

### Patient Information

Patient:	WOLF MANED	Patient ID:		Report Number:	
Patient Birth Date:	20101230	Age:	8Y	Gender:	F
Study Description:		Accession:	517158	Study Date:	20190603
Species:	Maned wolf	Breed:	maned wolf	Modalities:	CT
Sedation Used:	No	Anesthesia Used:	Yes	Submitted By:	
Facility:		Submitted:	6/6/2019 1:47:34 AM UTC	Finalized:	6/7/2019 6:10:39 PM UTC

Annotated Images Requested: Yes

STAT Request: 0

Anatomical Region: Abdomen

### History

Round mass of some kind in ventral mid abdomen; Did contrast and regular CT

9 yrs old maned wolf with round mass in abdomen for a couple months based on awake radiographs in a crate. Had hoped it was a conceptus. At exam, the round mass was clearly now not a fetus. It was moderately firm though slightly depressible. On aspirate, it had red-brown pasty material within. On ultrasound it was solid and homogenous except for a few specks of presumed bone ( with image drop off after) centrally and in 1 plane.

### Findings

- A pre- and post-contrast CT of the thorax and abdomen (75cm) is available for review in DICOM format. The animal is in dorsal recumbency. An endotracheal tube is not seen (cranial margin of study is at C4).
- 9 series are included (bone and soft tissue) with 4,169 total images. Some series are of the chest and abdomen; others are limited to the abdomen.
- There is a large, homogeneous, non-enhancing central abdominal soft tissue mass (30HU pre- and post-contrast) in the mid-abdomen, cranioventral to the urinary bladder. The mass measures 8.7cm x 8.6cm x 7.8cm (LxWxH). The very thin rim of the mass faintly enhances; this is nearly imperceptible.
- The uterine body is markedly thin/attenuated, only measuring 6.2mm in diameter near the level of the bladder trigone. It lies to the left and dorsal to the bladder. At the level of the mid-bladder, it bifurcates into two thinner 3mm horns (image 503/593). The left horn can be traced cranially to the left ovary. The left ovary contains several hypoattenuating structures expanding its margin, suspected to represent variably-sized follicles or other corpora. The thin right horn courses to the left of the urinary bladder and attaches to cranially the wall of the abdominal mass, from the left side. The right ovary is not identified.
- There are numerous irregularly marginated, enlarged mesenteric lymph nodes, up to 1.7cm in short-axis.
- The small bowel is diffusely thickened throughout the abdomen (duodenum up to 7.5mm thick, jejunum up to 9mm thick). No bowel masses are identified.
- Several foci of mineral content are apparent throughout the GI tract, likely representing a part of the animal's normal diet.
- A small round bone fragment (incidental) is associated with the right acromion (image 26/300).
- No degenerative joint disease is noted involving the humeral or coxofemoral joints.
- There is scattered evidence of wispy atelectasis throughout the right lung, particularly in the lateral periphery, with mild secondary loss of volume and right mediastinal shift. Focal (3-4cm) but significant soft tissue consolidation of the most caudodorsal tip of the right lung is noted (image 141/300).
- A few small gas bubbles are seen in the left axillary musculature, possibly associated with a recent injection.
- There is a metallic subcutaneous transponder dorsal to the right scapula.

### Impressions

1. Large (9cm) non-enhancing mid-abdominal mass, suspected to be arising from the right ovary or right uterine horn. Primary consideration is given to an abscess or similar structure filled with thick fluid.
2. Severe diffuse small bowel thickening. Ddx inflammatory (IBD) vs. infiltrative (neoplastic) disease.
3. Mesenteric lymphadenopathy. Suspect secondary to enteropathy, either reactive in nature or infiltrative.
4. Right-sided atelectasis secondary to anesthesia and dorsal recumbency. Animal may have been positioned in right lateral recumbency for some time period prior to CT. Right caudodorsal pneumonia secondary to aspiration in dorsal recumbency is unlikely but cannot be excluded.

