



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Fox Gomez
SPECIES Canine
BREED Shih Tzu
SEX Male

History: PE on Emergency Room: Ipsilateral neurological deficits marked at left FL and right HL. Deep pain present in all four limbs. Slow direct PLR OS, intact OD; indirect PLRs present. PE on primary vet: Spoke with O who is an MD. Said with increased cholesterol, liver enzymes, low USG, very suspicious for Cushing's also with rat tail and how hair looks. O agreed. Discussed LDDST - coming in next week. Said I don't know why P is lethargic. P eats well and has no GI signs. Maybe P was sad that Os were away? Said to observe at home for any other symptoms and to let us know. BCS 4/9 Depressed dehydrated Severe tartar, gingivitis malocclusion grade III heart murmur LF cold with no deep pain rat tail vomited 4 times today Diagnostics: BP - WNL (146 systolic) CBC - lymphopenia after doing blood smear BG of left front - 77 BG of right front - 120 Assessment: Cushing's highly suspect Dehydrating from vomiting, also causing heart murmur LF thrombus, suspect secondary to thrombocytosis from Cushing's Periodontal disease grade II-III malocclusion grade III underweight UA - hyposthenuria; glucosuria rads – hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: CBC --- RBC mild increased and HCT mild increased CHEM --- elevated liver enzymes, elevated GGT

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK AND ABDOMEN

AGE 12 Years
 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

INTERPRETED BY

Skull & Neck

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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

HOSPITAL NAME

Veterinary Image
 Center

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

REFERRING VET

Dr. H.Lidin, DVM

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.

INVOICE

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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. Post contrast administration, the pituitary gland is enlarged, protruding dorsally beyond the osseous margins of the pituitary fossa, measuring 6.3 x 4.2 x 6.0 mm. The ventricular system is non-dilated and symmetric.

DATE

8/3/23



PATIENT 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.

Fox Gomez

In the subcutaneous tissue multifocal along the skull, multiple peripheral contrast enhancing and central fluid attenuating, variable sized nodular lesions are visible.

SPECIES

C2 & C3 are fused.

Canine

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

BREED **Abdomen**

Shih Tzu

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

SEX

Male

Nodular enlargement of the caudal pole of the left adrenal gland is appreciated, measuring 1.0 cm in diameter. The right adrenal gland is prominent and has a maximum cross-sectional diameter of 8.3 mm.

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

AGE

12 Years

The liver presents with normal shape, even surface, uniformly attenuating parenchyma. A parenchymal filling defect is appreciated in the left division of the liver.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The gallbladder is significantly distended and contains a small amount of mineral attenuating sludge. The splenic volume is decreased and has mild irregular undulating margins. Post contrast administration, throughout the splenic parenchyma, multiple map like non-contrast enhancing lesions are appreciated.

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

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Center

A small intestinal segment is dilated and presents a thickened wall. Post contrast administration, the respective small intestinal segment is non-contrast enhancing.

Mild striated mineralization of the subcutaneous tissue along the dorsal aspect of the lumbar spine is appreciated.

REFERRING VET

Dr. H.Lidin, DVM

The external iliac arteries bilaterally present mineralization of the wall.

In the pictured parts of the thorax, filling defects are seen level with the level of the mitral valves.

INVOICE **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Enlarged pituitary gland
- Suspect segmental small intestinal infarction/hypoperfusion

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PATIENT

Fox Gomez

- Bilateral adrenomegaly
- Distended gallbladder
- Possible filling defects level with the mitral valves.
- Splenocirrhosis with multiple chronic infarcts
- Calcinosis cutis

SPECIES

Canine

- Metastatic mineralization walls external iliac arteries
- Simple hepatic cyst
- Multiple absent teeth
- Block vertebra C2/C3

BREED

Shih Tzu

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged pituitary gland in combination with the enlarged adrenals is highly suggestive for functional pituitary adenoma and secondary adrenal hyperplasia with generalized procoagulatory state. The nodular enlargement of the caudal pole of the left adrenal is suggestive for macronodular hyperplasia.

SEX

Male

Due to the filling defects level with the mitral valves, a cardiac echo is strongly recommended to check for signs of endocarditis.

AGE

12 Years

The non-contrast enhancing and dilated small intestinal loop is concerning for thrombotic insult and intestinal ischemia and secondary relaxation of the intestinal segment. Depending on the development of clinical signs, surgical management is considered to be indicated. In combination with the remaining findings underlying hyperadrenocorticism and secondary procoagulatory state is likely.

