



PATIENT PRESENTING CLINICAL SIGNS

Jack Canty Under oncologist care due to MCT removed from lateral hind limb. Iliac LN metastasis. Scanning to assess for surgical removal and staging.
Abnormal PE/Chem/CBC/UA Results: FNA performed post CT

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Canine Pre/post contrast studies of the abdomen and post contrast study of the thorax provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Chest:

Labrador Retriever

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

SEX

Neutered Male

The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal.

AGE

7 Years, 11 Months

The thoracic trachea and esophagus present as expected.

The diaphragm appears normal.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

Abdomen:

The liver shows normal findings in terms of size, surface, shape and contrast behavior. The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

HOSPITAL NAME

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The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

REFERRING VET

Meaux

The spleen shows normal findings in terms of size, surface, shape and contrast behavior.

The left kidney appears normal but shows mild retroperitoneal, ill-defined increase of fat density in its periphery reaching the left para-aortal region. The right kidney is irregular in shape with unstructured subcapsular, cortical and medullary calcifications. Beside that at least two hypodense areas are detected being more cystic and well defined in the cranial aspect, and irregular, ill-defined with a retracted surface in the caudal part.

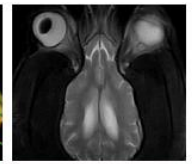
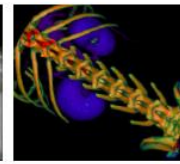
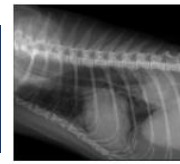
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Adrenal glands are in normal limits.

DATE

5-9-23



PATIENT The stomach impresses with a marked wall thickening with maximum transverse diameters of 1.6 cm, partially unsharp thickening of the rugae and multiple hypodense, focal lesions of the wall with diameters up to 1.2 cm. All other parts of the intestines are regularly presented.

Jack Canty

SPECIES Ureters, urinary bladder, trigonum and urethra are presented as expected.

Canine The abdominal lymph nodes at the level of the aortic trifurcation (Inn. inguinales mediales) are severely enlarged pronounced on the right side with small cystic areas and alternations of density of the surrounding fat tissue. On the right, the lymph nodes present a maximum length of 6.4 cm. Abdominal vessels have no particular findings.

BREED Labrador Retriever

A small, subcutaneous, hyperdense and ill-defined lesion of 1.0 cm is recognized right paramedian to the lumbar spine.

SEX **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Neutered Male

- Severe, right pronounced lymph adenomegaly of the medial inguinal lymph nodes
- Hypodense lesion of the right caudal kidney of unknown dignity, unstructured calcifications and corticomedullary cyst in the cranial aspect
- Reactive retroperitoneum (s. periphery aorta and left kidney)
- Severe thickening of the gastric wall with multiple, hypodense wall lesions
- Subcutaneous, ill-defined lesion right paramedian lumbar spine
- Normal findings of the thorax

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the inguinal lymph nodes are highly suspicious for a neoplastic process. The size, shape, contrast behavior and changes of the periphery would go along with that assumption. Considering MCT history of the right hind limb, this likely presents regional metastatic spread. The ill-defined alternations of fat density are at least reactive/inflammatory and could represent retroperitoneal neoplastic invasion.

HOSPITAL NAME

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Thickening of the gastric wall is a common finding with MCT showing gastritis due to the histamine release. The hypodense lesions of the gastric wall and the left kidney are my concern. I would favor infiltrative neoplastic lesions with secondary inflammation more than primary inflammation.

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The subcutaneous nodule may be incidental but could again represent a mast cell tumor. CT is unspecific here, FNA/biopsy are needed for further evaluation.

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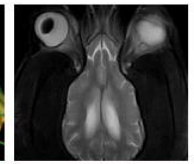
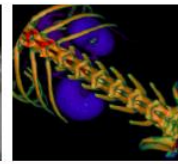
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I would recommend complementary staging by sampling the inguinal lymph nodes, gastric wall, spleen, liver and the cranial aspect of the left kidney.

