



PATIENT PRESENTING CLINICAL SIGNS

Rufo Leon RUFO is referred for CT scan due to chronically increase in liver enzymes and distended gall bladder.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

SPECIES

K9

A high-resolution pre- and post-contrast CT study of the abdomen are provided for review. Performed a CTA liver angiography with two phase scan, pre-contrast, arterial and delayed post-contrast phase of full abdomen.

BREED

Bull Terrier

COMPUTED TOMOGRAPHIC FINDINGS

The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. No nodules or masses are seen.

SEX

Castrated Male

The gallbladder wall is unremarkable. Mild hyperattenuating material is seen in the ventral dependent portion. The cystic bile duct is normal, measuring 0.71cm in diameter. The common bile duct is not dilated. No evidence of mineral hyperattenuating calculus or abnormal material content.

AGE

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The portal vein is normal in size and pathway. The main tributary veins including the splenic vein, left gastric vein, and pancreaticoduodenal vein are normal.

The duodenum is normally distended, with mild hypoattenuating intraluminal fluid material and gas, the wall thickness measures 0.53cm.

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

The stomach is mildly filled and normally positioned, containing gas admixed with homogeneous soft tissue attenuating ingesta.

The small intestines are nondilated and contain a minimal amount of fluid attenuating material and gas.

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The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas is thinner, reduced in size, with normal attenuation.

The adrenal glands and mesentery are normal.

REFERRING VET

Jose Rivera

The spleen is mildly diffusely enlarged, regular contour and predominantly normal shape, however more rounded shaped is seen in the splenic head and is correlated to a mild heterogeneously enhanced focal nodule, measuring 2.7cm x 2.3cm. The remainder of the parenchyma attenuation is unremarkable.

INVOICE

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The renal silhouettes are normal in size. The left kidney is mildly irregular in contour and small hypoattenuating linear/triangular cortical lesions are seen. The right kidney is normal in contour and attenuation. The renal length is 6.6cm in the right kidney and 7.4cm in the left kidney.

DATE

4-12-23

The ureters are normal in size, no evidence of abnormal dilatation.



PATIENT The urinary bladder is moderately filled, with the apex in the plane of L5, and is homogeneously soft tissue opaque.

Rufo Leon

Normal abdominal lymph nodes are normal.

SPECIES The collimated thorax and musculoskeletal structures are unremarkable.

K9

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Bull Terrier

- Normal liver parenchyma, no nodules, or masses.
- Mild sediment accumulation in the ventral dependent portion of the gallbladder. Biliary stasis. No signs of opaque lithiasis, or biliary obstruction.
- Reduced size of the pancreas (right and left lobe), differential diagnosis includes individual variation, however, pancreatic atrophy is considered.
- Nodule in the splenic head, differential diagnosis includes hyperplastic nodule, hematoma, less likely neoplasm.
- Incidental small cortical renal infarcts in the left kidney.

SEX

Castrated Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of hepatic nodules, masses, or morphological abnormalities in the liver that could be correlated with increased laboratory abnormalities. Consider hepatopathy without morphological changes or biliary stasis, however, no signs of biliary obstruction or lithiasis were found.

The reduced pancreas size could be an individual variation; pancreatic atrophy correlated or not to exocrine pancreatic disease is a differential diagnosis.

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Ultrasound guided FNA is suggested for further evaluation of the splenic nodule.

HOSPITAL NAME

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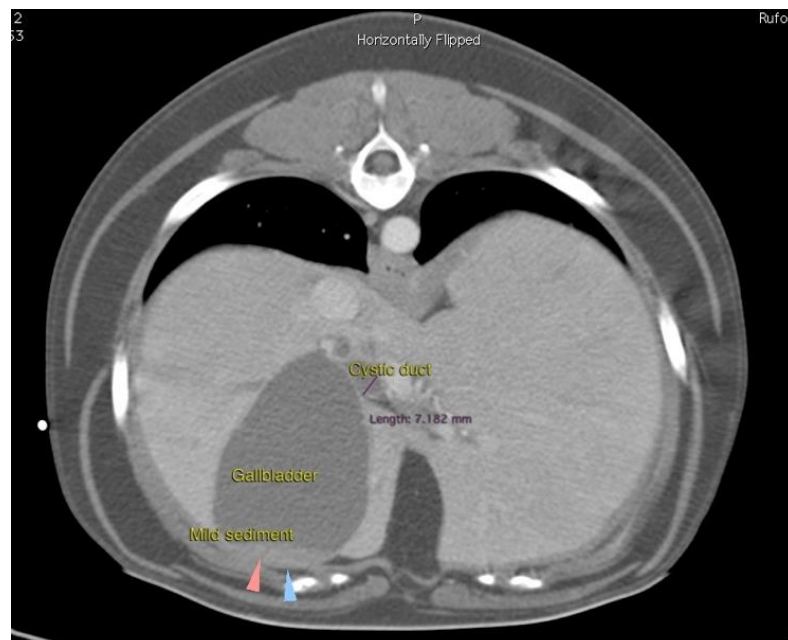
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PATIENT

