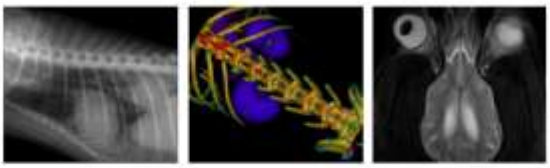


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cady Ledbetter

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Johnson

INVOICE

46969

DATE

8-14-21

PRESENTING CLINICAL SIGNS

P presented for having seizures but no previous history of having them,. had 2 yesterday and 1 this morning. dad did cpr during one of them yesterday.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth element 308 is absent.

The nasal cavity presents evidence of very mild bilateral conchal destruction; there is the expected aerated space 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.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

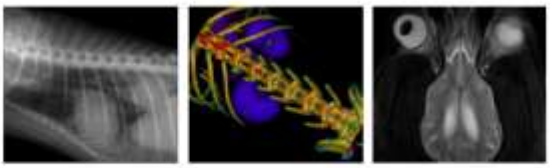
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed multifocal punctuate mineralizations.

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



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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.

Both adrenal glands are moderately enlarged, measuring up to 13 (R) and 11 (L) mm in size. Post contrast administration the adrenal glands present a mild heterogeneous contrast pattern.

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.

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

Multifocal spondylosis formation is seen along the lumbar spine. Multiple intervertebral discs of the lumbar spine are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level respectively.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nodular enlargement adrenal glands bilaterally
- Multifocal mild intervertebral disc protrusions along the lumbar spine, without compressive myelopathy
- Mild conchal destruction – suspect preceding rhinitis
- Spondylosis deformans
- Absent triadan 308
- Structural normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the present study of the brain there is no evidence of macromorphological disease, however intraparenchymal lesion or ischemic insult are still potentials. If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

The bilateral adrenomegaly can represent (non)functional macronodular hyperplasia or neoplastic transformation. Complementing workup by testing of the pituitary adrenal axis is recommended. Possible hyperadrenocorticism can predispose has a prothrombotic effect.

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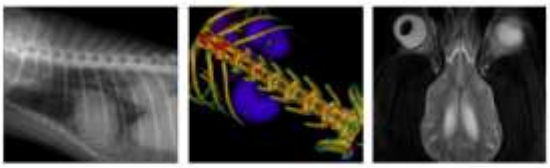

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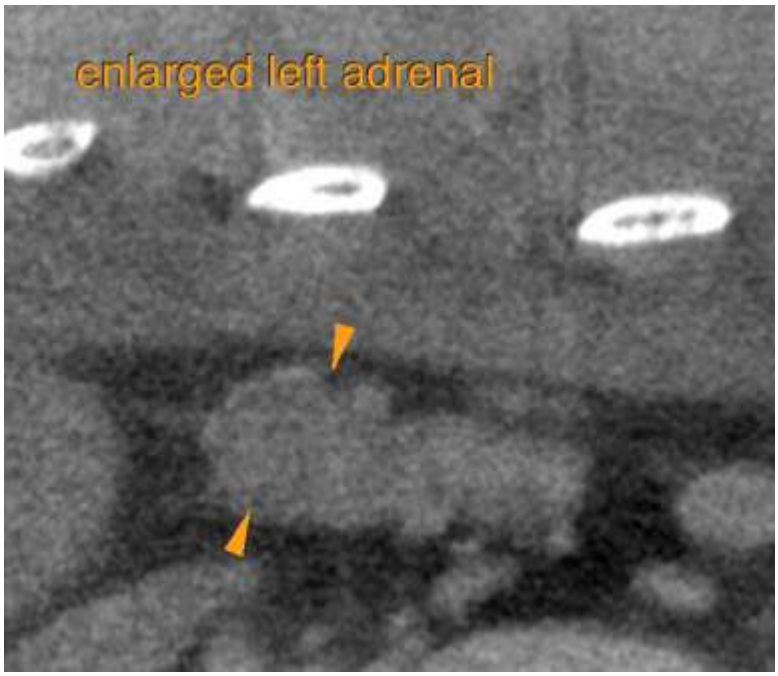

