



SONHAR

Imagerie vétérinaire

CT Report – Cat Bello

Anamnesis

Cat 3-4 years old, recently adopted did more than 12 neurologic crisis in 1 day (only sudden fall for few seconds with no pre- or post ictal signs).

Exam

The exam consists of two series of cross-sectional CT images of the whole body, soft tissue algorithm, acquired before and after intravenous injection of iodinated contrast medium. The field of view extends from the nares to the base of the tail. The post-contrast series is acquired on portal phase.

Description

HEAD *****

The nasal cavity, sinuses, the external ear canals and the tympanic bullae are well aerated and have a normal wall.

The mandibular and medial retropharyngeal lymph nodes are slightly enlarged and rounded. Their attenuation and contrast enhancement pattern are normal.

The brain is of usual appearance. The ventricular system is not dilated, median structures are in place and no mass effect is noted. No naturally hyperattenuating mass on the initial images, and no abnormal enhancement after contrast medium injection is visible. The pituitary gland is of normal size, it does not exceed the caudal clinoid process dorsally.

There is no abnormality of the skull. The muscular and subcutaneous structures are normal.

THORAX *****

There is no evidence of pleural effusion. The cranial mediastinum is normal. Cardiovascular structures are of normal size.

Lung volume is normal. There is no visible pulmonary nodule. The bronchial walls are not thickened.

The vertebral bodies are aligned and the vertebral canal is of regular diameter. There is no abnormality of the appendicular skeleton included in the field of view. The muscular and subcutaneous structures are normal.

ABDOMEN

There is no evidence of free fluid within the abdominal cavity.

Several hypoattenuating nodules are disseminated within the liver parenchyma on post-contrast, measuring up to 9 mm in diameter. There is no evidence of contrast enhancement of these nodules.

Two hypoattenuating nodules are also noted within the left lobe of the pancreas, measuring 2 to 3 mm in diameter, non-enhancing and well-defined. The pancreas is otherwise within normal limits, measuring 7.6mm in thickness.

The liver, spleen, , kidneys, adrenal glands, urinary bladder, gastrointestinal tract, and abdominal lymph nodes are within normal limits.

There is a disjunction of the pubic symphysis with mild spaying of the two hemipelvis. A metallic screw is noted within the left ilium and the sacrum. Smooth and regular new bone formations are noted on the ventral aspect of the left sacro-iliac joint.

Conclusion

1/ **Fluid filled cavities disseminated within the liver** most likely compatible with incidental cystadenomas or cysts. Hypoperfused soft tissue nodules cannot be completely ruled out.

2/ **Small hypoattenuating nodules within the left lobe of the pancreas** on post-contrast images, **most likely non enhancing and fluid filled. Incidental cysts are favored.** However, absence of post-contrast arterial and delayed phases doesn't allow to exclude completely some enhancement not visible here. In this case, nodule may represent insulinoma in the clinical context.

3/ Medial retropharyngeal and mandibular lymph nodes enlargement compatible with reactive adenopathy, of unclear origin.

4/ Old trauma of the pelvis with pubic symphysis disjunction and old left sacro-iliac joint disjunction, treated with osteosynthesis.

Recommendations

Ultrasonographic examination of the liver and pancreas is recommended to differentiate fluid filled nodules from tissular hypoperfused nodules.

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