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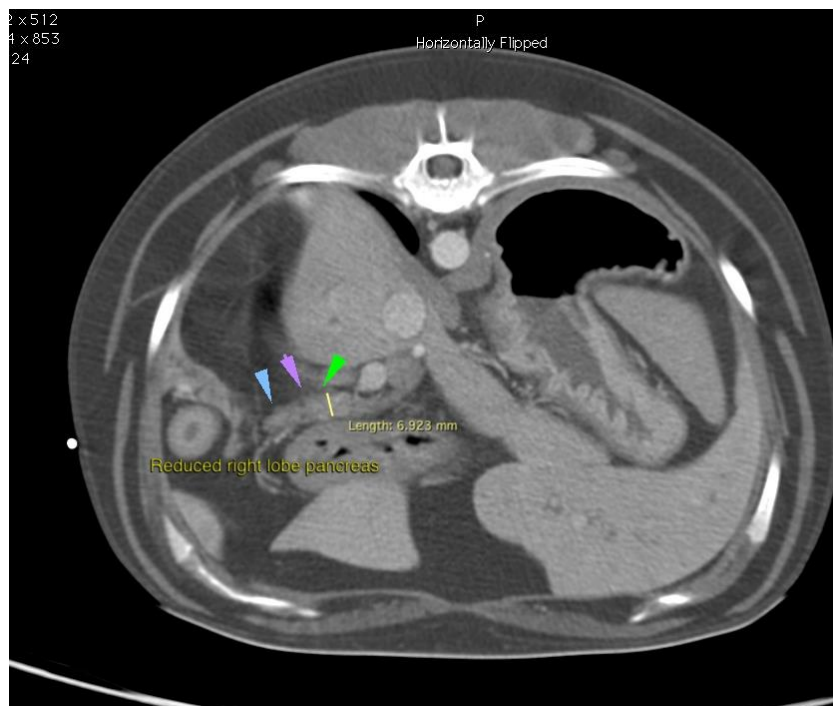
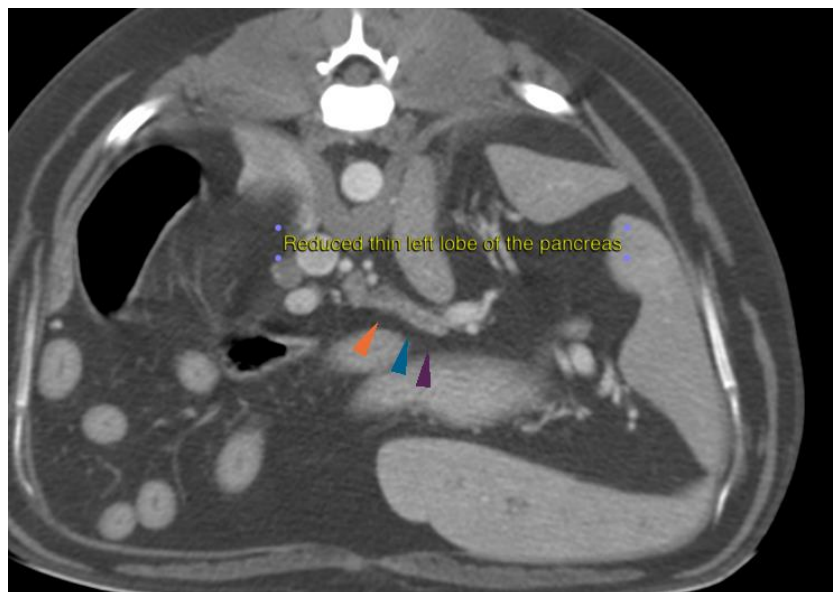
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PATIENT

Rufo Leon

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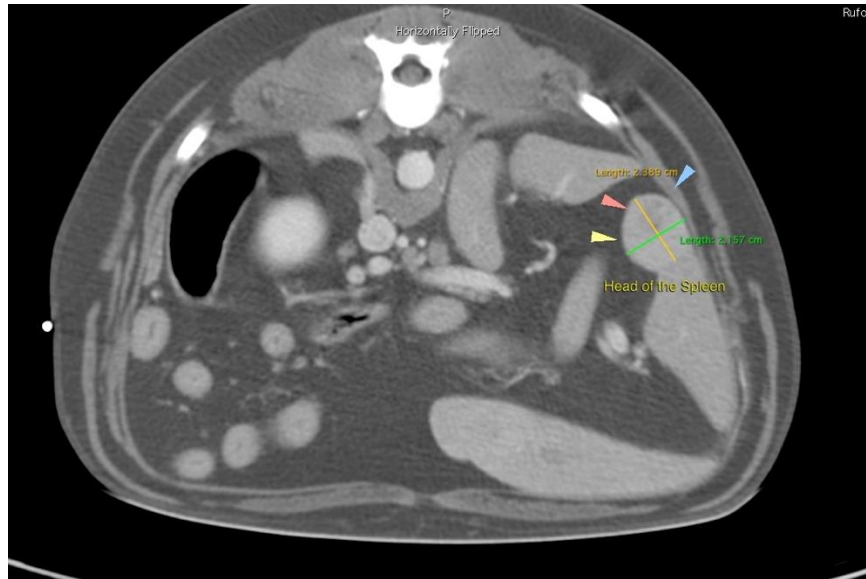
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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.

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