

AMERICAN COLLEGE of VETERINARY RADIOLOGY

2026 ACVR ANNUAL SCIENTIFIC CONFERENCE

OCTOBER 14-17 | NEW ORLEANS | SHERATON NEW ORLEANS HOTEL



www.acvr.org

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- Radiation Oncology
- Diagnostic Imaging
- CT/MRI
- Ultrasound
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Save the Date

PROGRAM COMMITTEE and ADMINISTRATION

PROGRAM COMMITTEE

Education Director—Dr. Tony Pease
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Future Chair—Dr. Rebecca Baumrock
Past-Chair—Dr. Jaime Rechy
Co-Chair—Forum—Dr. Rebecca Baumrock
Co-Chair—Image Interpretation Session—Dr. Kip Berry
Co-Chair—Image Interpretation Session—Dr. Elodie Huguet
AVDTI Representative—Lisa Chant
CT/MRI Society—Dr. Alex Scharf
LADIS—Dr. Rebecca Urion
Nuclear Medicine Society—Dr. Sydney Gibson
Ultrasound Society—Dr. Jennifer Hickey
ZEWDIS—Dr. Keely Brewer
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EDI PROGRAM COMMITTEE

Equine Track Program Chair - Dr. Rebecca Urion

RO PROGRAM COMMITTEE

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RO Planning Committee—Dr. Michelle Turek
RO Planning Committee—Dr. Siobhan Haney
RO Planning Committee—Dr. Ira Gordon

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ACVR ADMINISTRATIVE STAFF

Executive Administrator—Libby Dietrich
Deputy Executive Administrator—Brendan Leahy
Meeting Manager—Caitlin Geidner
Meeting Manager—Lacey Snyder

HOTEL INFORMATION

Sheraton New Orleans Hotel

500 Canal Street,
New Orleans, LA, 70130

Check-In Time: 4:00 pm

Check-Out Time: Noon

Conference Registration

Registration is located in the Napoleon Foyer.

Registration Desk Hours

Tuesday, October 13

5:00 pm – 8:00 pm

Wednesday, October 14

7:00 am – 5:00 pm

Thursday, October 15

7:00 am – 5:00 pm

Friday, October 16

7:30 am – 5:00 pm

Saturday, October 17

7:30 am – 11:00 am



Wi-Fi Information

Network Name:

MarriottBonvoy_Conference

Access Code: ACVR2026

Parking

The Sheraton New Orleans Hotel offers valet parking only for overnight guests. Self-parking is not available on-site.

- Daily Rate: \$62.15 per night (plus applicable taxes).
- In/Out Privileges: Included with your valet service.
- Vehicle Restrictions: The maximum clearance height for the garage is 6' 5". Oversized vehicles may not clear.
- EV Charging: The hotel features electric vehicle charging stations available for guest use.

Nearby Garages / Alternatives

JW Marriott Garage (611 Common St.)

- 372 feet (1-min walk) (Distance from hotel)
- \$36 per day (Estimated Standard Rates)
- 15.7 Miles (Distance from MSY)

100 Poydras Garage (LAZ Parking)

(100 Poydras St.)

- 0.4 miles (10-min walk) (Distance from hotel)
- \$25 per day (Weekend/Event rates apply) (Estimated Standard Rates)
- 15.4 Miles (Distance from MSY)

716 Iberville St. Garage (Premium P145)

(716 Iberville St.)

- 0.2 miles (4-min walk) (Distance from hotel)
- \$30-\$40 per day (Estimated Standard Rates)
- 15.8 Miles (Distance from MSY)

Fulton Parking Garage

(901 Convention Center Blvd.)

- 0.8 miles (18-min walk / 3-min drive) (Distance from hotel)
- \$17-\$20 per day (Estimated Standard Rates)
- 15.2 Miles (Distance from MSY)

GENERAL INFORMATION

Directions from Louis Armstrong New Orleans International Airport (MSY)

Take I-10 East toward New Orleans. Take Exit 235B toward Poydras Street/Downtown. Continue on Poydras Street toward downtown and turn left onto Canal Street. The Sheraton New Orleans Hotel is located at 500 Canal Street.

Options From Louis Armstrong New Orleans International Airport

- Taxi Service – Taxis are available at the airport and provide direct transportation to the hotel.
- Rideshare Service – Uber and Lyft are available from designated airport pickup areas.
- Airport Shuttle Service – Shuttle services are available between the airport and downtown New Orleans. Reservations may be required.
- Rental Car – Rental car services are available at the airport for guests who prefer to drive.

Directions from the East—Via I-10 West

Take I-10 West toward New Orleans. Take Exit 235B toward Poydras Street/Downtown. Continue toward downtown and turn left onto Canal Street. The Sheraton New Orleans Hotel is located at 500 Canal Street.

Directions from the North—Via I-10

Take I-10 toward New Orleans. Follow signs for Downtown/Poydras Street. Continue toward downtown and turn left onto Canal Street. The Sheraton New Orleans Hotel is located at 500 Canal Street.

Transportation:

- Taxi and rideshare services, including Uber and Lyft, are available from the airport and throughout New Orleans.
- Streetcar service is available along Canal Street and provides convenient access to downtown and surrounding areas.
- Rental car services are available at Louis Armstrong New Orleans International Airport.
- The hotel is located within walking distance of many restaurants, attractions, shopping, and entertainment options.

Options From Louis Armstrong New Orleans International Airport

- Taxi Service – Taxis are available at the airport and provide direct transportation to the hotel.
- Rideshare Service – Uber and Lyft are available from designated airport pickup areas.
- Airport Shuttle Service – Shuttle services are available between the airport and downtown New Orleans. Reservations may be required.
- Rental Car – Rental car services are available at the airport for guests who prefer to drive.

Options From New Orleans Union Passenger Terminal

- Taxi Service – Taxis are available at the station and can provide direct transportation to the hotel.
- Rideshare Service – Uber and Lyft are available throughout New Orleans.
- Streetcar – The Canal Street streetcar provides convenient transportation along Canal Street and is within walking distance of the hotel.

Public Transportation

- The New Orleans Regional Transit Authority (RTA) operates streetcars and buses throughout the city.
- The Canal Street streetcar is a convenient option for traveling between the hotel, the French Quarter, and other downtown destinations.
- The hotel is located near the Canal Street streetcar line.

Distances From the Hotel

- New Orleans Union Passenger Terminal (Amtrak) – approximately 1 mile
- Louis Armstrong New Orleans International Airport (MSY) – approximately 15 miles
- French Quarter – approximately 0.5 miles
- Caesars Superdome – approximately 1 mile
- Smoothie King Center – approximately 1 mile
- New Orleans Ernest N. Morial Convention Center – approximately 1.5 miles

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1. Download the ACVR App



Scan the QR Code or go to the Apple App Store or Google Play and search for **ACVR**.



App Icon

Install and open the app. Find your event icon in the Upcoming Events (bottom row) or search for **2026 ACVR Scientific Conference**.



Event Icon

Tap the event icon to launch your event's app.

2. Login to the Event

If this is your first time accessing the 2026 ACVR Conference event, please create an account by entering the event code **ACVR2026** followed by your name and email address.

If you already created an account for this event, please log in using the credentials that were emailed to you upon account creation.



3. App Tips

Download the app before you go! Wi-Fi connection on-site can affect the functionality of the app.

Browse the event information and create a personal schedule by tapping on the star next to presentation titles.

HOTEL MAP



SPONSORED EVENTS



In-Person RIVDI Sponsored by IDEXX

Thursday, October 15

12:45 PM – 1:45 PM

Moderators: Elodie Huguet, Mason Savage, Danielle Tran

Location: Bayside ABC

Lunch Session

RSVP was required for lunch. Vet Students and Residents only.



Afternoon Recharge Sponsored by Linear Physics

Thursday, October 15

3:00 PM – 3:30 PM

Afternoon Recharge (in Exhibit Hall)

Location: Napoleon CD 123 & Napoleon Foyer



Recharge Lounge Sponsored by VIN

Located in the Exhibit Hall

Open during Exhibit Hall Hours



AGENDA

Tuesday, October 13

Start Time	End Time	Session	Room
5:00 PM	8:00 PM	Registration Open	Napoleon Foyer

Wednesday, October 14

General Session

7:00 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon Foyer
7:55 AM	8:00 AM	Welcome Remarks - Jennifer Brisson, DVM, DACVR	Napoleon AB 123
8:00 AM	9:00 AM	Large and Small Airway Disease in Cats: What Images Can and Can't Tell You - Carol Reinero, DVM, DACVIM (SAIM), PhD	Napoleon AB 123
9:00 AM	10:00 AM	Interstitial Lung Disease in Dogs: Classification, Patterns, and Challenges - Carol Reinero, DVM, DACVIM (SAIM), PhD	Napoleon AB 123
10:00 AM	10:30 AM	Break w/ RO Poster Presentations	Napoleon Foyer
10:30 AM	11:30 AM	When Growing Up Hurts: A Review of Juvenile Orthopedic Diseases - Gabriela Baers, DVM, DACVR-DI, DACVR-EDI	Napoleon AB 123
11:30 AM	12:30 PM	MRI of Inflammatory Brain and Spinal Diseases - Benjamin D. Young, DVM, MS, DACVR	Napoleon AB 123
12:30 PM	2:00 PM	Lunch Break on Your Own	
2:00 PM	3:00 PM	Going Radioactive on Inflammation - Lynn Griffin, DVM, MS, DACVR, DACVR (RO)	Napoleon AB 123
3:00 PM	4:00 PM	The Orthopedic Foundation for Animals: More Than Just Hips and Elbows - Gabriela Baers, DVM, DACVR-DI, DACVR-EDI	Napoleon AB 123
4:00 PM	6:00 PM	Celebration with our Exhibitors	Napoleon CD 123
6:00 PM	7:00 PM	Second Line Set-up & Parade	Napoleon Foyer
7:00 PM	9:30 PM	Introduction of New Diplomates Celebration	Armstrong Ballroom

Wednesday, October 14

Concurrent Session: Radiation Oncology

7:00 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon Foyer
7:55 AM	8:00 AM	Welcome Remarks - Jayme Looper, DVM, DACVR (RO)	Bayside ABC
8:00 AM	9:00 AM	RECIST Update - Kim Selting, DVM, MS, DACVIM (Oncology), DACVR-RO	Bayside ABC
9:00 AM	10:00 AM	RO Keynote: Stereotactic Centralized Ablative Radiation Therapy (SCART) - Dr. Jun Yang, PhD	Bayside ABC
10:00 AM	10:30 AM	Break w/ RO Poster Presentations	Napoleon Foyer

AGENDA

Wednesday, October 14

Concurrent Session: Radiation Oncology

10:30 AM	12:30 PM	Abstracts • Comparative Analysis of Outcomes of Grade 3 Soft Tissue Sarcomas Following Surgery with or Without Adjuvant Conventionally Fractionated Radiation Therapy; Emma Liband • Outcomes and Toxicity in Dogs with Urothelial Carcinoma treated with Palliative-intent Radiation Therapy as First-line or Salvage Treatment: 73 Cases; Bailey Hendrickson • Radiation Therapy Treatment Planning in Dogs and Cats Utilizing Virtual Non-Contrast Photon-counting Computed Tomography; Johnny Altwal • A Double Blinded Randomized Trial of Palliative Radiation Therapy with Zoledronate, Carboplatin, or Placebo in Canine Appendicular Osteosarcoma; Tiffany Martin • Satraplatin in Normal Cats as a Novel Radiosensitizer; Kim Selting	Bayside ABC
12:30 PM	2:00 PM	Lunch Break on Your Own	
2:00 PM	3:00 PM	SOTA Speaker: Spatially Fractionated Radiotherapy in Veterinary Medicine: An Update on Emerging Clinical Applications and Future Opportunities - Patricia Gualtieri, DVM, MS, DACVR, DECVDI	Bayside ABC
3:00 PM	4:00 PM	VRTOG Business Meeting	Bayside ABC
4:30 PM	6:00 PM	Celebration with our Exhibitors	Napoleon CD 123
6:00 PM	7:00 PM	Second Line Set-up & Parade	Napoleon Foyer
7:00 PM	9:30 PM	Introduction of New Diplomates Celebration	Armstrong Ballroom

Wednesday, October 14

Concurrent Session: Technicians

7:00 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon Foyer
8:00 AM	9:00 AM	From Scales to Tails: Creative Radiography, Tips, and Projections for Zoo, Exotic, and Wildlife Patients - Robson Giglio, DVM, MS, PhD, DACVR	Borgne
9:00 AM	10:00 AM	Safer Teams, Better Images: Optimizing Radiology Workflow and Diagnostic Quality - Michael Q. Bailey, Sr., DVM, DACVR, AAAS/AVMA	Borgne
10:00 AM	10:30 AM	Break w/ RO Poster Presentations	Napoleon Foyer
10:30 AM	11:30 AM	From Algorithms to Animal Care: Responsible AI in Veterinary Medicine Diagnostic Imaging - Michael Q. Bailey, Sr., DVM, DACVR, AAAS/AVMA	Borgne
11:30 AM	12:30 PM	Normal vs Abnormal: Journey from RVT to Sonographer - Anna DiGennaro, RVT	Borgne
12:30 PM	2:00 PM	Lunch Break on Your Own	

