

### Patient Information

Patient:		Patient ID:		Report Number:	40439
Patient Birth Date:		Age:		Gender:	M
Study Description:		Accession:		Study Date:	20210818
Species:		Breed:		Modalities:	CT
Sedation Used:	No	Anesthesia Used:	Yes	Submitted By:	
Facility:		Submitted:	2021-09-21 15:01:37 UTC	Finalized:	2021-09-22 21:14:18 UTC

Annotated Images Requested: No

STAT Request: 0

Anatomical Region:

### History

Large bladder but normal for this species, urinated ~ 1 x wk, R/O colitis, enteritis, chronic viral infection (lymphocytosis)

Hx: 6 yr male Hoffmann's two toed sloth (*Choloepus hoffmanni*) Wt 10 kg

2017: puncture wound inside mouth, healed w/ supportive care, preship exam - Abrasions/ulcerations in caudal oral cavity bilaterally on cheeks near last cheek tooth and on tongue assoc w/ last cheek tooth on L side  
 12/1/17: Q exam. Foul smelling urine, TNTC bacteria on cysto, high WBC  
 3/1/19: PMP. Mask induction. High WBC, no urine collected  
 4/13/20: exam due to low BWt. Wt 8.4 kg. Avulsed nail and P3 on left rear digit 4. High WBC with 1% bands. CT found diffuse SQ effusion/edema/hemorrhage left body wall; cystitis. Mineral material within GIT Tx w/ excede  
 5/26/20: recheck exam. WBC improved.  
 Spring 2021: keepers noted animal was shivering intermittently  
 8/17/21: shivering + frank blood/hematuria noted in enclosure  
 8/18/21 - hematochezia, melena at rectum with suppurative inflammation of the bloody mucoid material (cult pending), formed feces, urine appeared normal on cysto, UA & culture pending, Leukocytosis (18,540 with 84% lymphocytes (typically 50:50 L:N), previously reported lymphocytosis.

### Findings

Computed tomography of the patient was obtained in dorsal recumbency and is available for review in DICOM format of patient ID 8050. Series obtained include transverse soft tissue (smooth reconstruction kernel) and bone/lung (sharp reconstruction kernel) algorithm images using 0.5mm slice thickness. Compared to April 13, 2020.

Total images: 7,298

Body parts evaluated: Patient

Physical length of study: 78 cm

The nasal turbinates are symmetric with gas that abuts the mucosa overlying the osseous scrolls. The pattern of nasal turbinates is normal. The ethmoid turbinates are unremarkable. The frontal sinuses are gas-filled with smooth osseous margins. The choana is unremarkable with a gas-filled nasopharynx. The soft palate is unremarkable. The cribriform plate is unremarkable. The intracalvarial structures are unremarkable with no abnormal contrast enhancement or shifting of midline structures. The maxillary dentition is unremarkable. The mandibular dentition is unremarkable. The temporomandibular joints are congruent. The tympanic bullae are gas-filled with smooth osseous margins. The parotid glands are symmetric and normal. The mandibular lymph nodes are symmetric and within normal limits for size and shape. The medial retropharyngeal lymph nodes are symmetric and normal for size and shape. The mandibular salivary glands are symmetric and homogeneous. The thyroid lobes are symmetric and homogeneous. The patient is intubated.

The cervical vertebrae are appropriately aligned with normal intervertebral disc spaces. The thoracic vertebrae are

appropriately aligned with normal intervertebral disc spaces. There is a vascular structure along the right side of the thoracic spinal cord representing the intervertebral vein that drains into the heart via the azygous vein; this is a normal structure in this species. The ribs are symmetric and smoothly marginated. The scapular blades are normal. The scapulohumeral joints are congruent. The humeral diaphyses are normal. The elbow joints are congruent with smooth periarticular margins. The radial and ulnar diaphyses are normal. The antebrachiocondylar joint, middle carpal joint, and carpometacarpal joints are unremarkable. The carpal bones are unremarkable. The metacarpal bones are unremarkable. The forelimb interphalangeal joints are normal. The lumbar vertebrae are appropriately aligned with normal intervertebral disc spaces. The sacroiliac articulations are unremarkable. The coxofemoral joints are congruent with appropriate coverage of the femoral heads by the acetabular margins. The thigh musculature is symmetric and normal for size. The femoral diaphyses are normal. The stifle joints are normal. The tibial and fibular diaphyses are normal. The talocrural joints are congruent. The proximal intertarsal joints, distal intertarsal joints, and tarsometatarsal joints are unremarkable. The tarsal bones and metatarsal bones are unremarkable.

