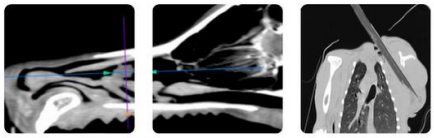


PATIENT

Hero Schultek

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

12

WEIGHT

5

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Short

INVOICE

74506

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- Grade 2/6 left-sided apical murmur. No arrhythmia. Femoral pulses strong and synchronous.
- hepatic masses- open pending further diagnostics
- seizure/collapse episodes- rule out secondary to hepatic disease vs other
- heart murmur

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, AND ABDOMEN

Single a non-contrast whole-body CT series was provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The liver is enlarged and demonstrates a multifocal mottled parenchymal appearance. At least two ill-defined hypoattenuating hepatic nodules are identified measuring approximately 1.8 × 1.9 cm in the left medial liver lobe, and approximately 3.0 × 1.9 cm in the papillary process of the caudate lobe. The gallbladder is markedly distended, with an unusual septated/compartmentalized appearance, containing mixed attenuation intraluminal material. A portion of the gallbladder wall appears mildly thickened.

The kidneys are normal in size and shape. There are multiple small bilateral cortical hypoattenuating microcystic lesions and one larger cortical cyst in the left kidney, measuring 2.0 cm. The renal pelvises and ureters are unremarkable.

The urinary bladder is moderately distended and contains hypoattenuating fluid. The urinary bladder wall is within normal thickness limits.

Both adrenal glands are moderately enlarged and mildly bulging in contour. The right adrenal gland measures 1.7 × 0.9. The left adrenal gland measures 2.1 × 0.8 cm

The spleen is within normal size, shape, and attenuation limits.

The gastrointestinal tract, including the cecum and colon, is normally positioned and contains expected intraluminal content. No marked mural abnormality or mass effect is identified on this study.

The pancreas and abdominal lymph nodes are unremarkable, partial evaluation.

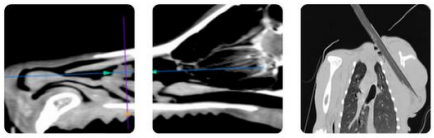
The serosal fat demonstrates normal attenuation.

THORAX

The trachea and mainstem bronchi are within normal limits.

There is mild enlargement of the sternal lymph nodes. The cranial mediastinal and tracheobronchial lymph nodes are within normal limits.

There is mild reduced aeration (volume) of the gravity-dependent pulmonary parenchyma, with a few areas of consolidation, consistent with dependent atelectatic change. The remaining pulmonary parenchyma is unremarkable on this non-contrast study.



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The bronchial tree demonstrates expected branching and tapering.

There is subjective mild enlargement of the left atrial region. Overall cardiac silhouette size is otherwise within expected limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

A metallic esophageal tube is present and causes multifocal streak artifact, particularly within the thorax.

There is multifocal complete and incomplete spondylosis deformans affecting the cervicothoracic, thoracic, lumbar, and lumbosacral spine.

The C6–C7 intervertebral disc space is collapsed/narrowed.

A small amount of extradural material is visible within the ventral vertebral canal at C7–T1, compatible with disc-associated extradural material / intervertebral disc protrusion or extrusion.

HEAD

No evidence of intracranial mass effect or midline shift is identified within the imaged field.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The tympanic bullae are air-filled and have normal osseous margins.

There is a tiny polypoid soft tissue lesion associated with the epithelial lining of the left external ear canal, measuring approximately 1.7 mm. The right external ear canal is unremarkable.

The medial retropharyngeal lymph nodes are within normal limits.

The mandibular lymph nodes are mildly enlarged.

There are few punctate mineral foci within the mandibular salivary glands.

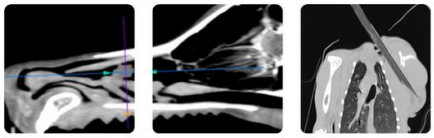
The parotid salivary glands and thyroid glands are unremarkable.

The head is only partially included in the scan field. The most rostral aspect, including the dentition and nasal cavities, is not fully evaluated.

Presence of two tiny subcutaneous/skin nodules, one in the face and one in the thoracic dorsum

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with multifocal mottled hepatic parenchyma and at least two ill-defined hypoattenuating hepatic nodules. Differential diagnoses include nodular hyperplasia, regenerative nodules / vacuolar hepatopathy-associated nodular change, or primary hepatic neoplasia, metastatic disease.



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- Marked gallbladder distension with septated/compartmentalized appearance, mixed attenuation intraluminal content, and mild focal wall thickening. Differential diagnoses include gallbladder mucocele, cholecystitis, and cholangioectasis (biliary sludge).
- Bilateral adrenal gland enlargement (mild). Differential diagnoses include adrenal hyperplasia, and less likely early phase bilateral adrenal neoplastic involvement.
- Multiple bilateral renal cortical microcystic lesions, including one larger left renal cortical cyst, most compatible with renal cortical microcysts / age-related cystic change.
- Mild sternal lymphadenomegaly, likely reactive.
- Mild dependent pulmonary atelectatic change. Otherwise, normal lungs.
- Subjective mild left atrial enlargement.
- Small polypoid lesion within the left external ear canal, likely incidental. Differential diagnoses include inflammatory polyp, aggregated material, focal epithelial hyperplasia.
- Mild mandibular lymphadenomegaly, reactive lymphadenitis
- Punctate mineral foci within the mandibular salivary glands, likely incidental/mineralization.
- Multifocal chronic vertebral degenerative changes, including multifocal spondylosis deformans, C6–C7 disc space collapse, and a small ventral extradural lesion at C7–T1, most compatible with intervertebral disc disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple CT abnormalities are identified, mainly involving the liver and gallbladder.

