



PATIENT PRESENTING CLINICAL SIGNS

Annabelle Brown jejunal adenoma removed March23 - currently on palladia 1.5mg/kg q eod met screening
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Canine A pre- contrast and post-contrast CT study of the thorax and abdomen are provided for review totaling six series. Three pre-contrast series of the thorax and abdomen, soft tissue, bone and lung algorithm. Three post-contrast series of the thorax and abdomen, soft tissue and bone algorithm.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Mixed ABDOMEN

SEX There are enlarged mesenteric lymph nodes that are mildly rounded in shape with heterogeneous enhancement and measure together 2.8cm by 2.7cm by 1.7cm. The enlarged mesenteric lymph nodes are contiguous to the ascending colon and cecum. The adjacent mesenteric fat has a fat stranding aspect, and mild to moderate free fluid is seen, mainly ventral and at the periphery of the cavity.

FN

AGE The stomach is mildly distended, containing homogeneous hypoattenuating fluid material and gas. Normal position.

12 The duodenum and small intestine are nondilated and contain a small amount of fluid attenuating material and gas, normal diameter. The duodenum wall is measuring 0.55cm, normal range. However, diffuse wall thickening of some portions of the jejunum is seen and measures 0.6cm to 0.9cm (normal range (0.3cm). However, there is no evidence of a mass effect, heterogenous wall enhancement, or evidence of obstructive gastrointestinal disease.

INTERPRETED BY

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

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

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The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable.

The renal silhouettes are normal in size, shape, and contour. A small hypoattenuating cystic structure is seen in the cortices of the left kidney, measuring 0.5cm, otherwise, normal parenchymal attenuation.

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The ureters are normal in size with correct insertion in the trigone region.

The urinary bladder is mildly filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque. No evidence of radiopaque calculi.

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The spleen is homogeneously soft tissue attenuating, and uniformly contrast enhancing, with normal size and shape.

The pancreas and adrenal glands are normal.

The uterus and ovaries, not applicable.

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PATIENT THORAX

Annabelle Brown The trachea and main bronchi are unremarkable.

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A small bulla is seen at the right caudal lung lobe. Otherwise, the pulmonary parenchyma is normal in attenuation. No evidence of pulmonary masses or nodules.

Canine The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

BREED The sternal mediastinal lymph nodes are mildly enlarged, rounded shape, and homogeneous enhancing.

Mixed The tracheobronchial lymph nodes are normal.

The cranial mediastinal lymph nodes are unremarkable.

SEX The pleural space and diaphragm are normal.

FN T13 is transitional with absent left rib.

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

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- Enlarged mesenteric lymph nodes, lymphadenitis, reactive or metastatic.
- Some portions of the jejunum wall are diffusely thickened, with no mass effect or heterogeneous wall enhancement. The differential diagnosis includes chronic inflammatory intestinal disease, intestinal neoplasm, for example, less likely recurrent previous neoplasm, or lymphoma.
- Small amount of peritoneal effusion. The differential diagnosis includes, transudate, modified transudate, inflammatory, or neoplastic.
- Left kidney cortical microcyst, incidental.
- Mild sternal lymphadenopathy, reactive or metastatic.
- Small pulmonary bulla at the right caudal lung lobe, incidental.
- Otherwise, normal thorax. No evidence of pulmonary metastatic disease.
- T13 is transitional with absent left rib, incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATION

The tomographic findings show mild peritoneal effusion, mesenteric lymphadenopathy, and jejunal wall thickening without mass effect. This could represent an inflammatory chronic intestinal disease, however, a diffuse neoplasm process is not ruled out. The peritoneal fluid detection could be correlated to concurrent lymphangiectasis. Consider the correlation with the patient history of possible chronic diarrhea. If attainable, consider peritoneal fluid aspiration by ultrasound and fluid analysis. An abdominal ultrasound is another consideration because an ultrasonographic exam is more efficient in the analysis of the intestinal wall architecture and layering.

No evidence of pulmonary metastatic disease.