The cardiac structures are normal for size, shape, and margination. The pulmonary vasculature is unremarkable; the pulmonary arteries and veins are symmetric with appropriate tapering into the peripheral lungs. The pulmonary parenchyma is unremarkable. The pleural structures are unremarkable. The trachea has a normal luminal diameter. The esophagus is soft tissue attenuating. The cranial mediastinal lymph nodes are unremarkable. The sternal lymph nodes are unremarkable.

The abdominal serosal detail is within normal limits. The liver is normal for size with sharp margination. The hepatic parenchyma is homogeneous. The portal vasculature branches appropriately. The gallbladder is hypoattenuating to the liver with homogeneous attenuation. The spleen is smoothly marginated. The forestomach (diverticulum, fundus, and pouch) is normal for size containing heterogeneous soft tissue, small mineral foci, and gas. The wall of the glandular portion of the prepyloric stomach is homogeneous with strong contrast enhancement; the glandular portion contents include heterogeneous soft tissue and mineral materials. The wall of the muscular portion of the prepyloric stomach is unremarkable; the contents include heterogeneous soft tissue and mineral materials. The stomach contains less mineral structures. The pyloroduodenal junction is normal. The pancreas is mildly heterogeneous; the margins are smooth and there is uniform enhancement and size. The small intestine is normal for size containing gas bubbles and soft tissue opacity. The colon contains a moderate amount of semi-formed heterogeneous soft tissue opacity; the feces have a lower attenuation than the previous study. The kidneys are symmetric and normal for size and shape. The adrenal glands are symmetric and normal for shape. The urinary bladder is distended and soft tissue opaque; there is no longer thickening of the urinary bladder wall. There is a tubular structure located between the descending colon and urinary bladder - this is consistent with the uterus. The wall of the urogenital sinus is homogeneously contrast enhancing, there is a small amount of hypoattenuating tissue in the lumen. There is a focal tapering cranial to the urogenital sinus likely represents the cervix. The uterus has a homogeneous contrast enhancing wall; there is a small amount of hypoattenuating tissue in the lumen. Each ovary has a focal round hypoattenuating structure; the right ovarian structure measures 7.1 x 9.1 x 6.4 and left ovarian structure measures 11.2 x 10.8 x 8.4 mm. There is a hyperattenuating focus in the right ovary hypoattenuating structure. The round hypoattenuating structures are different from the previous study. The lymph nodes of the abdomen are within normal limits.

## Impressions

1. Sloth 8050 is female.
2. Bilateral ovarian follicles or cysts.
3. Small amount of fluid within the lumen of the uterus and urogenital sinus; consider the influence of the estrus cycle, mucometra, hemometra, hydrometra, or pyometra. This may be the source blood in the perineal region/anus.
4. Resolved urinary cystitis.
5. There are fewer mineral structures within the stomach. No small intestinal obstruction.
6. The feces is less attenuating compared to the previous study; this can be more hydrated feces. The partially formed feces can indicate soft stool. There are no structural changes of the colonic wall.
7. The pancreas is likely a variation of normal. Less likely, small amount of fatty infiltration, mild pancreatic edema, or mild pancreatitis.
8. The thorax is unremarkable. There are no pulmonary nodules or intrathoracic lymphadenopathy.
9. Unremarkable skull.
10. Unremarkable thoracic limbs.
11. Unremarkable pelvic limbs (previous avulsed digit of the hindlimb is not included).
12. Unremarkable spine.
13. Resolved left-sided body wall subcutaneous edema.

## Recommendations

Report on 2021-09-22 21:14:18 UTC signed by:

Eric T. Hostnik

Radiology@czs.org

708-688-8RCS

The findings, impressions, and recommendations listed are based on the history and clinical information provided. Interpretation should be performed by a licensed veterinarian serving as the primary clinician for the animal. Images in this report may not be reproduced without permission of the Brookfield Zoo/Chicago Zoological Society.

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