### Recommendations

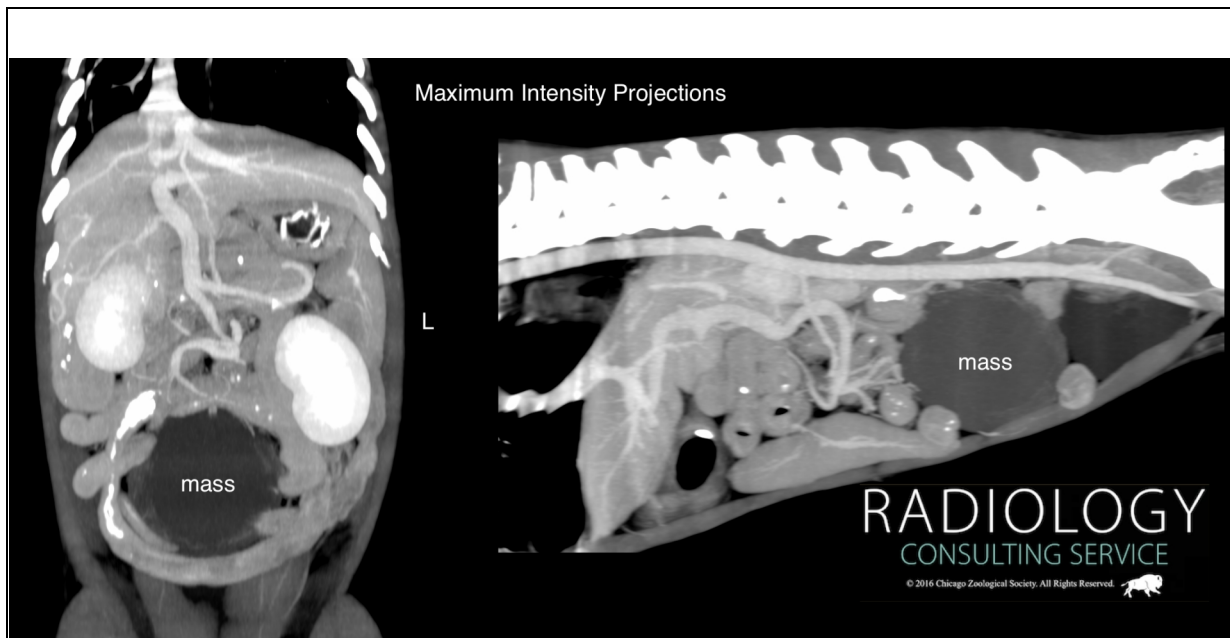
- Clinical: Given the concern for abscess rupture, [emergency] exploratory laparotomy is indicated to resect the mass as well as to biopsy the small bowel and enlarged mesenteric lymph nodes.
- Technical: In future cases, there is no need to obtain post-contrast images with a bone reconstruction algorithm. Only soft tissue reconstruction images are needed post-contrast.

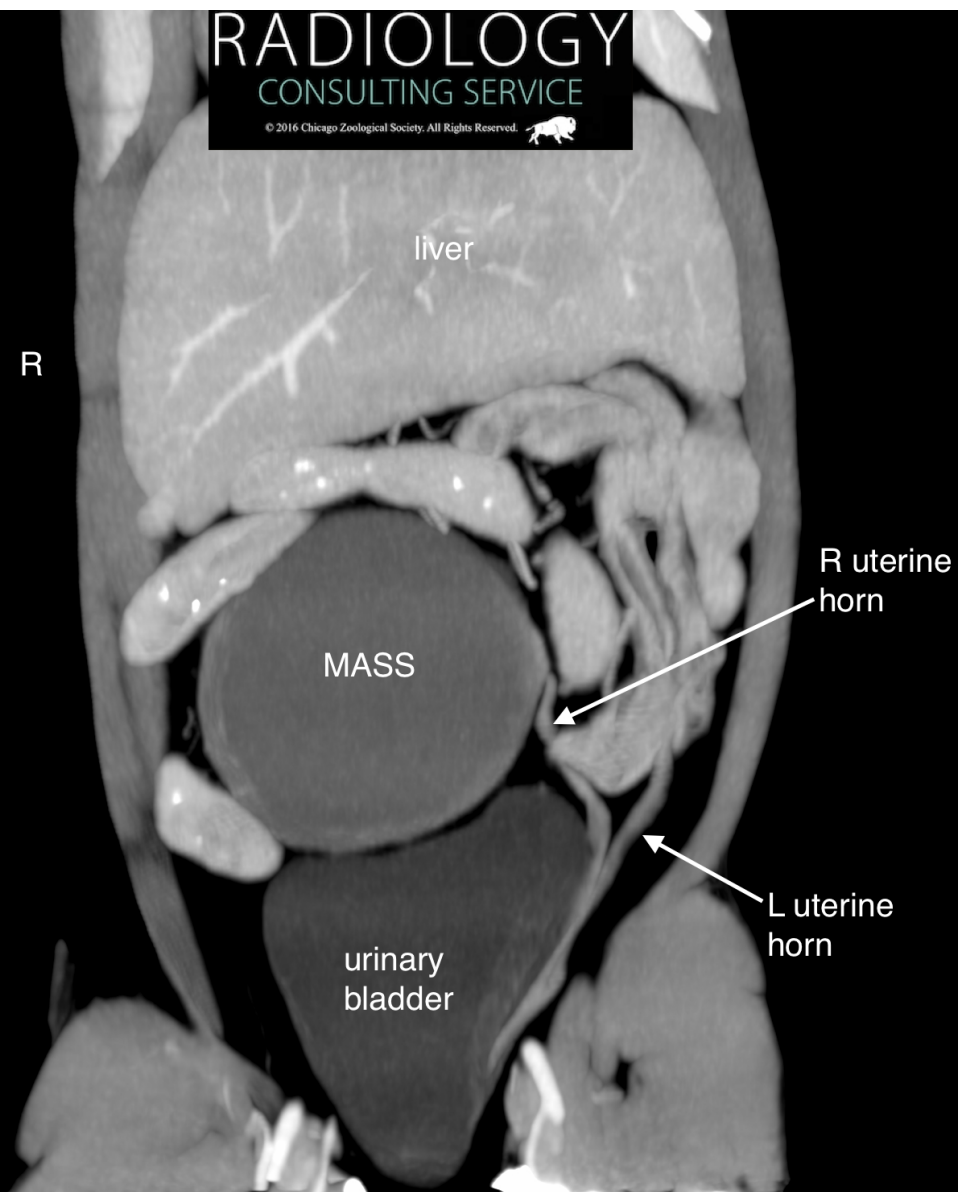
Report on 6/7/2019 6:10:39 PM UTC signed by:

