



PATIENT

King Lester

PRESENTING CLINICAL SIGNS

TPLO performed 4 weeks ago lethargic, reduced appetite since weight-bearing well on limb and no lameness noted - no pain over surgical site
Abnormal PE/Chem/CBC/UA Results: moderate to marked neutrophilia urine culture pending anaemia (30%) developing

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Bernese Mountain Dog

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

SEX

Male

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.

AGE

6

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Advanced Veterinary Imaging

Thorax

Mild to moderate granular mineralization of the tendon of the supraspinatus muscle bilaterally is appreciated.

REFERRING VET

Eamon Ryan

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.

INVOICE

52712

Generalized mild thickening of the bronchial walls is noted. The ventral dependent aspects of the lung present small regions of ground-glass attenuation.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

DATE

7-6-22

Abdomen

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



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In the medial aspect of the caudal pole of the right kidney, a well-defined, roundish parenchymal filling defect is appreciated.

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

SPECIES

Canine

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

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

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Dog

The gastric wall presents a generalized moderate thickening of the wall, the wall layering is maintained normal.

The intervertebral disc L1/L2 is moderately protruding into the vertebral canal, mildly distorting the dural tube at the same level; the respective vertebral endplates present mild spondylosis formation.

SEX

Male

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized mural thickening of the gastric wall with maintained wall layering
- Bronchial lung pattern and mild ventral alveolar pattern
- Solitary renal cyst right kidney
- Calcifying tendinopathy tendon supraspinatus muscle bilaterally
- Intervertebral disc protrusion L1/L2 with potential dynamic myelocompression

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized thickened gastric wall is suggestive for gastritis. Rule out gastrointestinal hemorrhage as source for the anemia.

The bronchial lung pattern is indicate for bronchopneumonia – bacterial origin is considered most likely.

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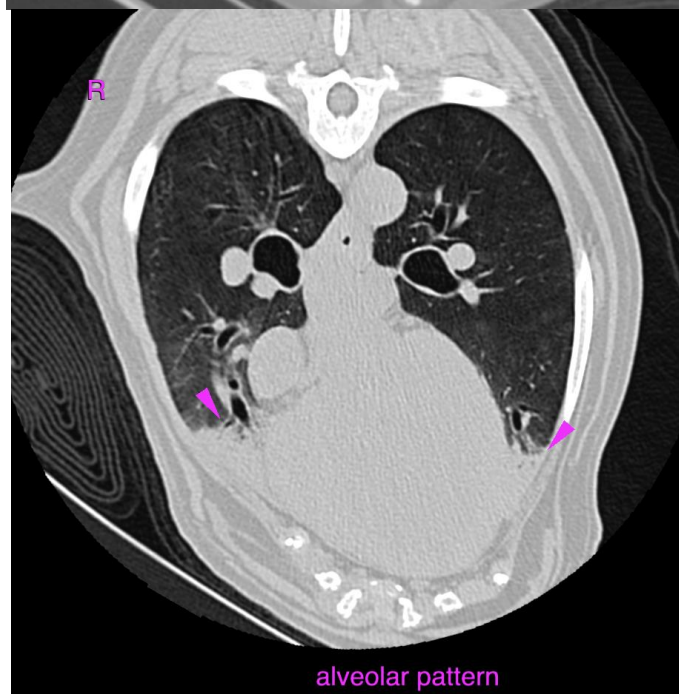
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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