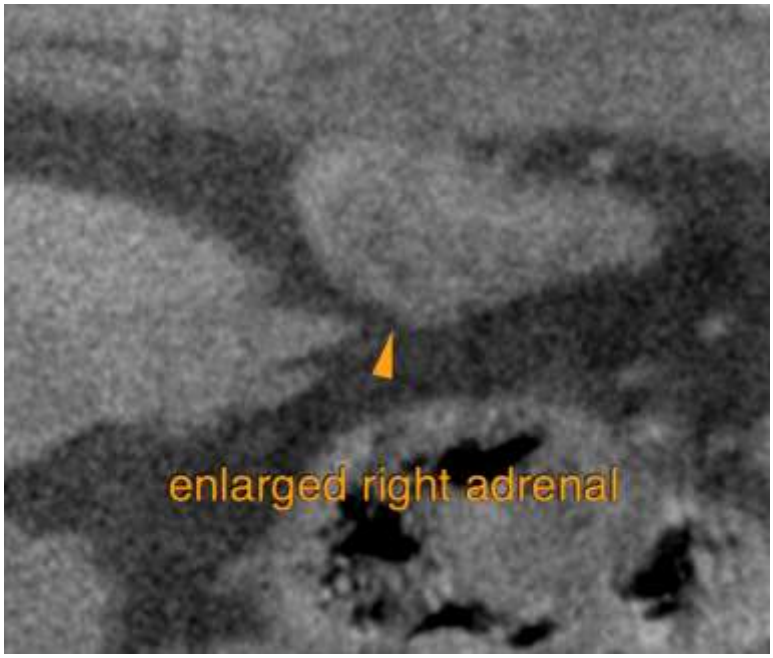

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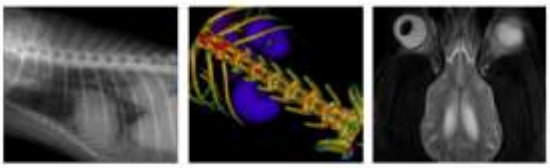

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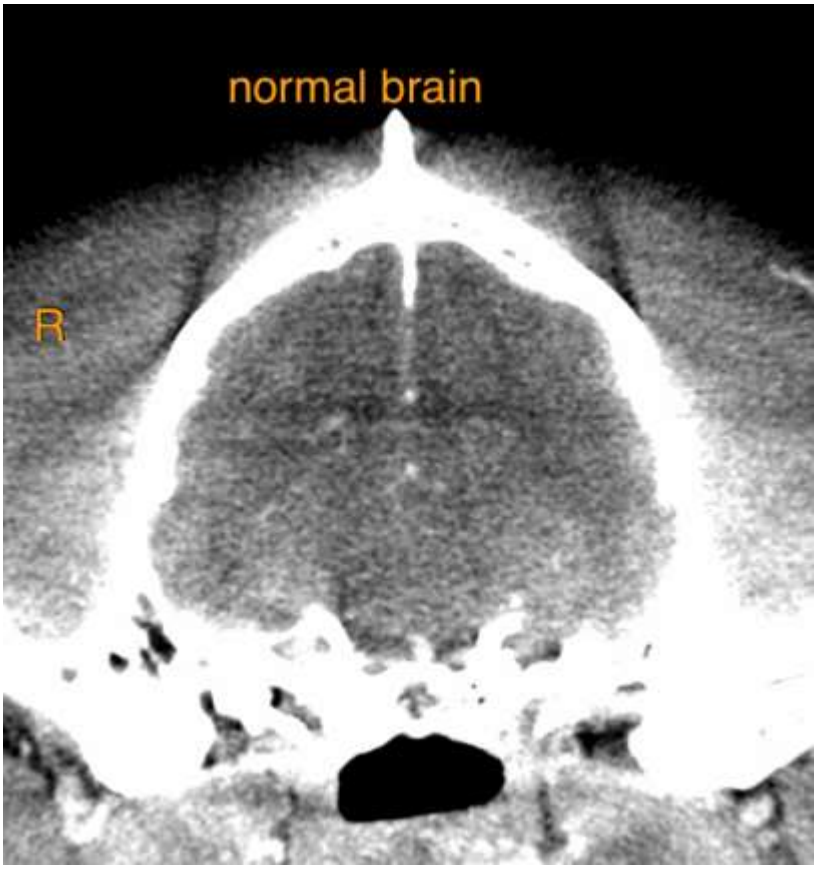

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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