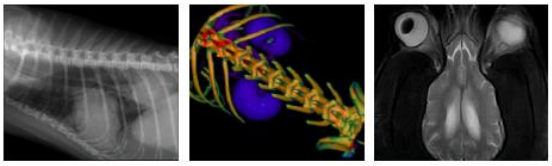


PATIENT

Maximus Figueroa

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

15 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Borecky

INVOICE

53296

DATE

8-4-22

PRESENTING CLINICAL SIGNS

Pet has recent Dx of Cushings, until now well controlled with Trilostane. High SAP enzyme, enlarged liver area on RADs. Today neurologic signs; pacing, tremors, barking incessantly. SAP elevated from 800s when Cushings originally Dx'd to 1300 today.

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 110, 202, 207, 210, 305, 311, 403 and 411 are absent.

The nasal cavity presents the expected aerated spaces 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 pituitary gland is located within the pituitary fossa and presents with the expected size and contrast enhancement pattern. 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.

Abdomen

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

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.

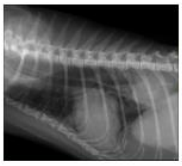
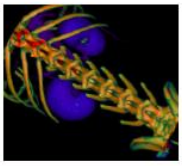
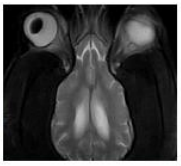
The adrenal glands are within normal limits for size (≤7.5 mm), shape and organ architecture.

The splenic volume is mild to moderately enlarged and the hilar region presents undulating margins.

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

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.

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The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly
- Splenomegaly
- Multiple absent teeth
- Degenerative lumbosacral stenosis with potential dynamic compression of the caudal equina fibers
- Double caudal vena cava, pre-renal segment
- Normal brain & pituitary

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include steroid induced hepatopathy/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.

The splenomegaly is likely accentuated by general anesthesia with pooling of blood within the splenic parenchyma. Differentials include nodular hyperplasia, extramedullary hematopoiesis, splenitis or less likely diffuse neoplastic infiltration. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

No abnormalities are appreciated, explaining the described neurological clinical signs. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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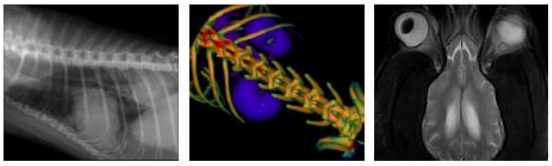

EDUCATIONAL TELECONSULTATION SERVICES™

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

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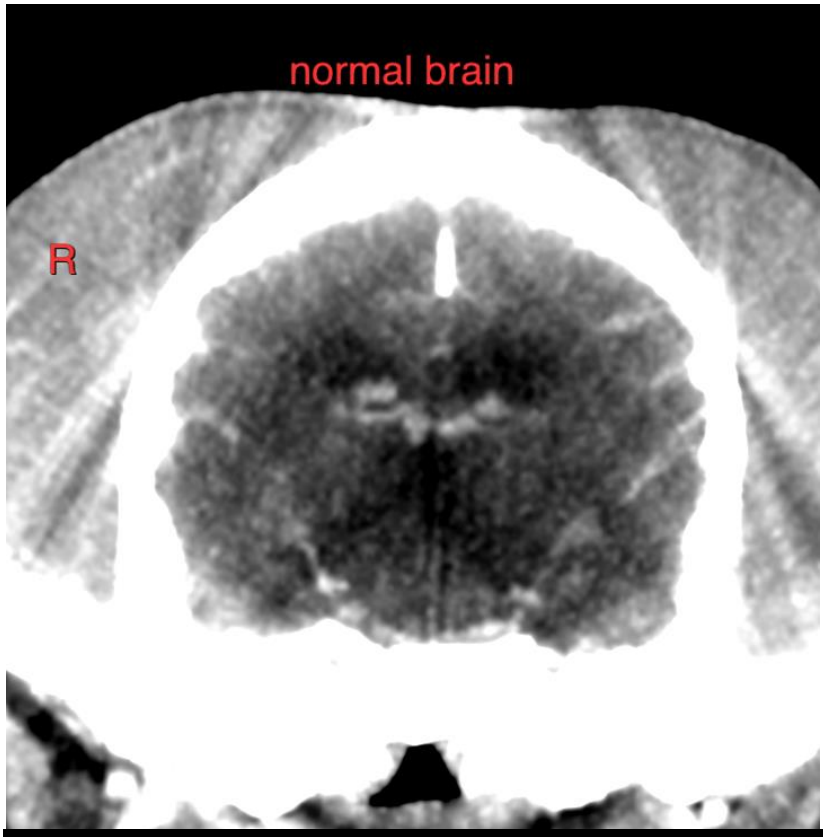

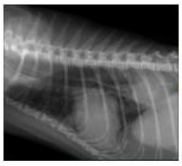
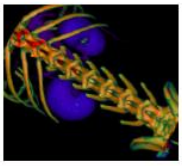
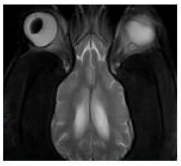

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com