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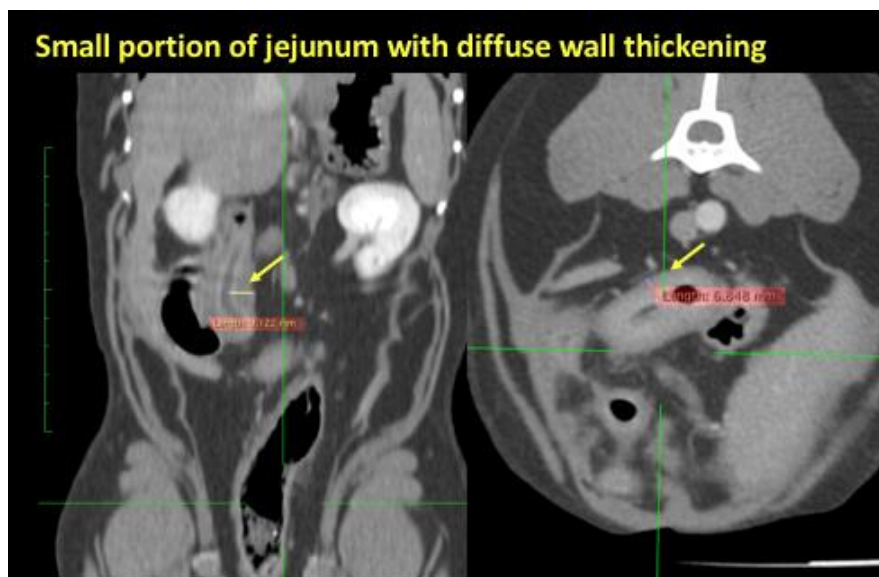
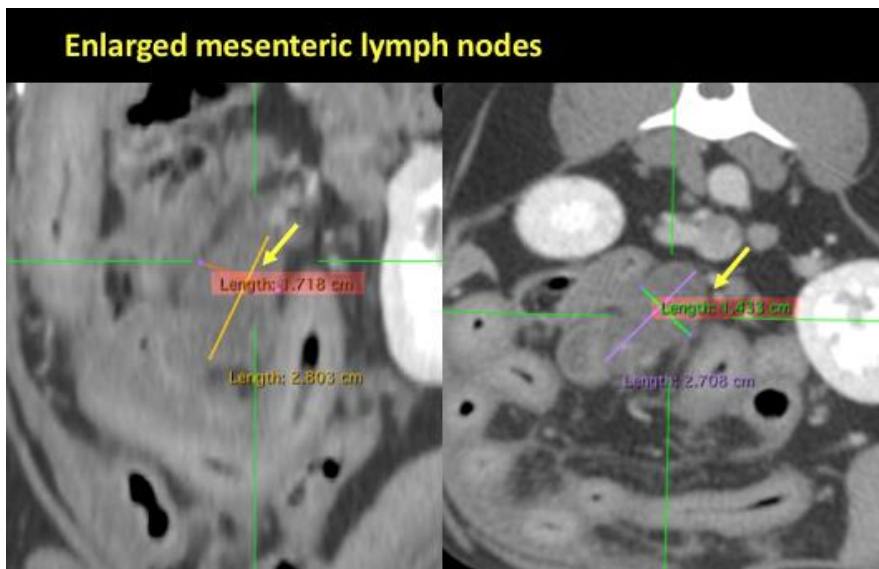
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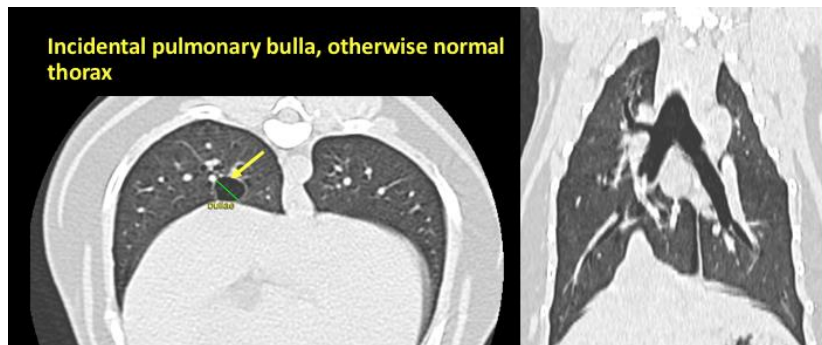
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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