AGENDA

Wednesday, October 14

Concurrent Session: Technicians

2:00 PM	3:00 PM	Understanding the Basics of Radiation Therapy and the Importance of Advanced Imaging for Treatment - Lauren Fout, MVB, DACVR-RO	Borgne
3:00 PM	4:00 PM	From Probe to Picture: Veterinary Echocardiography for the Technician - Aubrey Janesheski, BS, RVT, VTS-DI	Borgne
4:30 PM	6:00 PM	Celebration with our Exhibitors	Napoleon CD 123
6:00 PM	7:00 PM	Second Line Set-up & Parade	Napoleon Foyer
7:00 PM	9:30 PM	Introduction of New Diplomates Celebration	Armstrong Ballroom

Thursday, October 15

General Session

7:00 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon CD 123
7:55 AM	8:00 AM	Welcome Remarks - Jennifer Brisson, DVM, DACVR	Napoleon AB 123
8:00 AM	9:00 AM	Conference Keynote: Practical Approach to Diagnosing FIP - Krystle Lynn Reagan, DVM, PhD, DACVIM (SAIM), FACPIM (Infectious Disease)	Napoleon AB 123
9:00 AM	10:00 AM	Conference Keynote Part 2: FIP: From Fatal to Treatable - Krystle Lynn Reagan, DVM, PhD, DACVIM (SAIM), FACPIM (Infectious Disease)	Napoleon AB 123
10:00 AM	10:30 AM	Break in Exhibit Hall - DI Poster Presentations	Napoleon Foyer & Napoleon CD 123
10:30 AM	11:30 AM	Abstracts • Diagnostic Performance of Abdominal Ultrasonographic Findings for Gallbladder Rupture in Dogs and Cats; Kosuke Kinoshita • Comparison Between Medullary Rim Sign, Band Sign, and Striations in Feline Kidneys: Prevalence and Clinical Significance; Natalie Durant • The Effect of Adding a Left Lateral Projection to Traditional Abdominal Radiographic Views When Diagnosing Canine Gastrointestinal Foreign Body Obstructions; Ali Diamond • Radiologists Demonstrate Greater Accuracy Than Emergency Veterinarians in Diagnosing Surgical Small Intestinal Obstruction; Ann Bartlett	Napoleon AB 123
11:30 AM	12:30 PM	ACVR Business Meeting - Diplomates Only	Napoleon AB 123
12:30 PM	2:00 PM	Lunch Break on Your Own	
12:30 PM	2:00 PM	RIVDI In Person Experience - Vet Students and Residents Only (Moderators: Elodie Huguet, DVM, DACVR DI & EDI, DECVDI, Mason Y. Savage, DVM, DACVR, Danielle T. Tran, DVM) <i>sponsored by IDEXX</i>	Bayside ABC
2:00 PM	3:00 PM	A Comprehensive Approach to Aerodigestive Disorders from Clinical Signs to Videofluoroscopic Swallow Studies - Carol Reinero, DVM, DACVIM (SAIM), PhD	Napoleon AB 123

AGENDA

Thursday, October 15

General Session

3:00 PM	3:30 PM	Break in Exhibit Hall - Afternoon Recharge <i>Sponsored by LinearPhysics</i>	Napoleon Foyer & Napoleon CD 123
3:30 PM	4:30 PM	ZEWDIS Keynote: CT as a Surgical and Medical Compass in Birds: Coelomic Anatomy, Key Diseases, and Clinical Decision Making - Anneliese Strunk, DVM, Diplomate ABVP (Avian Practice)	Napoleon AB 123
4:30 PM	5:30 PM	Abstracts • Vertebral Heart Scale in Free-roaming Lions; Mercedes Cantu • Rabbit Appendicitis on Computed Tomography; Carolina Panisello • Abdominal Ultrasonographic Anatomy in Healthy Black-footed Cats (<i>Felis Nigripes</i>); Heather Ellis • Development of a Three-phase Contrast-enhanced Abdominal Computed Tomography Protocol in Sedated Ferrets (<i>Mustela Putorius Furo</i>); Pavla Jerabkova	Napoleon AB 123
5:30 PM	6:30 PM	DI EDI Exam and Residency Program FAQ - Moderators: Ken Waller, III, DVM, MS, DACVR and Rachel Pollard, DVM, PhD	Napoleon AB 123
7:00 PM	8:30 PM	MedVet/VetRad Sponsored Resident Event	Offsite

Thursday, October 15

Concurrent Session: Radiation Oncology

7:00 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon CD 123
7:55 AM	8:00 AM	Welcome Remarks - Jayme Looper, DVM, DACVR (RO)	Bayside ABC
8:00 AM	9:00 AM	SOTA: From Radiation Oncology to Radiology: What I Didn't Know I Didn't Know - Valerie J. Poirier, DVM, MSc, DACVIM (Oncology), DACVR (RO), DACVR (DI)	Bayside ABC
9:00 AM	10:00 AM	RO Keynote: Smart Synergy: Combining Radiation and Artificial Intelligence to Unlock Immunotherapy Response - Jim Welsh, MD	Bayside ABC
10:00 AM	10:30 AM	Break in Exhibit Hall - DI Poster Presentations	Napoleon Foyer & Napoleon CD 123
10:30 AM	11:30 AM	RO Panel Discussion: Hot Topics in Fractionation for Commonly Treated Canine and Feline Cancers - Jayme Looper, DVM, DACVR (RO)	Bayside ABC
11:30 AM	12:30 PM	ACVR Business Meeting - Diplomates Only	Napoleon AB 123
12:30 PM	2:00 PM	RIVDI In Person Experience - Vet Students and Residents Only (Moderators: Elodie Huguot, DVM, DACVR DI & EDI, DECVDI, Mason Y. Savage, DVM, DACVR, Danielle T. Tran, DVM) <i>sponsored by IDEXX</i>	Bayside ABC
2:00 PM	3:00 PM	RO Business Meeting - Diplomates Only	Bayside ABC
3:00 PM	3:30 PM	Break in Exhibit Hall - Afternoon Recharge <i>Sponsored by LinearPhysics</i>	Napoleon Foyer & Napoleon CD 123
7:00 PM	8:30 PM	MedVet/VetRad Sponsored Resident Event	Offsite

AGENDA

Friday, October 16

General Session

7:30 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon CD 123
7:55 AM	8:00 AM	Welcome Remarks - Rebecca A. Baumruck, DVM, DACVR	Napoleon AB 123
8:00 AM	9:00 AM	Education Update / Consensus Statement - Rachel Pollard, DVM, PhD (Not CE)	Napoleon AB 123
9:00 AM	10:00 AM	Naturalistic Decision Making: Applying the Science of Expert Thinking to Clinical Education - Annie Wayne, DVM, MPH, DACVECC	Napoleon AB 123
10:00 AM	10:30 AM	Break in Exhibit Hall - DI Poster Presentations	Napoleon Foyer & Napoleon CD 123
10:30 AM	12:30 PM	Image Interpretation Session - Moderators: Clifford R. Berry, III, DVM, DACVR & Elodie E. Huguet, DVM, DACVR DI & EDI, DECVDI Panelists: Kemba S. Clapp, DVM, DACVR, L. Abbi Granger, DVM, DACVR, Benjamin C. Rivard, DVM, DACVR, Steven Robillard, DVM, DACVR	Napoleon AB 123
12:30 PM	2:00 PM	Lunch Break on Your Own	
2:00 PM	3:00 PM	CT & MRI Society Keynote: Exploring the Animal Brain with Advanced MRI - Philippa Johnson, BVSc, CertVDI, DipECVDI, MSc, MRCVS	Napoleon AB 123
3:00 PM	3:30 PM	Break in Exhibit Hall	Napoleon Foyer & Napoleon CD 123
3:30 PM	5:30 PM	Abstracts • Evaluation of Muscle Contracture in German Shepherds with Shearwave Elastography; Elodie Huguet • Computed Tomographic and Ultrasonographic Imaging Features of Confirmed and Suspected Canine Alveo lar Echinococcosis in North America; Kayla Ross • Computed Tomographic Evaluation of Intrahepatic Biliary Duct Dilation in Dogs with Confirmed Common Bile Duct Obstruction; Michele Occhiuzzi • Contrast-enhanced CT Features of Hepatic and Splenic Histiocytic Sarcoma in Dogs; Cameron Craig • Acute Multinodular Pneumonia in Cats: Clinical Presentation, Imaging Findings, and Necropsy Correlation; Allison Elkowitz • Limited Clinical Utility of Longitudinal Radiographic Cardiac Indices for Monitoring Myxomatous Mitral Valve Disease Progression in Dogs; Sibylle Kneissl • Learning Gains and Cognitive Load in a Flipped Radiology Classroom: Evidence from Undergraduate Veterinary Education; Sibylle Kneissl • Comparative Evaluation of Diagnostic Performance and User Experience Across Consumer-grade, Medical-grade, and Extended Reality Displays in Veterinary Radiographic Interpretation; Miguel Serra	Napoleon AB 123
5:30 PM	7:00 PM	Meet the Residency Program Event	Borgne

AGENDA

Friday, October 16

Concurrent Session: Equine Diagnostic Imaging

7:30 AM	5:00 PM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon CD 123
7:55 AM	8:00 AM	Welcome Remarks - Rebecca Urion, DVM, MAg, DACVR-DI, DACVR-EDI	Bayside ABC
8:00 AM	9:30 AM	Taking the Reins: Supporting Large Animal Career Interest Through Evidence-Based Mentorship - Lauren Bookbinder, DVM, DACVIM, EdD Candidate	Bayside ABC
9:30 AM	10:00 AM	Abstracts • Computed Tomographic Positive Contrast Urethrography and Histological Correlation of a Consistent Focal Pelvic Urethral Narrowing in Castrated Male Goat Cadavers; Caitlin Kiefer • The Computed Tomographic Contrast-enhancement Patterns of Benign Compared to Malignant Sinonasal Masses in the Horse; Cassidy Ostrom	Bayside ABC
10:00 AM	10:30 AM	Break in Exhibit Hall - DI Poster Presentations	Napoleon Foyer & Napoleon CD 123
12:30 PM	2:00 PM	Lunch Break on Your Own	
2:00 PM	3:00 PM	Emerging Veterinary MRI technologies Designed to Reduce Scan Times and Image Artifacts - Steve Roberts, PhD	Bayside ABC
3:00 PM	3:30 PM	Break in Exhibit Hall	Napoleon Foyer & Napoleon CD 123
3:30 PM	4:30 PM	Form versus Function: What Multi-Modality Imaging Has Taught Us About Subchondral Bone Injury in the Horse - Alexandra M. Scharf, DVM, PhD, DACVR, DACVR-EDI	Bayside ABC
5:30 PM	7:00 PM	Meet the Residency Program Event	Borgne

AGENDA

Saturday, October 17

General Session

7:30 AM	11:00 AM	Registration Open	Napoleon Foyer
7:00 AM	8:00 AM	Breakfast	Napoleon Foyer
7:55 AM	8:00 AM	Welcome Remarks – Matt Winter, DVM, DACVR	Napoleon AB 123
8:00 AM	9:00 AM	Beyond Diagnosis: The Role of Veterinary Radiology in Drug Discovery and Translational Research - Derek D. Cissell, VMD, PhD, DACVR	Napoleon AB 123
9:00 AM	10:00 AM	AI-Literate Radiologists: Shaping The Future of Veterinary Diagnostic Imaging - Lenore A. Mohammadian, DVM, MSpVM, DACVR	Napoleon AB 123
10:00 AM	10:30 AM	Break	Napoleon Foyer
10:30 AM	11:30 AM	Prompt Generation for Large Language Models - Should I Really Still Be Threatening All These Robots? - Mason Y. Savage, DVM, DACVR	Napoleon AB 123
11:30 AM	12:30 PM	AI Keynote: Intercept, Retrieve, Review, Reveal: Practical AI Solutions Across the Diagnostic Workflow - Jonathan Lustgarten, MS, PhD, VMD, CSPO	Napoleon AB 123
12:30 PM	1:00 PM	End of Conference/Lunch	Napoleon Foyer

Saturday, October 17

Concurrent Session: Equine Diagnostic Imaging

7:30 AM	11:00 AM	Registration Open	Napoleon Foyer
7:55 AM	8:00 AM	Welcome Remarks - Rebecca Urion, DVM, MAG, DACVR-DI, DACVR-EDI	Bayside ABC
7:00 AM	8:00 AM	Breakfast	Napoleon Foyer
8:00 AM	9:00 AM	Beyond the Algorithm: How AI Is Transforming Radiology from Workflow to Diagnosis - Kurt Selberg, DVM, MS, DACVR-DI, DACVR-EDI	Bayside ABC
9:00 AM	10:00 AM	Clinician Perspective on PET in Sport Horses - Ryland B. Edwards, III, DVM, MS, PhD, DACVS, DACVSMR	Bayside ABC
10:00 AM	10:30 AM	Break	Napoleon Foyer
10:30 AM	11:30 AM	Providing Optimized and Personalized Client Care in an Equine Teleradiology Setting While Maintaining Efficiency and Quality - Myra Barrett, DVM, DACR-EDI & Kurt Selberg, DVM, MS, DACVR-DI, DACVR-EDI	Bayside ABC
11:30 AM	12:30 PM	Telerad/Imaging Challenges - Ryland B. Edwards, III, DVM, MS, PhD, DACVS, DACVSMR	Bayside ABC
12:30 PM	1:30 PM	Advanced Equine Sports Medicine Imaging-Based Case Discussion - Moderator: Rebecca Urion, DVM, MAG, DACVR-DI, DACVR-EDI Panelists: Ryland B. Edwards, III, DVM, MS, PhD, DACVS, DACVSMR & Myra Barrett, DVM, DACR-EDI	Bayside ABC

End of Conference – Hope to see you in Seattle, WA in 2027!

