

This document outlines when CT imaging is the right next step at Summit — clinical indications, evidence base, and pricing — to help you decide when to refer. We welcome calls from referring veterinarians and mobile specialists to discuss any case where CT could change your plan.

When CT is the right first call

CT is standard of care for the following — and in many cases, ordering CT first eliminates a redundant ultrasound, reducing cost and time to diagnosis.

Surgical planning & oncologic staging

- **Pulmonary metastasis screening.** Detects nodules as small as 1 mm vs. 7–9 mm on radiographs in dogs (*Nemanic 2006; Armbrust 2012*) and ~1 mm vs. 2.5 mm in cats. (*Mai 2021*)
- **Liver & lung lobectomy planning.** CT defines margins, vascular relationships, and lobar anatomy critical for surgical approach. Standard of care.
- **Adrenalectomy.** CT characterizes tumor size, vascular invasion, and contralateral gland — directly informs resectability. Standard of care.

Lymph node metastasis

- **Anal sac adenocarcinoma (AGASACA).** Ultrasound detects lymphadenomegaly in 100% of cases where CT confirms it — but misses all individually enlarged nodes in 69.2% of cases. (*Palladino 2016*)
- **General lymph node staging.** CT visualizes the full iliosacral lymphocenter including sacral nodes — not reliably accessible on ultrasound. Directly impacts surgical planning and prognosis.

Pancreatic neoplasia

- **Exocrine pancreatic carcinoma.** Ultrasound identifies the mass in approximately 50% of cases; CT sensitivity is significantly higher at ~80%, with superior characterization of local invasion and metastasis. (*Bennett 2001*)

Orthopedic applications

- **Shoulder OCD.** Detects subchondral lesions and intra-articular fragments missed on radiographs, particularly caudal humeral head where superimposition limits sensitivity.
- **Elbow dysplasia.** Detects medial coronoid process disease — fragmentation, fissuring, subchondral change — with markedly higher sensitivity than radiographs.
- **Carpal & tarsal intra-articular fractures.** Detects fracture configuration, displacement, and small osteochondral fragments invisible on radiographs due to bony superimposition.
- **Spinal fractures.** Defines vertebral fracture configuration, fragment displacement, and three-column stability, particularly at the thoracolumbar junction where radiographs underdiagnose.
- **Pelvic trauma & surgical planning.** Detects acetabular fractures, sacroiliac luxations, and sacral fractures often missed on standard pelvic radiographs.
- **Angular limb deformity.** Multiplanar reconstruction enables accurate measurement of frontal-plane and torsional deformities and precise CORA identification for corrective osteotomy.

Client & workflow advantages

- **No abdominal shave required.** Owners notice and appreciate this more than you might expect. A meaningful quality-of-life detail that comes up in client conversations.
- **CT first = eliminate redundant ultrasound.** For cases where CT is the appropriate next step, proceeding directly avoids a staging ultrasound that becomes redundant, saving the client cost and time to diagnosis.

* We are happy to discuss the literature with you.

CT pricing at Summit

CT Pricing

SCAN TYPE	SUMMIT
Single site CT	\$1,600
Two site CT	\$1,900
Three site CT	\$2,250

Pricing reflects the CT scan and board-certified radiologist interpretation. Contrast is additional — cost varies with patient size, and almost all patients will require contrast for a diagnostic study. All patients require an in-hospital consult with our team for sedation and anesthesia planning prior to imaging.

Available to mobile specialists and referring specialists. Contact us for full pricing schedule.

Two-site CT as an alternative to thoracic radiographs + abdominal ultrasound

For staging, work-up, or surveillance: bicavitary CT covers chest and abdomen simultaneously, with higher sensitivity than combined radiographs and sonography. One report, one visit, one anesthetic episode.

We have priced two-site CT to make this a practical option for routine staging and screening.

Anesthesia & patient safety

Light anesthesia vs. heavy sedation

Sedation can feel like the lighter-touch option, and for short procedures it often is. For CT, light anesthesia offers several practical advantages:

- Controlled airway with intubation
- Titrated depth using rapid-acting agents (propofol, fentanyl)
- No prolonged recovery hangover common with heavy sedation protocols
- Better patient positioning = superior image quality

We are happy to discuss anesthetic protocols with you for any case.

How to refer a CT case

01 Call or email us.

We will contact your client within 24 hours.

02 Or pet owners can contact us directly.

A person answers — direct line to our team.

03 Patient report returned.

Full report sent within 48hrs. Your client stays with you.