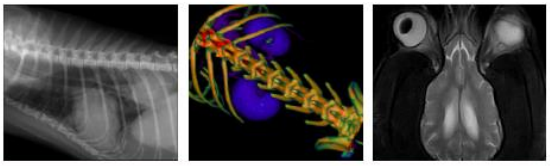


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rocky Jennings

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Gover

INVOICE

53505

DATE

8-16-22

PRESENTING CLINICAL SIGNS

Has a history of bladder stones which have become surgical emergencies in the past. More recently, mid-July, he fell down some stairs. After this event he stopped barking and was acting painful. On presentation to the rDVM he had some swelling in the area of the larynx. A radiologist's interpretation of the x-rays indicated suspicion for abscesses in that area. FNA was attempted but unsuccessful.
Abnormal PE/Chem/CBC/UA Results: PE was overall very normal. No swelling on palpation of the neck. Elevated Neutrophils, Monocytes, ALT, ALKP, and GGT on bloodwork.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 101-103, 108, 109, 201, 202, 208, 301-303, 306, 401, 402 and 406 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. In the right lateral aspect of the thyroid cartilage, a post contrast hypoattenuating zone is seen.

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.

The vertebral body of C7 presents with an ill-defined geographic osteolytic lesion, measuring 3.6 mm in diameter.

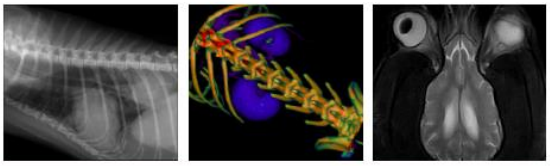
Thorax

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



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normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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. Mild mineralization of the renal parenchyma is appreciated, R>L. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. On the dorsal urinary bladder wall, a mineral attenuating calculus, measuring 2 mm in diameter.

The adrenal glands are within normal limits for size, shape and organ architecture. A solitary punctuate mineralization of the cranial pole of the left adrenal gland is seen.

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver 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

- Small hypoattenuating zone left aspect thyroid cartilage
- Monostotic semiaggressive osteolytic lesion vertebral body C7
- Multiple absent teeth
- Dystrophic mineralization cranial pole left adrenal
- Urinary calculi in urinary bladder without signs of obstruction
- Bilateral mild nephrocalcinosis – suggestive for chronic renal disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoattenuating zone of the thyroid cartilage can present a small zone of chondritis or small intramural hematoma formation. Ultrasound guided FNA sampling of the respective region can be tried for further definition.

The mild ill-defined lytic lesion of the vertebral body of C7 is most consistent with benign fatty bone marrow replacement, the odds for malignant neoplastic transformation or osteomyelitis are considered low. In case of doubt, follow up CT scan can be considered to check if the lesion is increasing in size.

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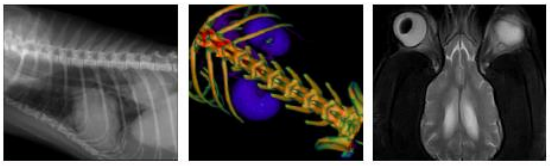

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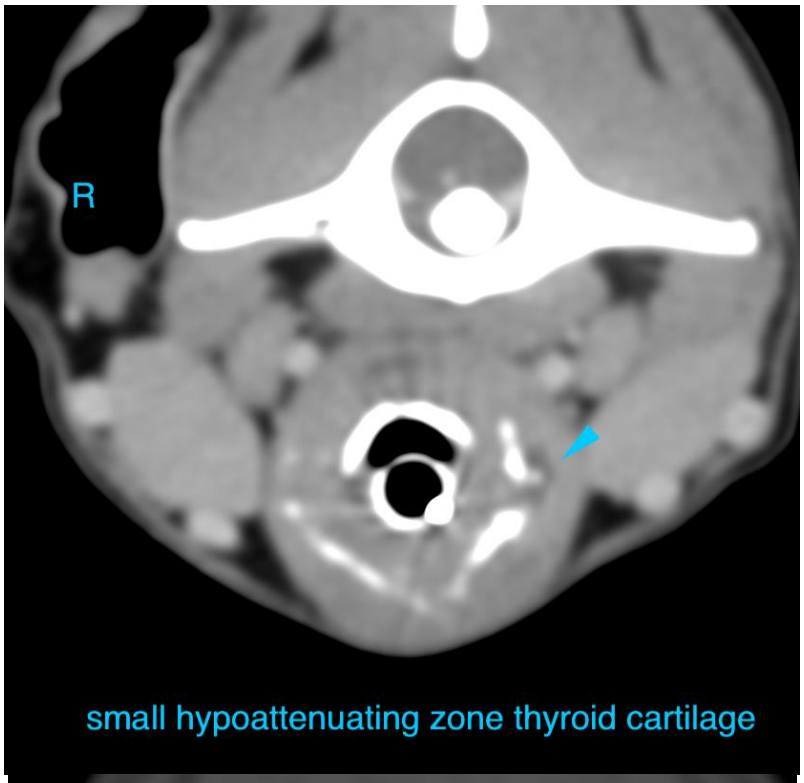