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Recharge Zone Comfort Lounge



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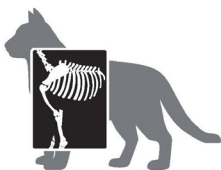
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Telemedicine
Booth 107

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Telemedicine; Recruiting
Booth 202

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Academy of Veterinary Technicians in Diagnostic Imaging (AVTDI)
avtdi.org

Services
Booth 307

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Exhibitor

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<https://bbvsh.com/>

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Equipment
Booth 205

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**Recruiting
Booth 111**

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**Equipment
Booth 313**

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Lakefield Veterinary
www.lakefieldvet.com

**Recruiting
Booth 314**

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medQ, Inc.
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Software
Booth 106**

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Exhibitor

Mindray Animal Medical
<https://www.mindrayanimal.com/na/aboutus>

**Equipment
Booth 213, 215**

Mindray Animal Medical is a leading provider of advanced veterinary medical technologies, offering innovative solutions in diagnostic ultrasound, digital radiography, patient monitoring, anesthesia, infusion therapy, and in-vitro diagnostics. We are committed to empowering veterinary professionals with reliable, high-quality technology that enhances clinical confidence, improves workflow efficiency, and supports exceptional patient care across companion animal, equine, farm animal, and exotic animal practices.

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Exhibitor

NorthStar VETS
<https://northstarvets.com/>

**Recruiting
Booth 210**

Veterinary Emergency & Specialty Hospital



Exhibitor

RadsForVets
www.RadsForVets.com

**Telemedicine
Booth 312**

RadsForVets is a veterinary teleradiology and technology company dedicated to delivering the experience of having an on-site radiologist—anytime, anywhere. Our proprietary platform and highly vetted team of ACVR and ECVDI board-certified radiologists provide expert diagnostic interpretations, direct access to radiologists, real-time consultations, video-enriched reports, and 24/7/365 coverage. By combining innovative technology with high-touch clinical collaboration, we help veterinary teams make confident decisions, improve workflow efficiency, and deliver exceptional patient care.

SAMSUNG

Exhibitor

Samsung
<https://usa.samsunghealthcare.com/>

**Equipment
Booth 110, 112**

Samsung is committed to advancing veterinary care with a mission to support the health and well-being of animals. By integrating our expertise in imaging, IT, and electronics, our vision is to provide veterinarians with confident diagnostic tools, cost-effective solutions, and improved workflow to better serve their patients and clients.



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Schwarzman Animal Medical Center
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**Recruiting
Booth 309**

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Exhibitor

Seacoast Emergency & Referral Veterinary Hospital (SERV Hospital)

<https://servnh.com/>

Recruiting Booth 305

SERV – Seacoast Emergency & Referral Veterinary Hospital is a doctor-owned and operated emergency and specialty hospital dedicated to redefining veterinary medicine by putting pets, their families, and the people who care for them first. Built by veterinarians and a team passionate about exceptional care, SERV focuses on compassion, collaboration, and providing the best experience for our patients, clients, and team.

Our hospital combines advanced medicine with a personal approach, featuring state-of-the-art equipment, innovative technology, and a highly skilled team committed to delivering exceptional emergency and specialty care. We believe the best medicine happens in a positive environment where team members feel valued, supported, and empowered to grow.

At SERV, we are creating more than a hospital—we are building a community centered around trust, teamwork, and a shared mission to keep what matters most at the center of everything we do: pets and their families.



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Telemedicine; Recruiting Booth 306

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Equipment; Services Booth 303

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Exhibitor

Timeless Veterinary Systems
www.timelessveterinary.com

Telemedicine
Booth 304

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TRAVV
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Telemedicine, Services
Booth 103

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United Veterinary Care
<https://www.unitedveterinarycare.com/>

Equipment
Booths 302

United Veterinary Care is a fast growing, national group of primary care, emergency, and specialty veterinary practices united by a passion for culture, communication, collaboration, and teamwork. We support people doing what they love, especially when their passion is helping animals. United Veterinary Care was built by vets, and we are dedicated to giving the veterinary profession the brightest future possible. Our goal is to build the nation's leading veterinary support organization while delivering exceptional care to pets, people, and our communities.

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universalimaginginc.com

Equipment
Booths 300

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<https://www.vetrocket.com/>

Services
Booths 108

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Vetology Innovations
<https://vetology.net>

Equipment
Booth 214

Vetology: AI and teleradiology software and services featuring published AI data. Our report-writing platform drafts in your voice, not ours.



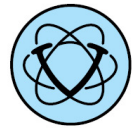
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Telemedicine
Booth 114

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CT/MRI Society

Contrast-enhanced CT Features of Hepatic and Splenic Histiocytic Sarcoma in Dogs

Presenting Author: Cameron J. Craig, DVM - Department of Veterinary Clinical Sciences, College of Veterinary Medicine, Purdue University

Co-Author: Caroline V. Fulkerson, DVM, MS, DACVR - Purdue University

Co-Author: Frederico R. Vilaplana Grosso, LV, DECVDI, DACVR - University of Florida College of Veterinary Medicine

Co-Author: Masahiro Murakami, BVSc, MS, PhD, DACVR - Department of Veterinary Clinical Sciences, College of Veterinary Medicine, Purdue University

Short Summary: Canine histiocytic sarcoma (HS) commonly involves the liver and spleen; however, hepatic and splenic involvement has not been characterized on CT. This multi-institutional retrospective descriptive study included dogs with hepatic and/or splenic HS that underwent contrast-enhanced CT and had organ involvement confirmed by cytology, histopathology, necropsy, or a combination thereof. Sixteen dogs were included. The liver was involved in 12/16 dogs and the spleen in 14/16 dogs. Hepatic lesions were identified on CT in 9/12 dogs, whereas splenic lesions were identified in 14/14 dogs, indicating CT-occult involvement in 3 livers. When detectable on CT, HS appeared as multifocal nodular to mass lesions. In livers with CT-detectable masses/nodules, the median diameter of the largest lesion in each dog was 35.9 mm (range, 17.6–102.8 mm). In spleens with CT-detectable masses/nodules, the median diameter of the largest lesion in each dog was 71.0 mm (range, 19.7–184.9 mm). In both the liver and spleen, the largest lesions were commonly irregularly rounded, hypoattenuating, and heterogeneous, with predominantly hypoenhancing postcontrast behavior, and 44-50% exhibited rim enhancement. Attenuation values in CT-occult organs fell within the ranges of non-lesional parenchymal attenuation in dogs with CT-detectable masses/nodules. Canine HS commonly produces recognizable masses or nodules in the liver and spleen; however, the absence of a discrete hepatic lesion on CT does not exclude organ involvement, and CT attenuation does not appear useful for excluding occult HS. Recognition of both patterns may improve interpretation and sampling decisions during abdominal staging.



Computed Tomographic Evaluation of Intrahepatic Biliary Duct Dilation in Dogs with Confirmed Common Bile Duct Obstruction

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Co-Author: Matilde Ravelli, DVM - AniCura Policlinico Veterinario Roma Sud

Co-Author: Massimo Vignoli, PhD, DVM, ECVDI - Clinica Veterinaria Concordia

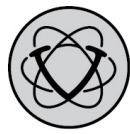
Co-Author: Simone Teodori, DVM - Anicura Policlinico Veterinario Roma Sud

Co-Author: Chiara Caramazza, DVM - Clinica Veterinaria Concordia

Co-Author: Andrea Carloni, DVM, MSc, Dipl. ECVDI - Department of Diagnostic Imaging, Ospedale Veterinario "I Portoni Rossi" AniCura, Bologna, Italy

Short Summary: Periportal halo sign (PPH) in dogs is a nonspecific CT finding characterized by a hypoattenuating rim surrounding the intrahepatic portal branches. Intrahepatic biliary ducts dilation is understudied in veterinary medicine and can be mistaken for PPH on CT due to its hypoattenuating feature near the intrahepatic portal branches.

This retrospective multicenter study aimed to differentiate PPH from IBDD and to describe the CT features of dogs with surgically confirmed common bile duct (CBD) obstruction. Two groups were included: dogs with biochemical jaundice, surgically confirmed CBD obstruction, and preoperative pre- and post-contrast CT, and dogs with CT evidence of PPH without biochemical or clinical evidence of biliary obstruction. CT studies were anonymized and independently reviewed by three blinded observers. Twenty-two dogs were included in the CBD obstruction group and 10 in the PPH group. Causes of obstruction included biliary stones, pancreatic disease, CBD stenosis, hyperattenuating bile and a duodenal foreign body. Intrahepatic biliary duct dilation was identified in 20/22 dogs with CBD obstruction, whereas PPH was observed in only 1/22. Most dogs with CBD obstruction showed a simple, asymmetrical, tubular hypoattenuating pattern adjacent to the portal branches, whereas a minority showed a mixed pattern with an incomplete periportal halo. In contrast, all dogs in the PPH group showed circumferential periportal hypoattenuation rather than intrahepatic biliary dilation. CT also identified the site and cause of obstruction.



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Diagnostic Imaging

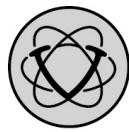
Radiologists Demonstrate Greater Accuracy Than Emergency Veterinarians in Diagnosing Surgical Small Intestinal Obstruction

Presenting Author: Ann Bartlett, DVM, DACVR - Animal Emergency & Specialty Center

Co-Author: Samuel Stewart, DVM, DACVECC - Massachusetts Veterinary Referral Hospital

Co-Author: Jennifer Brisson, DVM, DACVR - Massachusetts Veterinary Referral Hospital, Ethos & NVA

Short Summary: Small intestinal foreign body obstruction (SIFBO) is a common and potentially life-threatening condition in veterinary patients. Abdominal radiographs are frequently used as a first-line diagnostic modality and may be interpreted by both emergency (ER) veterinarians and radiologists. This prospective, multicenter, observational study compared the diagnostic accuracy and confidence of ER veterinarians and ACVR-certified radiologists in identifying surgical SIFBO in 100 client-owned dogs ($n = 79$) and cats ($n = 21$) across six referral hospitals. Three-view abdominal radiographs were independently evaluated by the attending ER veterinarian and a radiologist. Observers recorded diagnostic confidence using a 5-point Likert scale and indicated whether emergent surgical intervention was recommended. Surgical findings served as the gold standard. Of the 100 patients, 94 were confirmed to have SIFBO requiring surgical intervention. Radiologists assigned significantly higher diagnostic confidence scores than ER veterinarians (median 5.0 vs. 4.0; $p < 0.0001$) and demonstrated greater diagnostic accuracy, with higher sensitivity (87% vs. 73%) and increased odds of a correct diagnosis (odds ratio 3.6; $p = 0.041$). Specificity was low and similar between groups (33%). In discordant cases, radiologists were more frequently correct. Veterinary radiologists were more confident and accurate than ER veterinarians in diagnosing surgical SIFBO, supporting their role in improving clinical decision-making and patient outcomes.



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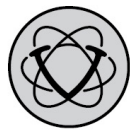
The Effect of Adding a Left Lateral Projection to Traditional Abdominal Radiographic Views When Diagnosing Canine Gastrointestinal Foreign Body Obstructions

Presenting Author: Ali Diamond, DVM - Mississippi State University College of Veterinary Medicine

Co-Author: Marc A. Seitz, DVM, DACVR, DABVP (Canine and Feline Practice) - Mississippi State University College of Veterinary Medicine

Co-Author: Alison M. Lee, DVM, MS, DACVR - Mississippi State University College of Veterinary Medicine

Short Summary: Literature is conflicting over the utility of inclusion of a left lateral (LL) projection with traditional right lateral (RL) and ventrodorsal (VD) projections for abdominal radiography. The purpose of this study was to assess the diagnostic performance of two-view (RL and VD) versus three-view (RL, VD, and LL) abdominal radiographs for identifying confirmed gastrointestinal mechanical obstructions due to foreign material. A retrospective case-control study design was used to identify 148 total dogs consisting of 47 controls and 101 mechanical obstructions (27 pyloric, 40 small intestinal, and 37 linear). All cases were evaluated twice in a randomized order by a radiologist and radiology-resident. Performance metrics were calculated for each reviewer and compared for each study. When diagnosing gastrointestinal mechanical obstructions with 2-views vs. 3-views, the sensitivity, specificity, PPV, NPV, and accuracy significantly increased for the radiologist (87%/98%, 70%/85%, 86%/93%, 72%/95%, and 82%/94%) but not the radiology resident (88%/92%, 70%/74%, 86%/89%, 73%/81%, 82%/87%). For only the radiologist, the left lateral projection significantly increased the sensitivity (59%/93%) and NPV (78%/96%) for diagnosing pyloric outflow obstructions and the NPV (81%/88%) for diagnosing linear obstructions with a pyloric anchor. For dogs with pyloric obstructions or linear obstructions anchored in the pylorus, the foreign body was visible most often on the LL, followed by the VD and then the RL. This study supports the addition of a LL projection to a traditional 2-view abdominal radiographic study to improve detection of gastrointestinal foreign body mechanical obstructions, especially when foreign material is located in the pylorus.



