



PATIENT PRESENTING CLINICAL SIGNS

Romeo Yates -Anemia HCT 34 (was 47 in dec), Hemoglobin 12 (was 15 in dec), RBC 5.4 (was 7 in dec), all other bloodwork WNL, historic splenectomy in dec (benign). History: - gr 2 dental disease - Static dermal cyst R cranial axilla - enucleation OS - Pigmentary keratitis OD - Corneal ulcer OD - Gr 1-2/6 murmur heart at some point, normal proBNP and Heart size.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Geriatric gait primarily affecting pelvic limbs. Cystic kidneys on ultrasound.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

Pekingese

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

SEX

Neutered Male

Skull

Multiple teeth are absent. Moderate rotation of the maxillary premolar teeth bilaterally is appreciated.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

16 Years

The left ocular bulb is absent.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Mobile Pet Imaging

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 vertebral endplates C5/C6 and C6/C7 present mild to moderate spondylosis formation; the respective intervertebral disc spaces are significantly narrowed.

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The soft tissue structures of the neck are within normal limits.

Thorax

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The vertebral endplates T12/T13 present moderate spondylosis formation.

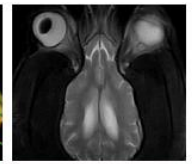
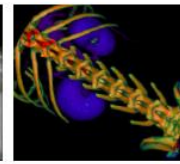
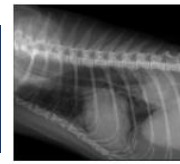
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

The principal bronchi present moderate dorsoventral flattening. 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.



PATIENT The cranial part of the left cranial lung lobe presents a subpleural roundish region with with consolidation of the lung parenchyma. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior.

Romeo Yates

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

SPECIES

Canine

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left & right caudal vena cava of the pre-renal segment is appreciated.

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Both kidneys present with multiple variable sized parenchymal filling defects, measuring up to 2.6 cm in diameter. A mild amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform pyelogram is noted. The left kidney is in a relative ventral position. A small amount of mineral attenuating material is seen on the ventral urinary bladder wall. The prostate presents with a small (<3 mm) cystic lesion in the left ventral aspect.

SEX

Neutered Male

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

AGE

16 Years

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

The spleen is absent.

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

INTERPRETED BY

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

The intervertebral discs L4/L5 and L5/L6 are moderately protruding into the vertebral canal, occupying approximately up to 50% of the cross-sectional area of the vertebral canal at the same level.

HOSPITAL NAME

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The subchondral bone of the caudal vertebral endplate of L5 presents a geographic osteolytic lesion.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Renal cortical cysts
- Small prostatic cyst
- Solitary subpleural nodule left cranial lung lobe
- Intervertebral disc protrusion L4/L5 and L5/L6 with compressive myelopathy
- Mild nephrolithiasis without signs of obstruction
- Mild cystolithiasis
- Suspect left sided mild nephroptosis
- History of left sided enucleation of the ocular bulb
- History of splenectomy
- Multiple absent teeth
- Chronic discopathy C5/C6 and C6/C7
- Suspect Schmorl's nodule caudal endplate L5
- Double caudal vena cava, pre-renal segment

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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Romeo Yates No specific abnormality is appreciated, explaining the mild progressive anemia. Rule out underlying chronic renal disease.

SPECIES The small prostatic cyst is likely an incidental finding, however FNA sampling appears beneficial to rule out neoplastic transformation.

Canine The solitary pulmonary nodular lesion of the left cranial lung lobe is not specific, and differentials include granuloma, fibrosis, pneumonia/mucus impaction, cyst or neoplasia. Overall, I consider the odds for inflammatory origin high.

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Pekingese

SEX

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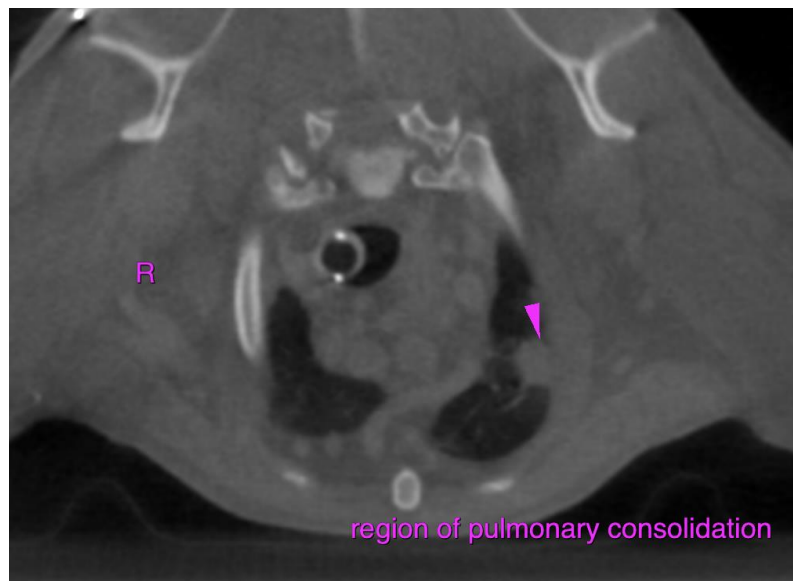
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PATIENT

Romeo Yates

SPECIES

Canine

BREED

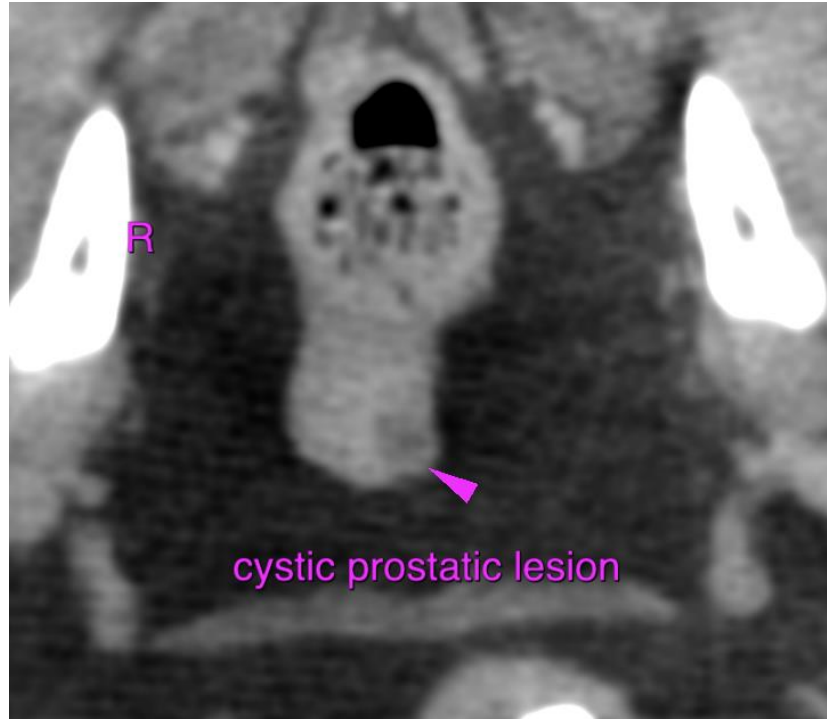
Pekingese

SEX

Neutered Male

AGE

16 Years



cystic prostatic lesion

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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.

HOSPITAL NAME

Mobile Pet Imaging

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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