INTERPRETED BY

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DVM Dr. med. vet.
DipECVDI

Check the gallbladder for potential mucocele formation that may warrant surgical management as well.

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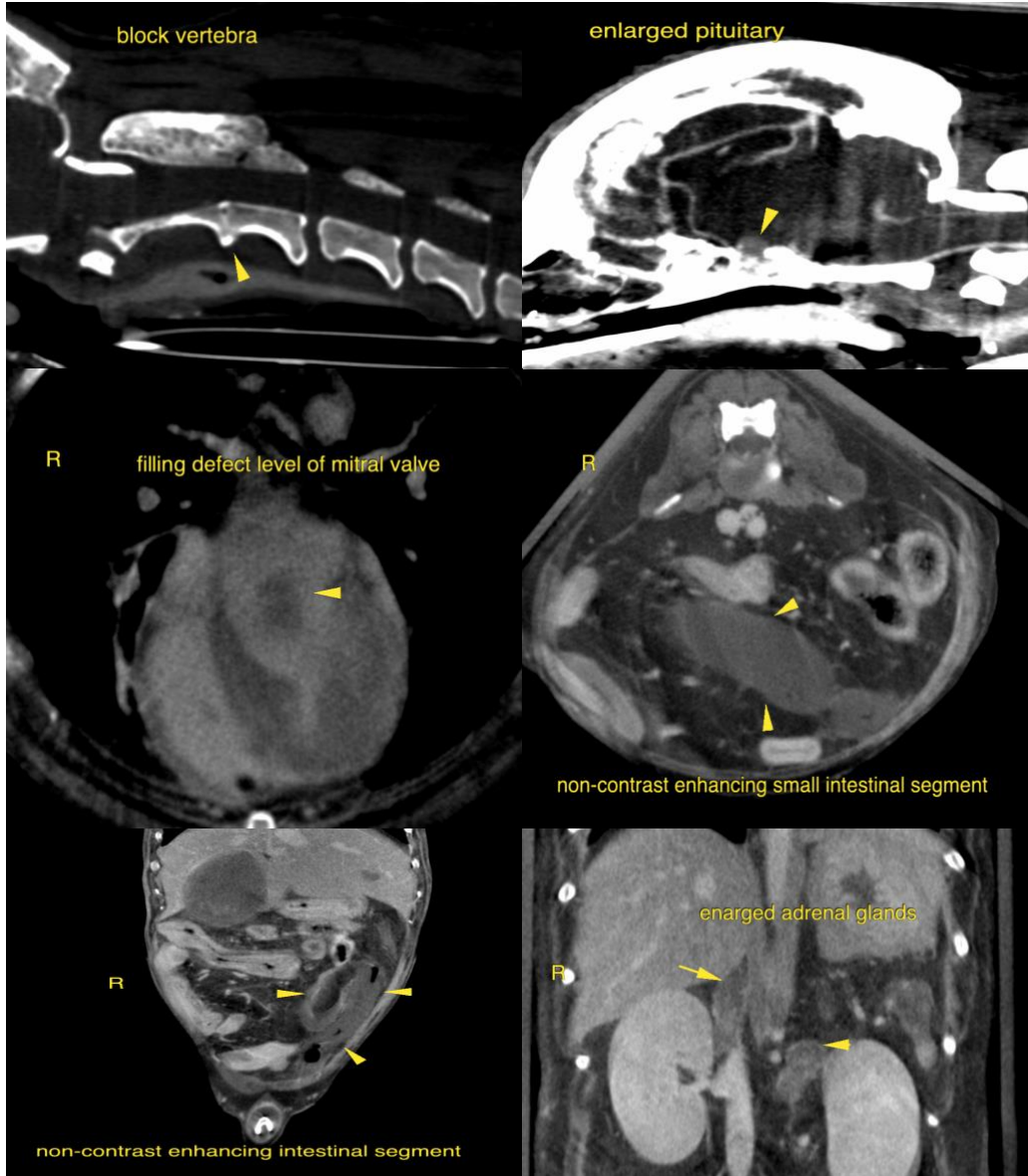
12 Years

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REFERRING VET

Dr. H.Lidin, DVM

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.

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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
info@sonopath.com

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