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Diagnostic Imaging

Acute Multinodular Pneumonia in Cats: Clinical Presentation, Imaging Findings, and Necropsy Correlation

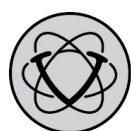
Presenting Author: Allison Elkowitz, VMD - The Schwarzman Animal Medical Center

Co-Author: Anthony J. Fischetti, DVM, MS, DACVR - The Schwarzman Animal Medical Center

Co-Author: Heather Daverio, DVM, DACVP - The Animal Medical Center

Co-Author: Joel G. Weltman, DVM, DACVECC, PhD - The Schwarzman Animal Medical Center

Short Summary: The imaging pattern of multifocal soft tissue nodules in cats with acute respiratory disease is poorly characterized. This study describes the clinical, radiographic, and histopathologic features of cats with this presentation that responded favorably to medical therapy. Inclusion criteria were acute presentation and multifocal, peripheral, wedge-shape to nodular patterns on intake radiographs (n=17). Most cases (88%) involved multiple lung lobes, with all lobes affected in 52%. Lesions were most common in the right caudal lung lobe (100%), followed by the left caudal (88%), left cranial (76%), right middle (70.5%), right cranial (70.5%), and accessory lobes (59%). A mixed nodular and wedge-shape pattern was present in 70% of cases. Scant pleural effusion was seen in 35%. Histological data suggest that most patients (4/6) have bronchopneumonia with evidence of alveolar damage (4/4 cases) and concurrent interstitial inflammation (3/4 cases). True embolic pneumonia was seen in a minority of cases (2/6). All cases had localized necrosis and evidence of vascular injury, including vasculitis, fibrinoid vascular necrosis, or thromboses. In one case, discrete abscesses were seen, and the histomorphologic features of the remainder suggest evolving abscessation. Granuloma formation was not seen in any of the cases. This radiographic pattern reflects a spectrum of bronchopneumonia with vascular compromise, most likely driven by infectious causes, with embolic mechanisms playing a secondary role in a minority of cases. Recognition of this imaging pattern is critical to avoid premature prognostic condemnation, as these cases frequently respond favorably to medical therapy.



Learning Gains and Cognitive Load in a Flipped Radiology Classroom: Evidence from Undergraduate Veterinary Education

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Co-Author: Felicitas Herndl, n/a - University of Veterinary Medicine, Vienna

Co-Author: Sophie Felicitas Mitlacher, M.A. - University of Veterinary Medicine, Vienna

Co-Author: Sarah Stadlhuber, n/a - University of Veterinary Medicine, Vienna

Co-Author: Katharina Staffenberger, n/a - University of Veterinary Medicine, Vienna

Co-Author: Alexander Tichy, Mag phil, Dr rer nat - University of Veterinary Medicine Vienna, Department for Biomedical Sciences

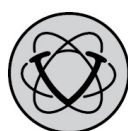
Co-Author: Claudia Moessenlechner, Prof. Mag. Dr. - MCI Internationale Hochschule GmbH

Short Summary: In 2025/26, undergraduate veterinary students participated in a blended learning module comprising a nine-hour online flipped classroom and six hours of on-site radiology training, delivered across four phases. This study evaluated learning gains and cognitive load using pre- and post-tests alongside a cognitive load rating scale and the NASA Task Load Index.

Radiographic interpretation is taught within a multidisciplinary third-year course. The redesigned format aimed to prepare students for hands-on workshops through structured online materials, including annotated radiographic cases, short audio-supported presentations, an electronic textbook, quizzes, games and an interactive online bulletin board. Pre- and post-tests each comprised two clinical cases assessing observation and interpretation skills.

Data from 185 students showed a significant improvement in performance, with mean scores increasing from 4.6 to 8.6 out of 12 (+4.0 points; $P < 0.001$). Despite these learning gains, cognitive load varied. Students reporting low to average mental effort ($n = 75$) expressed higher confidence in performance than effort or frustration. In contrast, those with high mental effort ($n = 108$) reported greater effort than perceived performance. Two outliers with very very low mental effort were removed.

Although learning gains were observed, many students reported elevated cognitive load, likely reflecting their transition from pre-clinical to clinical training, the demands of image-intensive tasks, and limited experience with self-regulated learning. Students with lower self-efficacy benefited less from increased autonomy and may need additional support. Overall, the flipped classroom improved radiographic interpretation skills, but targeted scaffolding is needed to ensure all students benefit equally.



Limited Clinical Utility of Longitudinal Radiographic Cardiac Indices for Monitoring Myxomatous Mitral Valve Disease Progression in Dogs

Presenting Author: Sibylle M. Kneissl, Ao.Univ.-Prof., Dr.med.vet., MMed - University of Veterinary Medicine, Vienna

Co-Author: Ivyana Staneva Ivanova, DVM - Trakia University, Bulgaria

Co-Author: Ursula Susanne Kolm, DVM - University of Veterinary Medicine, Vienna

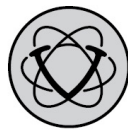
Co-Author: Mato Markovic, DVM - University of Veterinary Medicine, Vienna

Co-Author: Antoaneta Petrova Yordanova, DVM - Trakia University, Bulgaria

Short Summary: The objective of this study was to evaluate longitudinal changes in radiographic cardiac indices with or without progression of myxomatous mitral valve disease (MMVD) in dogs.

Temporal change in each dog was normalized using a 6-month standardization: $\Delta X_{6ms} = (X_{follow\ up} - X_{baseline} / \text{months between examinations}) \times 6$, where X represents vertebral heart scale (VHS), vertebral left atrial size (VLAS), modified vertebral left atrial size (M-VLAS), or radiographic left atrial dimension (RLAD). To minimize bias from short follow-up intervals, only cases with an inter-examination interval ≥ 3 months were included. Dogs were classified as stable if the follow-up radiograph was in stages A or B1, and progressive if it was in stages B2 or C.

A total of 14 stable (5 A-A; 9 B1-B1) and 20 progressive (6 ending in B2; 14 ending in C) dogs were included. $\Delta VLAS_{6ms}$ showed a modest increase across the four periods, and had a positive mean (0.065) and median (0.11) value only in dogs whose follow-up radiograph was in stage C. In contrast, VHS_{6ms} demonstrated variability, with overlapping median values (A-A: -0.16; B1-B1: -0.16; B2-ending: -0.04; C-ending: 0.28). M-VLAS and RLAD exhibited greater inconsistencies. Among the four indices VHS_{6ms} alone differed between stable and progressing dogs ($p=0.004$). Limitations include consensus measurements, small sample size, and variable radiographic positioning. Longitudinal changes in radiographic indices over a 6-month period were small and showed substantial overlap between stable and progressive dogs, limiting their practical clinical utility. Overall, these findings suggest that radiographic measures are insufficient to reliably assess MMVD progression.



ACVR

Diagnostic Imaging

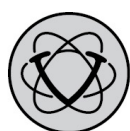
Computed Tomographic and Ultrasonographic Imaging Features of Confirmed and Suspected Canine Alveolar Echinococcosis in North America

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Co-Author: Sally Sukut, MS, DVM - University of Saskatchewan

Short Summary: *Echinococcus multilocularis* is a globally distributed gastrointestinal parasite of Canidae species and the causative agent of the zoonotic disease alveolar echinococcosis (AE). Ultrasonographic and computed tomographic imaging features of canine AE are limited in their description, particularly in North America. The purpose of this retrospective, multicenter, descriptive study is to describe the ultrasonographic and CT imaging characteristics of canine AE in a North American population. Quantitative and qualitative features were evaluated, including affected organs, lesion number, size, definition, margination, attenuation, and enhancement pattern. Concurrent pathologic findings such as peritoneal effusion, lymphadenopathy, or extra-abdominal lesions were recorded. Nineteen dogs with confirmed or suspected alveolar echinococcosis were recruited. Young to middle-aged, medium to large-breed dogs were most frequently affected (mean age: 3 years and mean weight: 26 kg). On ultrasound, AE lesions were most frequently numerous, hyperechoic (76.5%) and cavitated (64.7%) abdominal masses. On CT, AE lesions were also numerous, hypoattenuating (90.9%) and cavitated (90.9%) with rim enhancement (63.6%), located within or protruding from the liver. Mineralized lesions were observed in 52.9% of ultrasonographic studies and 81.8% of CT studies, respectively. Peritoneal effusion was detected in 70.6% of ultrasonographic studies and 100% of CT studies. Hepatic lymphadenopathy was detected on CT in 100% of studies. Our findings support the inclusion of AE as a differential diagnosis in young to middle-aged dogs with multiple, cavitated hepatic lesions, with or without mineralization, though a variety of lesion morphologies can be observed.



Comparative Evaluation of Diagnostic Performance and User Experience Across Consumer-grade, Medical-grade, and Extended Reality Displays in Veterinary Radiographic Interpretation

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Short Summary: Extended reality (XR) technologies are increasingly used in veterinary medicine, but their impact on diagnostic performance in radiology remains unclear. This study compared diagnostic performance and subjective user experience across three display systems: a consumer-grade monitor, a medical-grade monitor, and an XR head-mounted display. Fifty-one radiographic cases (38 dogs, 13 cats) were independently evaluated by four board-certified veterinary radiologists. A reference standard was established by consensus of two additional board-certified radiologists using imaging and clinical data. Observers recorded findings using structured questionnaires. Diagnostic performance was comparable across all display systems, with no significant differences for most findings ($p \geq 0.05$). A significant difference was observed for unstructured interstitial pulmonary patterns ($p = 0.031$ – 0.036), likely reflecting interobserver variability rather than display-related effects. Subjective evaluation showed no differences in brightness, contrast resolution, or spatial resolution ($p = 0.223$). However, significant differences were found for visual comfort ($\chi^2 = 8.0$, $p = 0.018$) and dry eye symptoms ($\chi^2 = 7.54$, $p = 0.023$), with lower comfort scores reported for the XR system. In conclusion, XR displays provide diagnostic performance comparable to conventional monitors, although reduced visual comfort and increased ocular fatigue remain limitations for prolonged use.



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Large Animal
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Computed Tomographic Positive Contrast Urethrography and Histological Correlation of a Consistent Focal Pelvic Urethral Narrowing in Castrated Male Goat Cadavers

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Short Summary: Male goats are predisposed to obstructive urolithiasis because of their complex lower urinary tract anatomy, and accurate urolith localization is clinically important for treatment planning and prognosis. This study combined retrospective case review with prospective cadaver evaluation to characterize a focal pelvic urethral narrowing proximal to the urethral recess using normograde computed tomography positive contrast urethrography and histologic correlation. Retrospective review identified the narrowing in 100% (6/6) of abdominal CT studies performed for urinary obstruction and 100% (9/9) of successful radiographic or fluoroscopic urethrographic studies in which positive contrast reached the pelvic urethra. Prospective evaluation was then performed in 6 castrated male goat cadavers following tube cystostomy and pre- and post-positive contrast cystourethrogram CT in sternal recumbency. All 6 cadavers showed the same narrowing. On sagittal reformatted images, this was best depicted as a wedge-shaped or abruptly tapering filling defect within the positive contrast urethral column. Histologically, the corresponding tissue was composed of collagenous connective tissue with vasculature, nerves, adipose tissue, and cavernous tissue resembling corpus spongiosum, located directly between the floor of the urethral recess and the urethra, and forming a mild luminal stricture. A practical CT urethrography protocol was established in which staged contrast administration through the tube cystostomy catheter, including additional instillation during image acquisition after initial urinary bladder filling, was required to achieve complete urethral opacification. This work is clinically relevant because it provides an anatomic reference and practical imaging approach to support CT interpretation in male goats with suspected obstructive urolithiasis and other urethral disorders.



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Equine Diagnostic
Imaging

The Computed Tomographic Contrast-enhancement Patterns of Benign Compared to Malignant Sinonasal Masses in the Horse

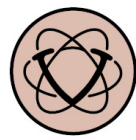
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Short Summary: The characteristics of intravenous contrast medium for equine sinonasal masses has been inconsistently reported. The objective of this bi-institutional, retrospective, observational study was to compare the contrast enhancement characteristics of benign and malignant sinonasal masses in horses. Medical records from two institutions were reviewed for cases between June 2002 and October 2025 that included contrast-enhanced CT of a sinonasal mass with histopathologic or cytologic confirmation. Iodinated contrast medium (250–400 mL of 240–300 mg/mL iohexol) was administered intravenously in all cases. A total of twenty-two horses met inclusion criteria, including 5 malignant and 17 benign masses. Significant differences were identified in both pre-contrast minimum attenuation (malignant: 17.6 +/- 23.4 HU; benign: -31 +/- 57.8 HU; $p = 0.019$) and post-contrast minimum attenuation (malignant: 20.8 +/- 19 HU; benign: -35.9 +/- 60.5 HU; $p = 0.009$). Central mineralization was significantly more common in malignant masses (100%) compared to benign masses (35%; $p = 0.035$). There was no significant difference in the post-contrast HU values, percent contrast-enhancement, pattern of enhancement, or mass-to-pterygoid muscle ratios in malignant compared to benign masses. The observed differences in minimum attenuation values suggest that malignant masses may be more uniformly solid, whereas benign lesions more commonly contain low-density regions consistent with fluid or gas. These findings suggest that contrast-enhanced CT may offer limited additional diagnostic value for equine sinonasal masses, particularly in differentiating tumor type.