The hepatic lesions differential diagnoses include benign nodular hyperplasia, vacuolar hepatopathy-associated nodules, and primary or metastatic neoplasia. Ultrasound-guided fine-needle aspiration of the liver parenchyma is suggested for better definition.

The gallbladder changes are particularly suspicious for gallbladder mucocele or chronic gallbladder disease, especially given the marked distension, septated appearance, and mixed attenuation intraluminal content. Correlation with abdominal ultrasound is recommended, as ultrasound is superior for evaluating gallbladder wall architecture and biliary content.

The bilateral adrenal enlargement may represent adrenal hyperplasia, concurrent endocrine disease cannot be excluded. Endocrine correlation laboratory evaluation is suggested.

No obvious intracranial lesion is identified on this study. However, a structural intracranial cause for the reported seizure/collapse episodes cannot be entirely excluded, as only a non-contrast CT series was obtained, and CT is less sensitive than MRI for many intracranial disorders. If the seizure/collapse episodes persist or remain unexplained, MRI of the brain is recommended for more appropriate neurologic investigation.

TECHNICAL COMMENTS

Only a non-contrast whole-body CT series was provided for review. Image interpretation is moderately limited by motion/streak artifact, particularly in the thorax, likely associated with the esophageal metallic tube. The absence of post-contrast images significantly limits soft tissue characterization and reduces overall sensitivity for lesion assessment.

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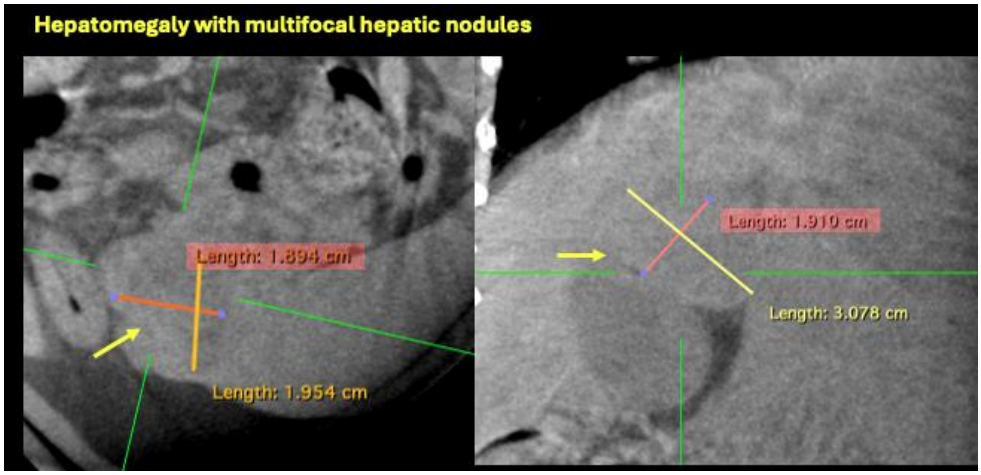

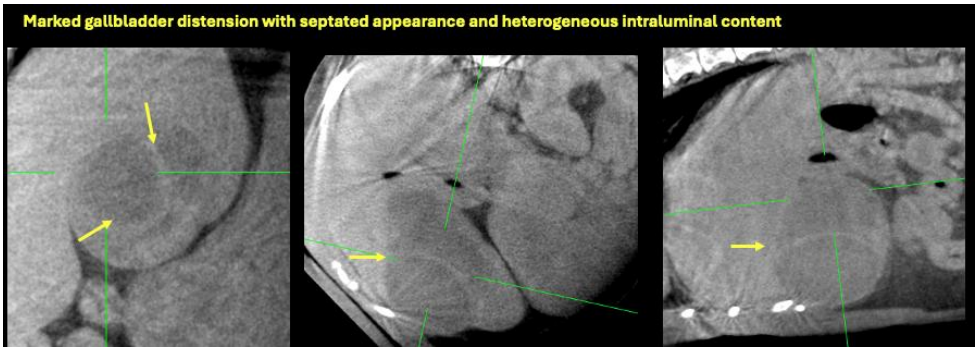

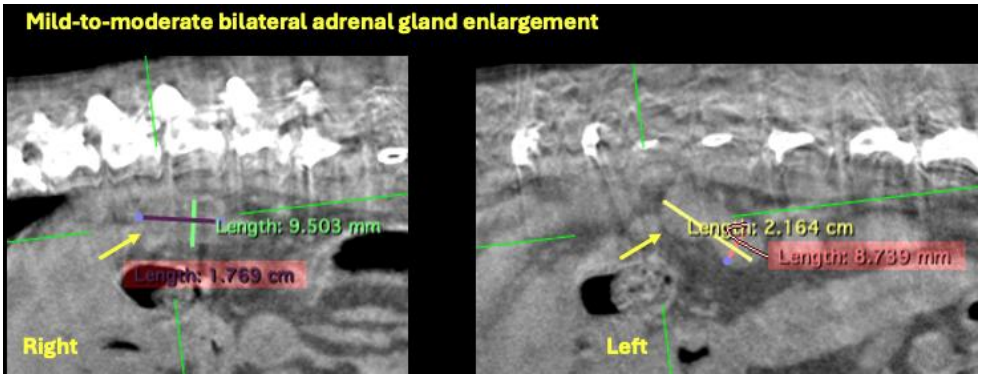

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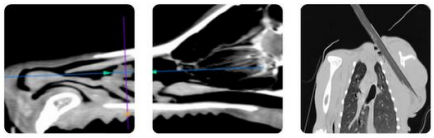

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com