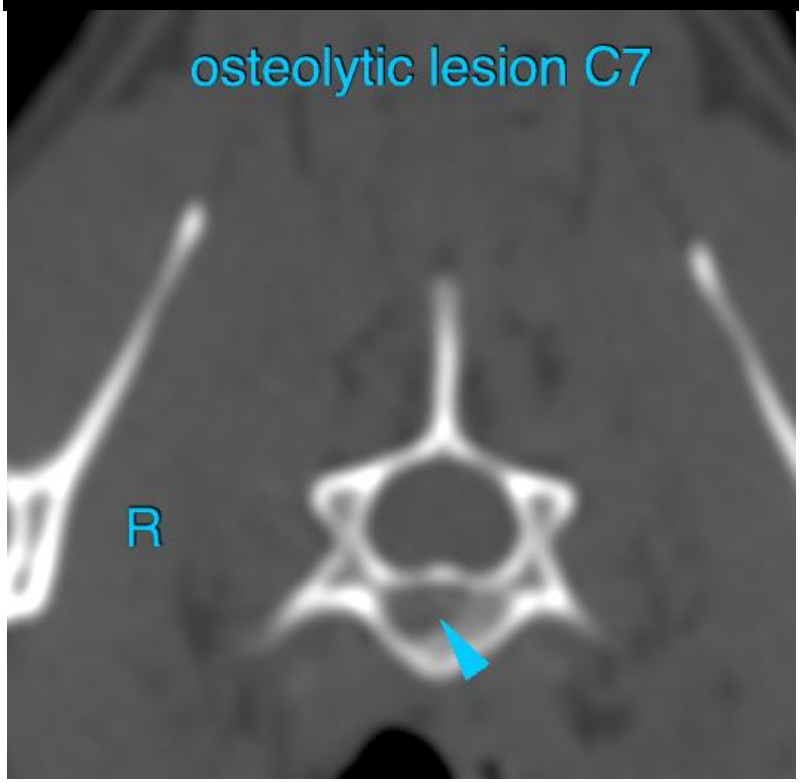

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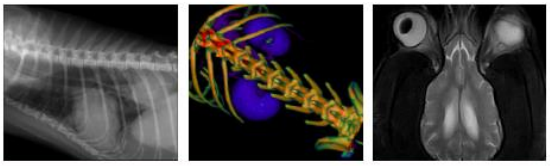

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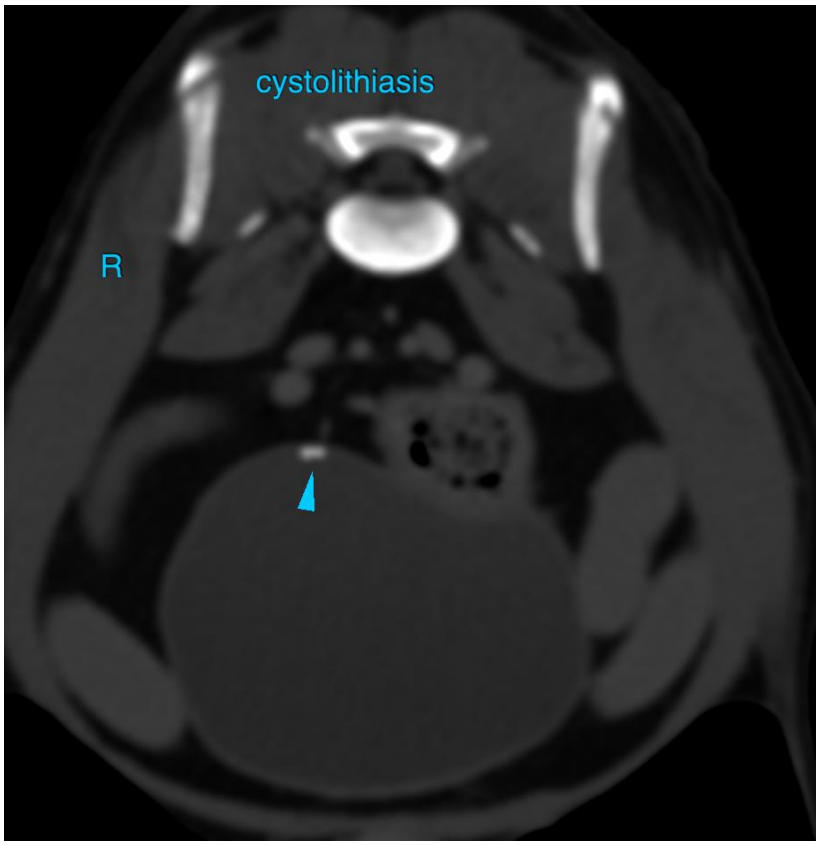

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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