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Ultrasound Society

Comparison Between Medullary Rim Sign, Band Sign, and Striations in Feline Kidneys: Prevalence and Clinical Significance

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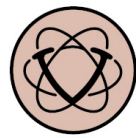
Co-Author: Alessia Cordella, DV, PhD, DECVDI - University of Pennsylvania

Short Summary: Three ultrasonographic renal medullary changes, known as rim (MR), band (MB), and striations (MS) have been described in cats. The aims of this study were to assess the prevalence of MR, MB, and MS within the same large feline population and to compare clinical findings among them.

For this retrospective study, images of all cats that underwent ultrasound in the year 2024 at one institution were reviewed. Cats were divided into 5 groups: normal kidneys (NK), renal changes (KD), MR, MB, and MS. Signalment and serum creatinine and BUN levels, USG, and FIP status were recorded. Comparisons between groups were performed using Kruskal-Wallis and Dunn pairwise comparison or Fisher's exact test. Significance was set at $p < 0.05$.

Out of the 654 cats included, 41 (6.3%) had MR, 13 (2.3%) MB, and 30 (4.6%) MS. Cats with MB had significantly higher creatinine levels than cats with MR ($p = 0.003$) and MS ($p = 0.04$), and significantly higher BUN levels than all other groups ($p = 0.001$ - 0.035). Cats with MS had significantly higher creatinine and BUN and lower USG than cats with NK ($p = 0.026$, $p = 0.016$, $p = 0.008$). The frequency of FIP diagnosis was significantly higher in cats with MR (12%) than in other groups ($p = 0.001$).

Feline renal medullary changes are overall uncommon. While MB and MS are more strongly associated with impaired renal function and should prompt careful clinical evaluation, MR is often incidental or possibly associated with FIP.



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Ultrasound Society

Evaluation of Muscle Contracture in German Shepherds with Shearwave Elastography

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Co-Author: Kate Birdwhistell, DVM, PhD - The University of Florida

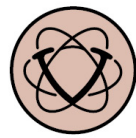
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Co-Author: Jennifer Repac, DVM, DACVSMR, CVA, CCRT, CVCH - The University of Florida

Short Summary: Fibrotic myopathy is an uncommon condition in dogs characterized by muscle contracture and mechanical lameness, most frequently affecting working line German Shepherd Dogs (GSDs). Diagnosis is typically based on physical examination and musculoskeletal ultrasound; however, assessment of disease severity remains largely subjective. This study sought to report shear wave elastography (SWE) measurements of the gracilis, semimembranosus, and semitendinosus muscles in healthy GSDs, and to compare these measurements with those obtained from GSDs affected by fibrotic myopathy, including evaluation hamstring stretch angles. Shear wave elastography was performed at multiple anatomic locations within each muscle using longitudinal and transverse probe orientations. Ten unaffected GSDs were prospectively imaged to document normal SWE values and characterize baseline variability. SWE measurement variability differed by muscle region, with significant orientation dependent differences identified within the gracilis muscle at the myotendinous junction, gracilis tendon insertion and at the semitendinosus origin and insertion. Variance was comparable between orientations at the gracilis origin, gracilis tendon at the myotendinous junction, and throughout the semimembranosus muscle. Dogs affected by fibrotic myopathy had significantly reduced hamstring stretch angles and significantly increased transverse SWE values at the gracilis tendon insertion compared with nonaffected limbs. Hamstring stretch angle measurements demonstrated good intra observer agreement, but poor inter observer agreement. These findings support the use of SWE as an objective method for detecting region specific muscle stiffness associated with fibrotic myopathy and may enhance clinical assessment and staging of this condition.



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Ultrasound Society

Diagnostic Performance of Abdominal Ultrasonographic Findings for Gallbladder Rupture in Dogs and Cats

Presenting Author: Kosuke Kinoshita, BVSc and MRCVS - Purdue University

Co-Author: Ana Carolina Fonseca Pinto, DVM, PhD, DACVR - Purdue University

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Short Summary: Gallbladder rupture (GBR) is a life-threatening condition with a reported highest mortality rate of 68%. Abdominal ultrasound (AUS) is the most common imaging modality for evaluating GBR. The purpose of this study was to identify the most clinically useful ultrasonographic findings, and if combination of these findings can accurately predict GBR in dogs and cats. In total 62 dogs and 4 cats were included. AUS studies were retrospectively reviewed and compared with the final surgical and histopathologic outcomes. GBR was confirmed in 17/66 cases, and the overall AUS accuracy for GBR was 70.6%. Peritoneal effusion in or beyond gallbladder fossa (88.2%), moderate to severe hyperechoic pericholecystic fat (76.5%), and obvious or suspected discontinuous gallbladder wall (70.6%) were commonly seen in GBR cases. The findings with greatest diagnostic sensitivity were hyperechoic pericholecystic fat (94.1%) and peritoneal effusion in or beyond gallbladder fossa (88.2% each), whereas the findings with greatest diagnostic specificity were extravasating mucocele or sludge (77.6%), and distorted gallbladder shape (75.5%). For diagnostic performance of ultrasonographic GBR score systems, the sensitivity of scores 0-2 was 100%. The specificity of $\geq$ score 5 was 91.8% with 100% specificity of score 7. A total of 8 cases had confirmed TMN without GBR. Of these, 75% were interpreted as gallbladder rupture on AUS. In conclusion, a single ultrasonographic finding can be sensitive with limited specificity for diagnosis of GBR, however, once combined and the total score is ≥ 5 , GBR can be strongly suspected.



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Zoological, Exotic, Wildlife
Diagnostic Imaging Society

Vertebral Heart Scale in Free-roaming Lionstrasound

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Short Summary: The African lion (*Panthera leo*) is classified as vulnerable by the International Union for Conservation of Nature. As veterinary involvement in wildlife conservation expands, practical diagnostic tools applicable under field conditions are increasingly needed. In domestic species, the vertebral heart scale (VHS) is a well-established radiographic method for estimating cardiac size and monitoring cardiac disease progression. Despite its widespread use in small animal medicine, VHS reference values have not been established for free-roaming African lions or most large wild felids. The objective of this study was to establish baseline VHS values in free-roaming African lions presumed to be free of clinically apparent cardiovascular disease. These data may serve as a practical reference for assessing cardiac morphology in both free-ranging and managed lion populations.

Thoracic radiographs were acquired in Kruger National Park, South Africa, using a portable X-ray generator and digital radiography system. Images were merged and VHS measurements were obtained as previously described by Buchanan (1995). Descriptive statistics were calculated, and data distribution was assessed visually.

Reference intervals were calculated using a nonparametric approach. A total of 85 free-roaming lions were included. The median VHS was 9.4 v (interquartile range [IQR], 9.0–9.6 v), and the reference interval was 8.6–10.4 v. This study provides the first description of VHS reference values in free-roaming African lions, establishing baseline data with direct relevance to field-based cardiac screening in large felid conservative medicine.



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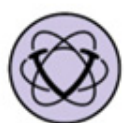
Abdominal Ultrasonographic Anatomy in Healthy Black-footed Cats (*Felis Nigripes*)

Presenting Author: Heather Ellis, DVM, BSc - Sage Veterinary Imaging

Co-Author: Samantha Loeber, DVM, DACVR, DACVR-EDI - University of Wisconsin-Madison

Co-Author: Jaime Sage, DVM, MS, DACVR - Sage Veterinary Imaging

Short Summary: The black-footed cat (BFC), one of the smallest wild cat species in the world, is listed as vulnerable on the International Union for Conservation of Nature Red list, with rapid population loss in recent years in the wild and in captivity. A large percentage of deaths in captive BFC has been attributed to amyloidosis, most often noted in kidneys and spleen. Normal abdominal ultrasonographic anatomy has not been reported for black-footed cats (BFC). The aim of this study was to establish a normal ultrasonographic anatomical reference for healthy BFC. Eight BFC have undergone abdominal ultrasound to date. Anatomical landmarks, organ appearance and characteristics were overall similar to domestic felines and other wild felids. Splenic size was larger than expected, similar to reference ranges reported for domestic cats, despite the marked difference in body size. Adrenal glands were larger than expected, similar in size to reference ranges in Caracals, a species that is 5-10 times the size of BFC. This study documents normal abdominal ultrasonographic anatomy in clinically healthy BFC kept in captivity. Establishing ultrasonographic reference ranges from a population of clinically healthy individuals is beneficial to recognize normal and identify abnormalities to aid in diagnosis and early disease intervention when applicable. Abdominal ultrasonography can be added to routine health examinations in BFC and aid in the shift to a preventative medicine focus in zoological medicine.



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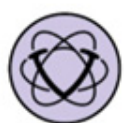
Development of a Three-phase Contrast-enhanced Abdominal Computed Tomography Protocol in Sedated Ferrets (*Mustela putorius furo*)

Presenting Author: Pavla Jerabkova, DVM - Colorado State University

Co-Author: Linda Sjalander-Dillenbeck, BVSc, MANZCVs (Eq Med), Dipl.ACVR-DI, Dipl.ACVR-EDI - Colorado State University

Co-Author: Elissa Randall, DVM, MS, DACVR - Colorado State University

Short Summary: Computed tomography (CT) is increasingly used in exotic animal medicine; however, a standardized contrast-enhanced abdominal CT protocol has not been established for ferrets (*Mustela putorius furo*). This prospective study aimed to develop a three-phase contrast-enhanced abdominal CT protocol for sedated ferrets and determine timing for arterial, portal venous, and delayed imaging phases. Ten client-owned ferrets underwent sedated abdominal CT following intravenous contrast administration (3 mL Iohexol 350 mgI/mL at 1.5 mL/s). Dynamic perfusion CT was performed over 60 seconds, followed by delayed whole-body post-contrast imaging. Time-attenuation curves were generated from regions of interest placed in the aorta, portal vein, liver, and kidneys to determine time to peak enhancement (TTP). Mean aortic TTP was 6.8s (95% CI, 5.0–8.6s) and mean portal venous TTP was 22.4s (95% CI, 19.0–25.8s). The delayed/equilibrium phase occurred between 45–50s. Excluding one ferret with a saphenous catheter, mean aortic and portal venous TTPs were 7.2s (95% CI, 5.4–9.0s) and 23.2s (95% CI, 19.8–26.6s), respectively. No ferrets required general anesthesia or intubation, and there were no complications. Contrast-enhanced CT also provided clinically useful characterization of abdominal pathology, including pancreatic nodules, adrenomegaly, chronic renal changes, lymphadenopathy, hepatic cysts, prostatomegaly, splenic lesions, and peritoneal effusion. These findings establish the first clinically applicable multiphasic abdominal CT timing recommendations for ferrets and support contrast-enhanced CT as a safe, feasible, and diagnostically valuable imaging modality in ferret abdominal disease.



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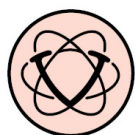
Rabbit Appendicitis on Computed Tomography

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Co-Author: Eric T. Hostnik, DVM, MS, DACVR-DI, DACVR-EDI - Ohio State University

Co-Author: Nicholas Jew, DVM, DABVP (Reptile/Amphibian) - MedVet Hilliard

Short Summary: Cecal appendix pathology is an under-recognized cause of recurrent gastrointestinal (GI) clinical signs that may include stasis and mimic obstruction in pet rabbits. Cecal appendicitis CT imaging is not well characterized. Abdominal imaging was retrospectively reviewed from seven client-owned rabbits with surgically and histopathologically confirmed cecal appendix disease. Quantitative measurements of the appendix, sacculus rotundus (SR), cecum, stomach, and small intestine were compared with published reference ranges using one-sample Wilcoxon signed-rank tests. The appendix was enlarged in 6 of 7 rabbits (median maximum diameter 10.0 mm; reference 3.9–8.8 mm; $p = 0.016$), with wall thickening in 4 of 7 (median 2.5 mm; reference 1.1–2.1 mm). The SR wall was thickened in 6 of 7 rabbits (median 3.9 mm; reference 2.2 ± 0.6 mm; ~1.8-fold above reference; one-sample t $p = 0.047$, not surviving Bonferroni correction). Total gastric height exceeded the reference range in all 7 rabbits, yet the cecum was smaller, not distended, in length and width. All rabbits (7/7) survived surgery for cecal appendectomy. Histopathology demonstrated typhlitis, lymphofollicular hyperplasia, or appendiceal abscessation in 6 of 7. Mild SR wall thickening combined with appendix enlargement, gastric distension, and a smaller-than-expected cecum should raise suspicion for cecal appendix pathology in rabbits with recurrent GI stasis.