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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. The images in this report may not be reproduced without permission of the Brookfield Zoo/Chicago Zoological Society.

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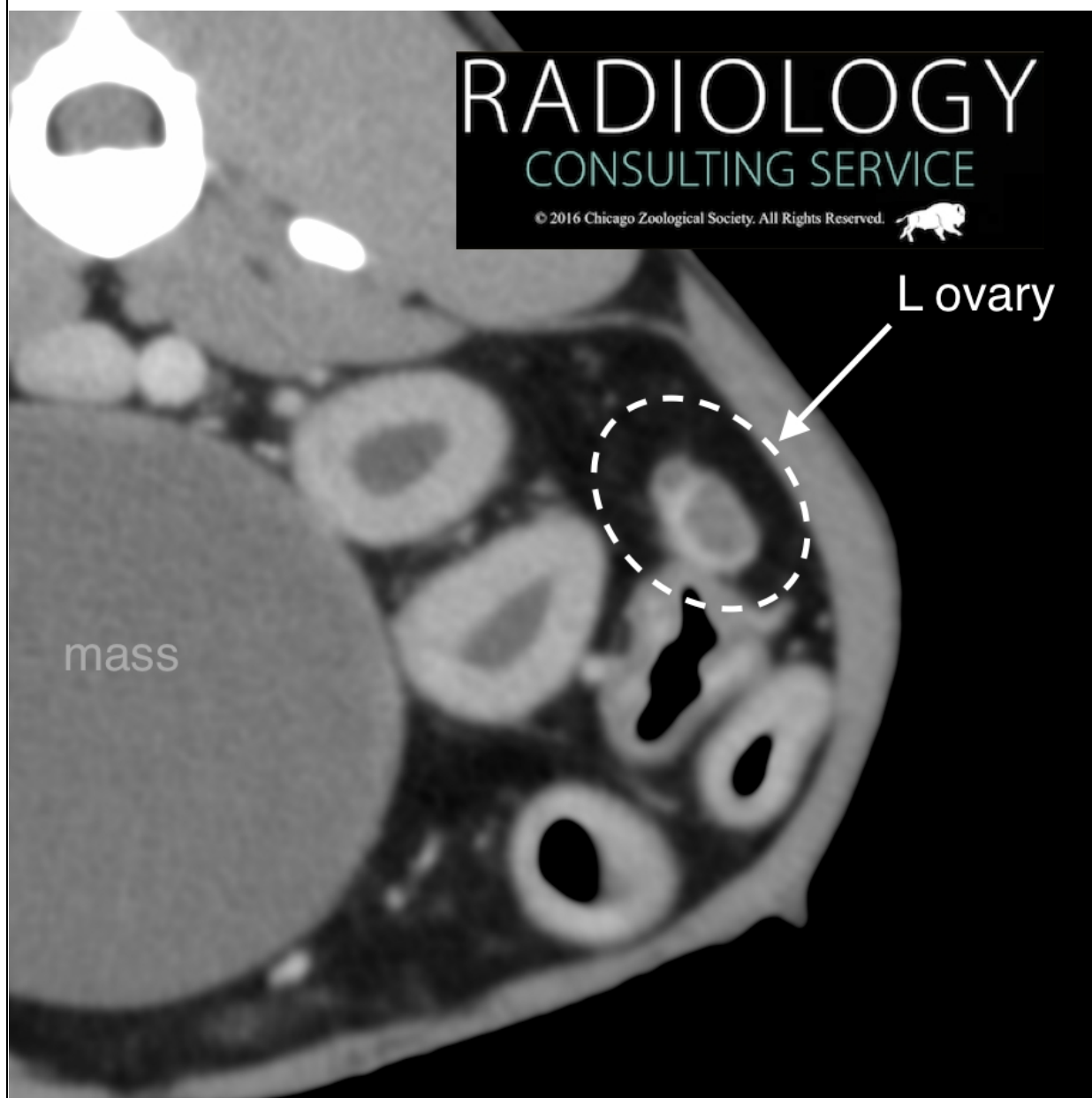


