



PATIENT PRESENTING CLINICAL SIGNS

Presley Black Loss of appetite and weight loss. After having dental prophy a couple months ago, went to emergency clinic and Dx pleural effusion, GI upset, hyporexia. Pet still exhibiting clinical signs of lethargy and hyporexia.

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

ShiPoo Thorax

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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MN The cardiovascular structures including the pulmonary vasculature are within normal limits.
The cervical part of the trachea presents a mild ovoid shaped cross-sectional area.

AGE

7 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

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

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The hepatic volume is mild to moderately increased and the caudoventral hepatic margins are protruding caudally beyond the costal arch and are rounded. The gastric axis is deviated caudally. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

DATE

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



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

Presley Black In the subcutaneous tissue along the thoracic and abdominal wall, multiple, well-defined soft tissue nodules are appreciated, measuring up to 5.5 mm in size.

SPECIES The lumbosacral intervertebral disc is moderately bulging into the vertebral canal, occupying approximately up to 25% of the cross-sectional area of the vertebral canal at the same level.

Canine The sacral lymph nodes are prominent.

BREED Both anal sacs contain a small amount of fluid attenuating material and present blurred margins.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of thickened anal sacs
- Lymphadenopathy sacral lymph nodes.
- Hepatomegaly
- Multiple non-specific subcutaneous soft tissue nodules
- Nephrolithiasis without signs of obstruction
- Mild tracheal collapse
- Degenerative lumbosacral stenosis with possible dynamic compression of the cauda equina fibers

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the thorax presents without evidence of pleural effusion and no clinically relevant pathologies are appreciated.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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No additional specific abnormality can be identified, as cause for the presenting clinical signs. Rule out possible chronic pancreatitis as well.

The mild ill-defined anal sacs can be a sequela to the history of anal sac abscessation/chronic inflammation with secondary reactive hyperplasia of the tributary sacral lymph nodes. In case of strong clinical suspicion for neoplastic disease, FNA sampling of the anal sacs is strongly recommended.

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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.

REFERRING VET

Borecky

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