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Radiation Oncology

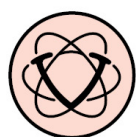
Radiation Therapy Treatment Planning in Dogs and Cats Utilizing Virtual Non-contrast Photon-counting Computed Tomography

Presenting Author: Johnny Altwal, DVM - Cornell University

Co-Author: Tracy L. Gieger, DVM, ACVR, ACVIM - Cornell University College of Veterinary Medicine

Co-Author: Parminder Basran, PhD, FCCPM - Cornell University - College of Veterinary Medicine

Short Summary: Photon-counting CT (PCCT) technology enables higher spatial resolution and improved contrast with the same or lower dose compared with traditional CT scanners. Because of its energy-discrimination capabilities, PCCT can also generate virtual non-iodinated contrast (VNC) images from contrast-enhanced CT (CE-CT). VNC images could eliminate the need for non-contrast-enhanced CT for radiation therapy (RT), as they can be derived from CE-CT data and used for radiotherapy dose calculations. This study included dogs and cats with tumors treated with RT planned using CT images from a PCCT. VNC images were retrospectively generated from CE-CT scans and imported into Varian Eclipse RT planning software (V18.1). Radiation plans with the same monitor units as the original treatment plan were created, based on non-contrast-enhanced images (targets, OARs), and the dose computed on CE-CT and VNC images. A total of 19 treatment sites in 17 patients were included. Linear mixed-effects modeling was used to compare dosimetric differences among RT plans, with Bonferroni-adjusted post hoc testing for multiple comparisons, and mean percentage differences and Cohen's d used to evaluate clinical relevance and effect size. Significant dosimetric differences were observed between original and CE-CT plans, including a 6.92% mean difference in the dose to the clinical target volumes. Original and VNC plans were dosimetrically indistinguishable in statistical analysis, although subjective dosimetric differences were observed in dogs with head, neck, or pelvic tumors. These findings suggest VNC-based RT planning using PCCT is feasible, though further investigation is required prior to routine clinical implementation to ensure accurate radiation delivery.



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Radiation Oncology

Outcomes and Toxicity in Dogs with Urothelial Carcinoma treated with Palliative-intent Radiation Therapy as First-line or Salvage \ Treatment: 73 Cases

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Co-Author: Ber-In Lee, DVM, MVM, MS, DACVR (RO) - Colorado State University

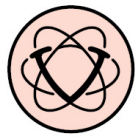
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Co-Author: Tae-Heon Jeon, MSN - The Ohio State University

Co-Author: Eric M. Green, DVM, DACVR (DI, RO, EDI) - The Ohio State University

Co-Author: Dah-Renn Fu, BVM, MVM, PhD, MS, DACVR (RO) - The Ohio State University

Short Summary: Urothelial carcinoma (UC) is the most common bladder tumor of canines and most frequently occurs in the trigone of the bladder but can involve the prostate and urethra. Some patients are diagnosed with advanced-stage disease where metastasis or urinary obstruction precludes definitive-intent treatment. Radiation therapy (RT) can be used as a first-line treatment, or in an adjuvant setting after failure of chemotherapy treatment. Objectives of this multi-institutional retrospective analysis were to describe the clinical outcomes and adverse effects of dogs with UC treated with first-line RT, or as a salvage procedure after chemotherapy failure. Seventy-three dogs with UC were included. The most common RT protocols were 5 Gy $\times$ 5 daily fractions (24.7%), and 6 Gy $\times$ 5 weekly fractions (20.6%). Fifty-five dogs (75.3%) were treated with first-line RT, 18 (24.7%) were treated with RT as a salvage procedure. 37% of dogs received chemotherapy post-RT. Following RT, the median progression-free survival (PFS) was 140 days (95% CI, 84-176) and median overall survival (OS) was 184 days (95% CI, 127-220). Improvement in clinical signs and adjuvant chemotherapy were significantly associated with PFS and OS. The median OS after any treatment was 217 days (95% CI, 174-301). Acute side effects were reported in 66% of patients, most commonly lower gastrointestinal (62%), of which 20.8% were grade I, 70.8% grade II, and 8.3% grade III. The others included dermatologic and urogenital toxicities. Palliative-intent radiation therapy is a reasonable treatment option for dogs with advanced UC, prostatic involvement, or after chemotherapy failure.



Comparative Analysis of Outcomes of Grade 3 Soft Tissue Sarcomas Following Surgery with or Without Adjuvant Conventionally Fractionated Radiation Therapy

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Co-Author: Kelly Hughes, DVM, PhD, DACVP - Colorado State University

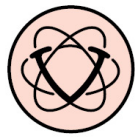
Co-Author: Mary-Keara Boss, DVM, PhD, DACVR (RO) - Colorado State University Flint Animal Cancer Center

Co-Author: Del Leary, PhD - Colorado State University

Co-Author: Tiffany W. Martin, DVM, MS, DACVR (RO) - Colorado State University Flint Animal Cancer Center

Short Summary: Soft tissue sarcomas (STS) arise from mesenchymal tissues with locally aggressive biologic behavior. STS are graded on a scale of 1 to 3, with grade 3 being the most aggressive. Incompletely excised grade 3 STS may have more aggressive local behavior and recurrence rates, so conventionally fractionated radiation therapy (CFRT) is indicated to slow or prevent local recurrence; however, the efficacy of this approach for grade 3 STS is not well defined. The purpose of this single-institution, retrospective study was to describe the behavior of grade 3 STS following surgery, with or without adjuvant CFRT. Surgery and radiation therapy logs were reviewed, and cases were included if the histopathologic diagnosis was consistent with a grade 3 STS. Patients were excluded if the STS arose from the oral cavity, bone, cartilage, or trigeminal nerve root, or raised concerns for hemangiosarcoma or histiocytic sarcoma. A total of 55 tumors were included: 27 in the surgery alone group and 28 in the adjuvant CFRT group. Twenty-one (38.2%) were located on the body, 31 (56.4%) were on an extremity, and 3 (5.4%) were associated with a nerve root. Eight (14.3%) masses were considered completely excised, all of which were in the surgery alone group. The median dose per fraction in the CFRT group was 3 Gy with 18 fractions for a total median dose of 54 Gy. 18 patients received intensity modulated radiation therapy (IMRT), and 10 patients had a manual setup. Data collection and analysis are ongoing, with no conclusions available yet.

Soft tissue sarcomas (STS) arise from mesenchymal tissues with locally aggressive biologic behavior. STS are graded on a scale of 1 to 3, with grade 3 being the most aggressive. Incompletely excised grade 3 STS may have more aggressive local behavior and recurrence rates, so conventionally fractionated radiation therapy (CFRT) is indicated to slow or prevent local recurrence; however, the efficacy of this approach for grade 3 STS is not well defined. The purpose of this single-institution, retrospective study was to describe the behavior of grade 3 STS following surgery, with or without adjuvant CFRT. Surgery and radiation therapy logs were reviewed, and cases were included if the histopathologic diagnosis was consistent with a grade 3 STS. Patients were excluded if the STS arose from the oral cavity, bone, cartilage, or trigeminal nerve root, or raised concerns for hemangiosarcoma or histiocytic sarcoma. A total of 55 tumors were included: 27 in the surgery alone group and 28 in the adjuvant CFRT group. Twenty-one (38.2%) were located on the body, 31 (56.4%) were on an extremity, and 3 (5.4%) were associated with a nerve root. Eight (14.3%) masses were considered completely excised, all of which were in the surgery alone group. The median dose per fraction in the CFRT group was 3 Gy with 18 fractions for a total median dose of 54 Gy. 18 patients received intensity modulated radiation therapy (IMRT), and 10 patients had a manual setup. Data collection and analysis are ongoing, with no conclusions available yet.



ACVR

Radiation Oncology

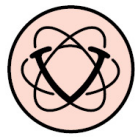
A Double Blinded Randomized Trial of Palliative Radiation Therapy with Zoledronate, Carboplatin, or Placebo in Canine Appendicular Osteosarcoma

Presenting Author: Tiffany W. Martin, DVM, MS, DACVR (RO) - Colorado State University Flint Animal Cancer Center

Co-Author: Kristen Weishaar, DVM, MS, DACVIM (Oncology) - Colorado State University Flint Animal Cancer Center

Co-Author: Brandan G. Wustefeld Janssens, BVSc (Hons), DipECVS, Fellow Surgical Oncology - Colorado State University and VetsCape Small Animal Hospital

Short Summary: Palliative radiation therapy (PRT) is used to help relieve bone pain in dogs with osteosarcoma and is frequently combined with bisphosphonates or chemotherapy without data to support which combination therapy is most effective. In this double blinded placebo controlled clinical trial, we recruited 30 dogs with appendicular osteosarcoma to receive two 8 Gy fractions on consecutive days with randomization to receive carboplatin, zoledronate, or placebo (saline). Dogs underwent a pressure sensitive walkway (PSW) gait analysis with owner questionnaires throughout the 3-week study period. One dog (10%) from the carboplatin group, 3 dogs (30%) from the saline group, and 3 dogs (30%) from the zoledronate group were withdrawn early due to increased pain or fracture. Eight dogs (26%) had pre-PRT weight percentage of 10% or less on the affected limb on PSW and 5 of those dogs (63%) withdrew from the study due to increased pain or fracture. Owners reported significant improvement in pain control for all 3 groups with quality-of-life improvement scores for zoledronate and saline. There were no significant changes within or between any groups on PSW from pre-PRT to 3 weeks post, although the zoledronate group appeared to be the most affected with the largest increase in weight distribution on the affected limb after PRT. In conclusion, one group was not identified to outperform another and owners reported improvements in all. PSW prior to PRT to exclude dogs with 10% or less of their body weight on that limb could be considered to select for appropriate candidates.



ACVR

Radiation Oncology

Satraplatin in Normal Cats as a Novel Radiosensitizer

Presenting Author: Kim Selting, DVM, MS, DACVIM (Oncology), DACVR-RO - University of Illinois

Co-Author: Jennifer M. Reinhart, DVM, PhD, DACVIM (SAIM), DACVCP - University of Illinois

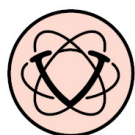
Co-Author: Lauralei Fisher-Cronkhite, PharmD, DICVP, FSVHP - University of Illinois

Co-Author: Joanna Schmit, DVM, MS, DACVIM (Onc) - University of Illinois

Co-Author: Brandi Macleod, BS - University of Illinois

Co-Author: Rebecca Kameron, CVT - University of Illinois

Short Summary: Platinum chemotherapy drugs can be used to sensitize cancer cells to radiation and options for cats are limited since cisplatin is fatally toxic to cats due to idiosyncratic pulmonary edema. Satraplatin is an orally bioavailable platinum drug, similar to carboplatin, that has been used safely in dogs. However, the safety and appropriate dose of satraplatin in cats is not known. We treated three healthy cats with increasing doses of satraplatin, assayed pharmacokinetics, and monitored hematologic, biochemical, and constitutional responses to dosing to document toxicity using VCOG-CTCAEv1.1. The drug was administered by mouth once daily for 5 days and was well tolerated; there were no idiosyncratic toxicities. Thoracic radiographs showed no abnormalities before or after treatment. Each cat was dosed twice, at least one month apart using a simple up-and-down design. EDTA plasma was collected at eight time points over 24 hours after dosing. Grade 1 neutropenia was seen at a total dose over 5 days of 37 mg/m², grade 2 at 78 mg/m², and grade 3 at 106 mg/m². We therefore chose a starting dosage of 60 mg/m² divided over 5 days for future clinical trials in tumor-bearing cats. No other toxicity was seen. Plasma platinum levels were assayed by ICP-MS and pharmacokinetic modeling was performed with WinNonLin software; the elimination half-life (37-48 h) was long which is consistent with dogs. The maximum serum concentration was reached at 4 hours post drug administration in 4 of the 6 pharmacokinetic profiles. Satraplatin can be explored to treat cancer in cats.



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Radiation Oncology

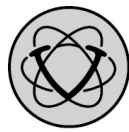
Clinical Outcomes and Toxicity of Daily Hypofractionated Radiotherapy (5 Gy × 5) for Recurrent Postoperative Canine Anal Sac Adenocarcinoma

Presenting Author: Dah-Renn Fu, BVM, MVM, PhD, MS, DACVR (RO) - The Ohio State University

Co-Author: Bailey Hendrickson, DVM - The Ohio State University

Co-Author: Eric M. Green, DVM, DACVR (DI, RO, EDI) - The Ohio State University

Short Summary: Apocrine gland anal sac adenocarcinoma (AGASACA) is a locally aggressive tumor with a high metastatic rate and frequent postoperative recurrence. Consequently, chemotherapy and/or radiation therapy (RT) are commonly used following surgery. The objective of this retrospective study was to report clinical outcomes and radiation toxicity in dogs with recurrent postoperative AGASACA treated with a daily 5 Gy × 5 fraction RT protocol. Medical records of dogs with recurrent AGASACA treated with 5 Gy × 5 daily fraction RT between 2018 and 2025 were retrospectively reviewed. Thirteen dogs met the inclusion criteria. At the time of anal saccullectomy, 10 dogs underwent concurrent metastatic lymph node extirpation. Twelve dogs received chemotherapy (7 before RT, 11 after RT, and 6 both). The median interval between surgery and RT was 197 days. RT was delivered using IMRT (8), 3D-conformal (3), or manual planning (2). All dogs received irradiation of metastatic iliosacral lymph nodes +/- primary tumor bed. Acute radiation toxicity occurred in 8/13 (61.5%) dogs and was grade I (2), grade II (2), or grade III (4) lower gastrointestinal toxicity. Best-tumor response included partial response (84%), stable disease (8%), and progressive disease (8%), with a median time to best-response of 67 days. Median survival and progression-free survival following RT were 465 and 328 days, respectively, and median overall survival from surgery was 691 days. Daily hypofractionated RT achieved a high local response rate with acceptable toxicity and may represent effective salvage treatment for dogs with recurrent postoperative AGASACA.