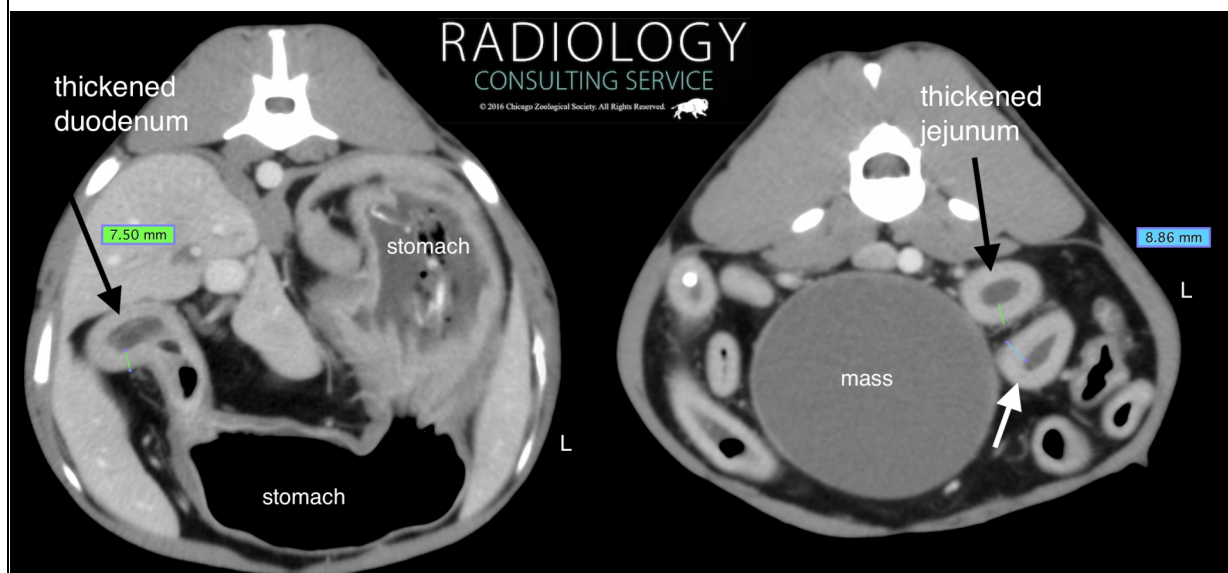
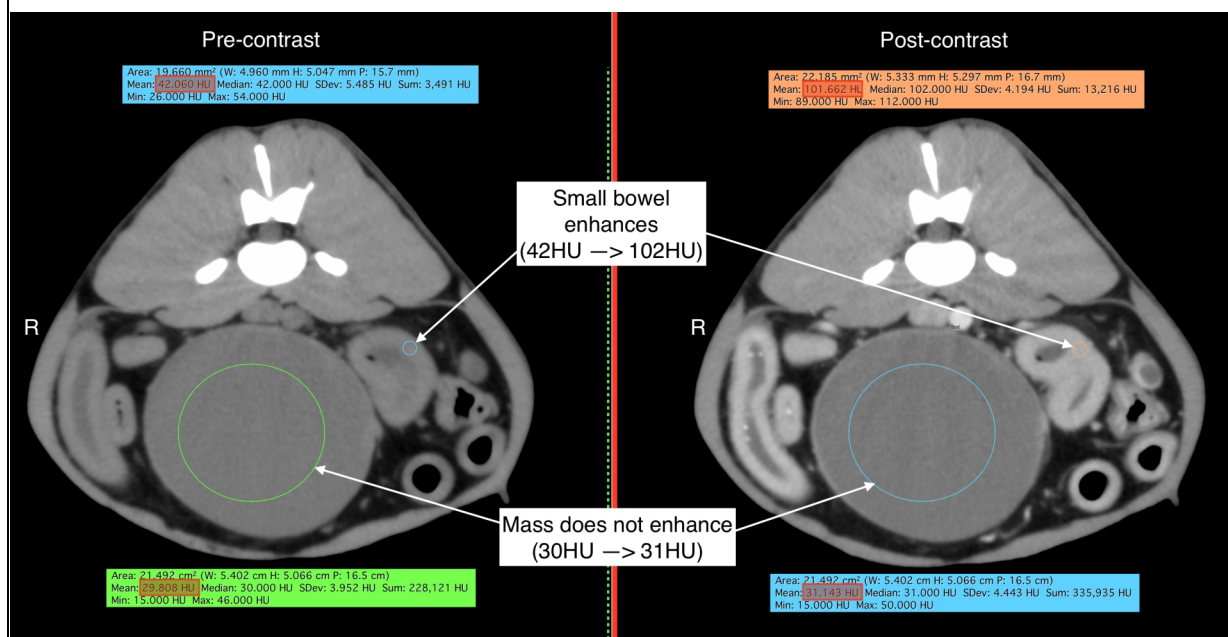


