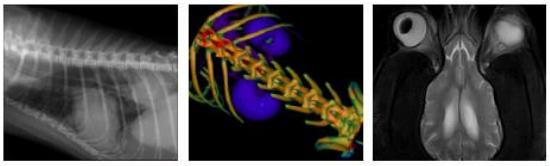

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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