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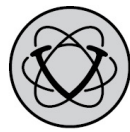
Diagnostic Imaging

Radiographic Prevalence and Characteristics of Tarsal Osteoarthritis in Dogs with Cranial Cruciate Ligament Disease: A Retrospective Study

Presenting Author: Abigail L. Barney - Washington State University College of Veterinary Medicine

Co-Author: Bettina R M Darveshi, BVM&S, MS, MRCVS, DACVS-SA - Washington State University College of Veterinary Medicine - Department of Veterinary Clinical Sciences

Short Summary: Cranial cruciate ligament (CCL) disease in dogs results in stifle osteoarthritis (OA). Osteoarthritic changes in the tarsus are not well reported. This study aimed to determine the prevalence and characteristics of tarsal OA in dogs with CCL disease. Medical records of dogs with surgically confirmed CCL disease (2020-2026) were reviewed. Inclusion criteria required preoperative stifle and tarsal radiographs reviewed by a DACVR radiologist. Radiographic stifle and tarsal OA and effusion were graded. A total of 297 dogs (357 stifles) were included. Radiographic tarsal OA was identified in 34/297 dogs (11.4%) and 42/357 joints (11.8%). Tarsal OA was more common in unilateral CCL cases (12.7%) compared with bilateral cases (6.7%) ($p=0.258$). Most tarsal OA was mild (45.2%) or moderate (23.8%) and occurred ipsilateral to the affected stifle (64.2%), with effusion absent in most joints (81.0%). Dogs with tarsal OA were older in unilateral cases, with no associations with body weight or lameness duration. Tarsal OA was associated with meniscal injury ($p=0.029$) and complete CCL tears ($p=0.010$). Tarsal OA occurs in a subset of dogs with CCL disease and is typically mild, often without associated effusion or clinical signs. However, its association with meniscal injury and complete CCL tears suggests a relationship with more advanced stifle pathology and altered biomechanical loading of the joint. These findings indicate that tarsal OA may be underrecognized and support routine evaluation of the tarsus on preoperative radiographs in dogs with CCL disease.



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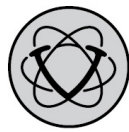
Diagnostic Imaging

Comparison of Focused Ultrasound and Horizontal-beam Ventrodorsal Radiography in Left Lateral Recumbency for Detection of Experimental Pneumoperitoneum in Dogs

Presenting Author: Elizabeth Boudreau, DVM, PhD, DACVIM (Neuro) - Texas A&M Veterinary Medical Teaching Hospital

Co-Author: John F. Griffin, IV, DVM, DACVR (DI & EDI) - Texas A&M Veterinary Medical Teaching Hospital

Short Summary: Rapid, accurate detection of pneumoperitoneum is critical for management of acute abdomen and trauma cases. When standard abdominal radiography interpretation is equivocal, ventrodorsal radiographic projection in left lateral recumbency (VD-LL) may be recommended to improve sensitivity. Experimental studies suggest that focused ultrasound (POCUS) accurately detects small-volume pneumoperitoneum. POCUS has not been directly compared to radiography for this indication. We hypothesized that POCUS would detect small-volume pneumoperitoneum equivalently to VD-LL radiography. 65 apparently healthy volunteer dogs were pseudorandomized to receive 0.1 mL/kg of sterile-filtered free air in their right cranial peritoneal cavity or a sham injection, followed by VD-LL radiography and POCUS. Blinded reviewers reported presence or absence of pneumoperitoneum on either VD-LL radiographs or video clips obtained during POCUS. These responses were compared to the real-time judgment of a sonographer blinded to individual dog randomization. McNemar's test was used to evaluate systematic disagreement between observers and modalities, and area under the receiver-operator characteristic curve was used to assess diagnostic accuracy. VD-LL accuracy was 76 (64-85)% and 66 (54-76)%. Real-time sonographic accuracy was 82 (70-89)%, and video clip review accuracy was 51 (39-63)%. One VD-LL reviewer was 34 (24-46)% more likely to detect pneumoperitoneum than the other. Real-time and video clip concordance was equivalent to that for VD-LL, with real time assessment both more sensitive (85 (74-92)% vs. 49 (37-60)%) and more specific (78 (67-87)% vs. 53 (41-65)%). Differences in observer performance were as great as modality differences; video clip review was not more accurate than chance.



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Diagnostic Imaging

Multimodal MRI Findings in Canine Global Brain Ischemia

Presenting Author: Hye-Won Lee, DVM - College of Veterinary Medicine, Kyungpook National University

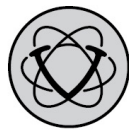
Co-Author: Rangseo Park, DVM - College of Veterinary Medicine, Kyungpook National University

Co-Author: Yoonhoi Koo, PhD - College of Veterinary Medicine, Kyungpook National University

Co-Author: Kija Lee, PhD - College of Veterinary Medicine, Kyungpook National University

Co-Author: Sang-Kwon Lee, PhD - College of Veterinary Medicine, Kyungpook National University

Short Summary: A 10-year-old intact male Welsh Corgi developed acute bilateral blindness after general anesthesia and progressive neurologic deterioration. Brain MRI showed marked diffuse cerebral swelling with sulcal effacement but minimal conspicuous supratentorial parenchymal signal change and no clearly demarcated diffusion restriction. Post-contrast T1-weighted images demonstrated diffuse symmetric leptomeningeal enhancement. Advanced MRI revealed severe global physiologic compromise: arterial spin labeling showed markedly reduced cerebral blood flow in the cortex and thalamus, dynamic susceptibility contrast perfusion showed reduced relative cerebral blood flow with increased relative cerebral blood volume and prolonged transit metrics, time-of-flight MR angiography showed poor intracranial arterial conspicuity, and diffusion tensor imaging demonstrated cortical metric abnormalities. These multimodal findings supported global brain ischemia despite equivocal conventional MRI findings. Blindness persisted despite treatment, and the outcome was poor. This case highlights the complementary diagnostic value of perfusion MRI, time-of-flight MR angiography, and diffusion tensor imaging in dogs with suspected global brain ischemia when routine MRI findings are subtle or nondiagnostic.



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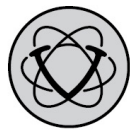
Diagnostic Imaging

Deep Learning Classification of Canine Hepatic and Splenic B-mode Ultrasound Frames Using Convolutional Neural Networks

Presenting Author: Luke Lee, BVMS - Sage Veterinary Imaging

Co-Author: Jaime Sage, DVM, MS, DACVR - Sage Veterinary Imaging

Short Summary: Abdominal ultrasonography is widely used in small animal practice to evaluate organs such as the liver and spleen. Accurate organ identification is essential for interpretation and image-guided procedures. While artificial intelligence (AI) is gaining traction in veterinary imaging, its application in ultrasonography remains limited. This study evaluated three pretrained convolutional neural networks (CNNs) ResNet-50, EfficientNet-B3, and DenseNet-161 for classifying canine liver versus spleen ultrasound images. A retrospective dataset of B-mode ultrasound images from 138 dogs was collected across three institutions. Each case included paired liver and spleen images representing normal to mildly abnormal parenchyma. A total of 3,031 images were cropped to regions of interest and split at the patient level into training (70%), validation (15%), and test (15%) sets. Images were resized to 224×224 pixels, with augmentation applied during training. Models were initialized with ImageNet weights. Performance metrics included accuracy, precision, recall, F1-score, and AUC. McNemar's test compared model predictions, and Grad-CAM was used for visualization. All models achieved >95% accuracy. ResNet-50 performed highest (96.3%), while EfficientNet-B3 showed similar accuracy (96.0%) with more balanced class performance. DenseNet-161 performed slightly lower (95.4%), with reduced spleen sensitivity. AUC values exceeded 0.98 for all models. No statistically significant differences were found. Grad-CAM showed consistent attention to the diaphragm for liver classification. Pretrained CNNs can accurately distinguish canine liver and spleen ultrasound images. Performance was comparable across models, with EfficientNet-B3 offering balanced results. Future work should incorporate segmentation and evaluate lesion classification.

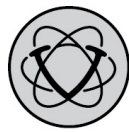


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Diagnostic Imaging

Zero-shot CNN Classification of Ct-confirmed Canine Hepatic and Splenic Mass Origin on B-mode Ultrasound*Presenting Author: Luke Lee, BVMS - Sage Veterinary Imaging**Co-Author: Jaime Sage, DVM, MS, DACVR - Sage Veterinary Imaging*

Short Summary: Differentiating hepatic from splenic masses on abdominal ultrasound is a clinically challenging problem in veterinary medicine, particularly when large masses distort normal anatomy. This study evaluated whether pretrained convolutional neural networks (CNNs), including ResNet-50, EfficientNet-B3, and DenseNet-161, previously trained on normal canine hepatic and splenic ultrasound images, could classify CT-confirmed mass lesions without additional training or fine-tuning, representing evaluation under task-induced domain shift. A retrospective dataset of 84 B-mode ultrasound frames from 28 dogs (19 hepatic, 9 splenic masses) was compiled from three veterinary institutions and evaluated under two input conditions: contextual frames preserving surrounding parenchyma and tightly cropped frames isolating the mass region. Performance was assessed using image-level accuracy, sensitivity, specificity, F1 score, AUC, and patient-level majority-vote accuracy. Under contextual input, ResNet-50 achieved the highest image-level accuracy at 92.86% and patient-level accuracy of 96.43% (27 of 28 dogs). DenseNet-161 achieved the highest AUC of 0.9784 and EfficientNet-B3 achieved 88.10% image-level accuracy, with both models achieving 85.71% patient-level accuracy. Under cropped input, performance declined by 19 to 23 percentage points across all models with marked reductions in spleen sensitivity, suggesting anatomical context is critical for classification. GradCAM visualizations indicated that models attended to lesion regions, adjacent parenchyma, and anatomical landmarks, consistent with a landmark-assisted classification strategy. These findings suggest pretrained CNNs may support organ-level mass classification in veterinary ultrasound when contextual information is preserved, though prospective validation in larger multi-institutional datasets is required before clinical use.



ACVR

Diagnostic Imaging

Diffusion-weighted MRI of Orbital and Pulmonary Lymphoma in a Cat

Presenting Author: Rangseo Park, DVM - College of Veterinary Medicine, Kyungpook National University

Co-Author: Hye-Won Lee, DVM - College of Veterinary Medicine, Kyungpook National University

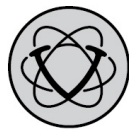
Co-Author: Sang-Kwon Lee, PhD - College of Veterinary Medicine, Kyungpook National University

Co-Author: Kija Lee, PhD - College of Veterinary Medicine, Kyungpook National University

Co-Author: Min Jang, PhD - College of Veterinary Medicine, Kyungpook National University

Co-Author: Sunjun Jung, PhD - College of Veterinary Medicine, Kyungpook National University

Short Summary: A 10-year-old neutered male Turkish Angora cat was evaluated for recurrent left conjunctival swelling and exophthalmos. Ocular ultrasonography revealed a hypoechoic retrobulbar mass, and thoracic imaging identified a well-defined mass in the left cranial lung lobe. Computed tomography (CT) showed a homogeneous, mildly enhancing orbital lesion and a homogeneous pulmonary soft tissue mass. Magnetic resonance imaging (MRI) was performed to further characterize both lesions. The orbital mass was hyperintense on T2-weighted images, isointense on T1-weighted images, and homogeneously contrast-enhancing. The pulmonary lesion was hyperintense on T2-weighted images, hypointense on T1-weighted images, and showed relatively reduced enhancement compared with atelectatic lung. Both lesions were hyperintense on diffusion-weighted imaging (DWI) and hypointense on apparent diffusion coefficient (ADC) maps, indicating restricted diffusion. ADC values were $0.56 \times 10^{-3} \text{ mm}^2/\text{s}$ for the orbital lesion and $0.53 \times 10^{-3} \text{ mm}^2/\text{s}$ for the pulmonary lesion. Histopathology and immunohistochemistry confirmed large B-cell lymphoma in the orbital mass, and cytology of the pulmonary lesion supported lymphoma. Clinical improvement and reduction in lesion size were observed after prednisolone treatment. This case suggests that DWI MRI may provide useful functional information for identifying highly cellular lymphoma in both orbital and pulmonary sites in cats. This work is clinically relevant because DWI MRI may help distinguish feline lymphoma from other orbital and pulmonary masses.