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1.50 cm

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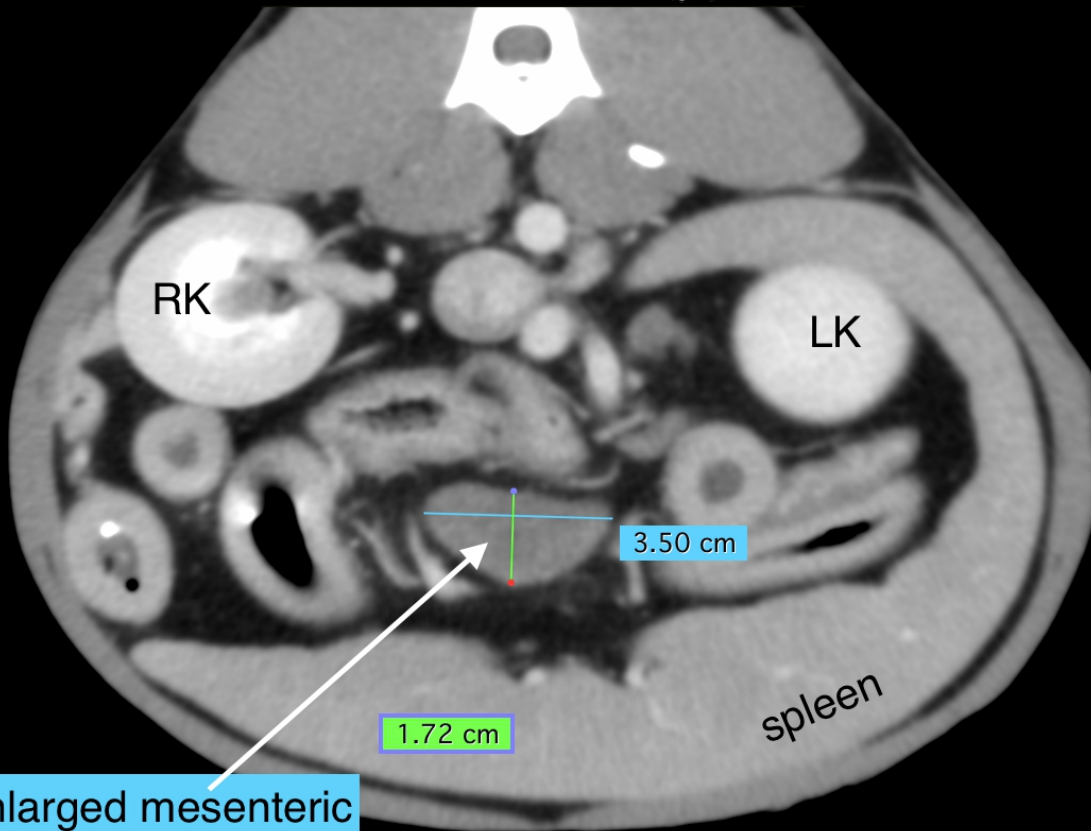
enlarged mesenteric lymph nodes



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enlarged mesenteric lymph node