ACVR

Diagnostic Imaging

Ex-vivo Radiographic and Ultrasonographic Imaging Features of Common Gastrointestinal Foreign Bodies Encountered in Dogs and Cats

Presenting Author: Peihao Zhang, BSAg, DVM Candidate (Class of 2027) - Colorado State University

Co-Author: Linda Sjalander-Dillenbeck, BVSc, MANZCVs (Eq Med), Dipl.ACVR-DI, Dipl.ACVR-EDI - Colorado State University

Co-Author: Elissa Randall, DVM, MS, DACVR - Colorado State University

Short Summary: Radiography and ultrasound are widely used for evaluation of suspected gastrointestinal foreign body (FB) ingestion and obstruction in dogs and cats. FBs of most metals and minerals are readily visible on radiographs. However, many ingested FBs are completely/partially soft tissue opaque, making them challenging to visualize radiographically. Understanding the specific imaging characteristics of FBs could improve detection rates in patients presenting for suspected FB ingestion. This study describes and compares the radiographic and sonographic imaging characteristics of common gastrointestinal FBs. Twenty common FBs were imaged in an ex-vivo model: radiographed in air, water, water/food mixture, and small intestine, and underwent ultrasound examination in water and small intestine. FB characteristics, including opacity, echogenicity, margination, shape, and acoustic shadowing, were described. On radiographs of the FBs in the intestine, 7 had a similar heterogeneous appearance, 8 maintained characteristic imaging features, and 3 were not visible in the intestine. On ultrasound of the FBs in intestine, 9 demonstrated hard shadowing, 2 dirty shadowing, 5 partial/mixed shadowing, and 4 with no shadowing. Fifty-five clinical cases of confirmed FB ingestion with abdominal radiographs underwent blinded review by two radiologists to predict the FB category. 18 cases had a FB from more than one category. At least one category was correctly predicted in 81% of cases, with 62% of total FB categories correctly predicted. This study describes the imaging characteristics of common FBs, which could improve the detection rate in clinical cases. There are overlapping imaging features of some FBs, particularly when within the small intestine.



ACVR

CT/MRI Society

MRI Findings of Spinal Meningoencephalomyelitis of Unknown Etiology in Dogs

Presenting Author: Ivan Cardona Tubens, DVM - Department of Small Animal Clinical Sciences, University of Tennessee College of Veterinary Medicine

Co-Author: Silke Hecht, DACVR, DECVDI - Department of Small Animal Clinical Sciences, University of Tennessee College of Veterinary Medicine

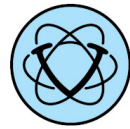
Co-Author: Talisha Moore, DACVIM - Department of Small Animal Clinical Sciences, University of Tennessee College of Veterinary Medicine

Co-Author: Linden Craig, DVM, PhD, DACVP - Department of Biomedical and Diagnostic Sciences, University of Tennessee College of Veterinary Medicine

Co-Author: Tim Chamberlain, DVM, MS, MPH - Department of Small Animal Clinical Sciences, University of Tennessee College of Veterinary Medicine

Submitter: Ivan Cardona Tubens, DVM - Department of Small Animal Clinical Sciences, University of Tennessee College of Veterinary Medicine

Short Summary: Meningoencephalomyelitis of unknown etiology (MUE) encompasses a group of immune-mediated CNS diseases. The aim of this study was to describe MRI features in dogs with spinal MUE. The institutional database was searched for dogs meeting inclusion criteria. MRI studies were reviewed for the following: Affected spinal cord segments, lesion length and cross-sectional area, symmetry, distribution, intensity, contrast enhancement, syringomyelia/edema, and concurrent intracranial disease. Lesion symmetry, distribution and area were only recorded for contrast enhancing lesions. Twenty-six dogs met inclusion criteria (2/26 confirmed granulomatous meningoencephalomyelitis, GME; 24/26 presumptive). There was 1 normal and 25 abnormal MRI studies. Affected spinal cord segments were C1-5 (17/25), C6-T2 (12/25), T3-L3 (12/25) and L4-S3 (1/25). Lesions were focal (17/25) or multifocal (8/25). Length ranged from 2 to >10 vertebral segments. Lesions were T2 hyperintense (15/25), hypointense (8/25), or isointense (2/25); T1 isointense (15/25) or hypointense (10/15); and 19/25 were contrast enhancing. Lesion cross-sectional area ranged from 17-85%. Lesions were symmetrical (7/19), asymmetrical (2/19), or both (10/19). Distribution was white matter only in 13/19 and both grey and white matter in 6/19 dogs. White matter lesions affected the dorsal (13/19), lateral (10/19), and ventral funiculus (9/19). Meningeal enhancement (16/25) and syringomyelia/edema (24/25) were common. There was concurrent intracranial disease in 10/25 dogs. Different MRI patterns with spinal MUE may reflect different underlying types. GME should be considered a likely differential diagnosis in dogs with evidence of lesions involving the spinal cord white matter.



ACVR

CT/MRI Society

Quantitative MRI Relaxation Time Mapping of the Spinal Cord in Dogs: A Retrospective Ex Vivo Study

Presenting Author: Cecília F. Ferreira, DVM - University of Minnesota

Co-Author: Erick O. Buko, PhD - University of Minnesota

Co-Author: Suhail P. Parvaze, PhD - University of Minnesota

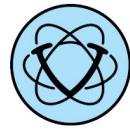
Co-Author: Kimberly Alexander, DVM - University of Wisconsin

Co-Author: Susan A. Arnold, DVM, PhD, DACVIM - University of Minnesota

Co-Author: Arin M. Ellingson, PhD - University of Minnesota

Co-Author: Casey P. Johnson, PhD - University of Minnesota

Short Summary: Quantitative mapping of T2 relaxation times and related measures have been shown to be potentially useful to evaluate the severity of disc degeneration in dogs with intervertebral disc disease. It would be advantageous if these same techniques could simultaneously evaluate spinal cord health. The purpose of this study was to measure and compare relaxation times in the spinal cord in a retrospective analysis of canine thoracolumbar vertebral column specimens. Specifically, we aimed to determine whether spinal cord tissue can be quantified with T2 and other relaxation times, whether gray and white matter relaxation times can be distinguished, and if these values are consistent across dogs and disc levels. We evaluated 3T MRI data of specimens from n=15 dogs with no reported history of spinal cord pathology, including T2, T2MP, T1ρ, adiabatic T1ρ, and adiabatic T2ρ relaxation time maps. Compared to the previously evaluated intervertebral discs, we found that relaxation times in the spinal cord white and gray matter were relatively consistent between dogs and disc levels. We also found that relaxation times were longer in white than gray matter, contrary to what is observed in the brain. Our findings provide an initial report of normal spinal cord relaxation times in dogs, showing a high degree of consistency between healthy dogs and disc levels. Compared to conventional T1- and T2-weighted MRI, these quantitative MRI techniques may help quantify subtle, early, and longitudinal changes in spinal cord injury, potentially enhancing clinical management and improving patient outcomes while contributing to translational research.



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CT/MRI Society

The SNIFF Scale: A Clinical Prediction Tool to Differentiate Chronic Rhinitis from Nasal Neoplasia in Cats Prior to CT

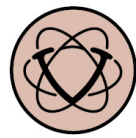
Presenting Author: Nickolas Wawrzyniak, n/a - Cummings School of Veterinary Medicine at Tufts University

Co-Author: Elizabeth Rozanski, DVM, DACVIM (SAIM), DACVECC - Cummings School of Veterinary Medicine at Tufts University

Co-Author: Jennifer Brisson, DVM, DACVR - Massachusetts Veterinary Referral Hospital, Ethos & NVA

Co-Author: Anthony J. Fischetti, DVM, MS, DACVR - The Schwarzman Animal Medical Center

Short Summary: Nasal disease in cats, characterized by nasal discharge, sneezing, epistaxis, facial deformity, and stertor, is a common presenting complaint. The main differentials are chronic rhinitis and nasal neoplasia, which have vastly different prognoses. CT is the preferred diagnostic test for evaluation of nasal disease, but clinicians and radiologists often have limited pre-diagnostic information when interpreting imaging findings and prioritizing differentials. The goal of this study was to determine if pre-imaging clinical and historical findings of cats with nasal disease could predict CT diagnosis in cats with nasal disease, and if a scoring scale (Sinonasal Neoplasia vs Inflammatory disease Feline Framework-SNIFF scale) to predict neoplasia could be evaluated to determine the likelihood of neoplasia prior to imaging. Retrospective review was conducted on medical records of cats undergoing CT for nasal disease from thirteen institutions. Cats were classified as having neoplasia or chronic rhinitis. Clinical variables were analyzed using univariable and multivariable logistic regression, and a simplified prediction score was derived. A total of 334 cats were included, with 144 diagnosed with neoplasia and 190 with chronic rhinitis. Cats with neoplasia were significantly older and had shorter durations of clinical signs. Unilateral nasal discharge, epistaxis, and facial deformity were positively associated with neoplasia, while sneezing was negatively associated. A scoring system using these variables demonstrated good discrimination ($AUC \approx 0.82$). These findings support the use of clinical features to estimate the likelihood of neoplasia pre-imaging, assisting in differential prioritization, CT interpretation, and decision-making regarding advanced imaging and therapeutic planning.



ACVR

Ultrasound Society

Ultrasonographic Hyperechoic Band in the Inner Renal Medulla in Dogs With and Without Leptospirosis

Presenting Author: Gabriella F. De Jesus Atilas - Cornell University College of Veterinary Medicine

Co-Author: Paolo Silvestrini, DVM, MSc, PhD, Dipl ECVIM-CA, FHEA, MRCVS - University of Pennsylvania

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Short Summary: Ultrasonographic (US) renal findings reported in dogs with leptospirosis overlap with those of dogs with AKI for other causes, apart from a hyperechoic inner medullary band (HIMB), described only in leptospirosis cases. The aim of this study was to describe the prevalence of HIMB in dogs with AKI with and without leptospirosis, and to describe the long-term US changes.

For this retrospective study, dogs presenting with AKI at one institution in the period 2014-2024 were included if US renal images and information on leptospirosis status were available for review. Histopathologic findings, when available, were recorded.

Renal US images were blindly reviewed for the presence of HIMB. In these dogs, additional US renal findings were recorded at all available time points.

The HIMB was detected in 8/47 (17%) dogs with leptospirosis, and 1/53 (2%) without leptospirosis. Concurrent US renal findings in the 8 dogs with leptospirosis included hyperechoic cortex, pyelectasia, and retroperitoneal steatitis/effusion. The dog with HIMB but negative for leptospirosis had concurrent mildly hyperechoic cortex, pyelectasia, and retroperitoneal steatitis.

One dog with leptospirosis developed chronic kidney disease and had 4 additional US studies (last at 10 months). On US, kidneys progressively reduced in size and the HIMB became progressively less visible. Necropsy revealed severe tubulointerstitial nephritis, with extensive fibrosis and intratubular spirochete.

The HIMB was infrequently detected in dogs with AKI, including for the first time one without leptospirosis. This was not visible on US in a dog at 10 months, despite the presence of spirochete in the kidneys.



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Retrospective Ultrasographic Study of the Female Reproductive System of Golden-headed Lion Tamarins (*Leontopithecus Chrysomelas* KUHL, 1820) Kept Under Human Care

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Short Summary: The golden-headed lion tamarin (GHLT) (*Leontopithecus chrysomelas*) is an endangered small primate species. This study describes the GHLT normal sonographic characteristics of the female reproductive organs. Twenty-four abdominal ultrasound examinations from ten adult GHLT (weighing 595 to 738 g) were retrospectively analysed by an experienced sonographer. A Logiq-e (GE HealthCare) portable machine (7-12MHz linear transducer) was used. Animals were fasted for 12 hours, anesthetized (isoflurane), and no clipping was required. On ultrasound, uterus and ovaries are located in the caudal abdominal region (uterus dorsal to the bladder and ovaries craniolateral to the uterus). The simplex uterus has a pyriform shape and shows three distinct wall layers: myometrium, endometrium (thinner and hypoechoic), and lumen (thin central hyperechoic line). Uterine length was 1.40 ± 0.37 cm, height 0.71 ± 0.15 cm, and width 0.84 ± 0.20 cm. Three animals presented a small amount of luminal fluid. Myometrium was markedly hyperechoic in three examinations. Ovaries measured 0.81 ± 0.21 cm in length and 0.42 ± 0.11 cm in height. They presented an oval shape, regular contours, homogeneous echotexture, a hypoechoic peripheral region, and a hyperechoic center occupying the central third. Changes were found in few cases (alteration in echogenicity and presence of rounded or oval cystic images). Sonographic characteristics were similar to other Callitrichidae (*Saguinus ursulus*), except for its uterine anechoic lumen. It was possible to describe the ultrasonographic appearance of the GHLT uterus and ovaries, which will serve as reference for other researchers, particularly those involved in the wild species conservation.



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Ultrasonographic and Photon-counting Computed Tomography Appearance of the Duodenal Papilla in Chinchillas

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Short Summary: The major duodenal papilla in chinchillas has not been previously described using diagnostic imaging. The purpose of this study was to characterize its ultrasonographic (US) and photon-counting computed tomographic (PCCT) appearance and assess its detectability across imaging modalities. A retrospective review of imaging studies from 14 chinchillas was performed, including US and computed tomography (CT) examinations that contained the cranial abdomen and proximal duodenum. The major duodenal papilla was identified, measured, and evaluated for imaging characteristics when visible. On US, the papilla was identified in 3 of 10 examinations (30%) and appeared as an ovoid intraluminal structure located immediately aborad to the pylorus within a distensible segment of the proximal duodenum consistent with the duodenal ampulla. The structure was isoechoic to surrounding soft tissues and demonstrated intramural vascularity on Doppler imaging. PCCT identified the papilla in all studies on the pre-contrast series (3/3, 100%) and appeared as a well-defined soft tissue structure that demonstrated contrast enhancement. Conventional CT identified the papilla in 1 of 8 studies (12.5%). In two cases, the papilla was initially misinterpreted as intraluminal foreign material on US, with follow-up imaging confirming normal anatomy. The major duodenal papilla is a recognizable anatomical structure in chinchillas that may be variably visualized depending on imaging modality. PCCT provides reliable visualization and may improve diagnostic confidence when evaluating small gastrointestinal structures in exotic companion mammals.

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