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Pulmonary/mediastinal metastases are currently not detected. Infiltrative disease especially of the spleen and liver cannot be fully excluded.



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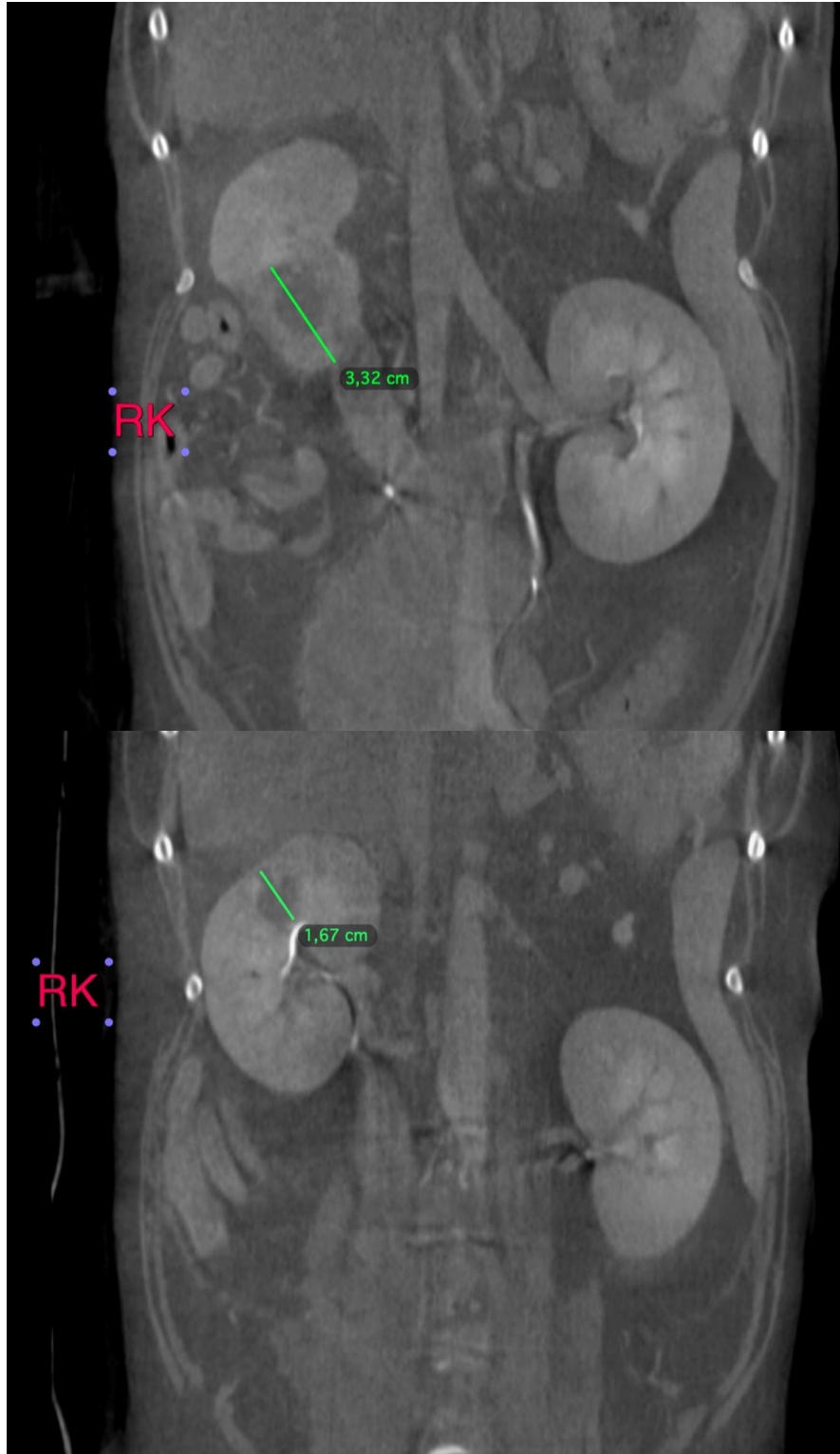
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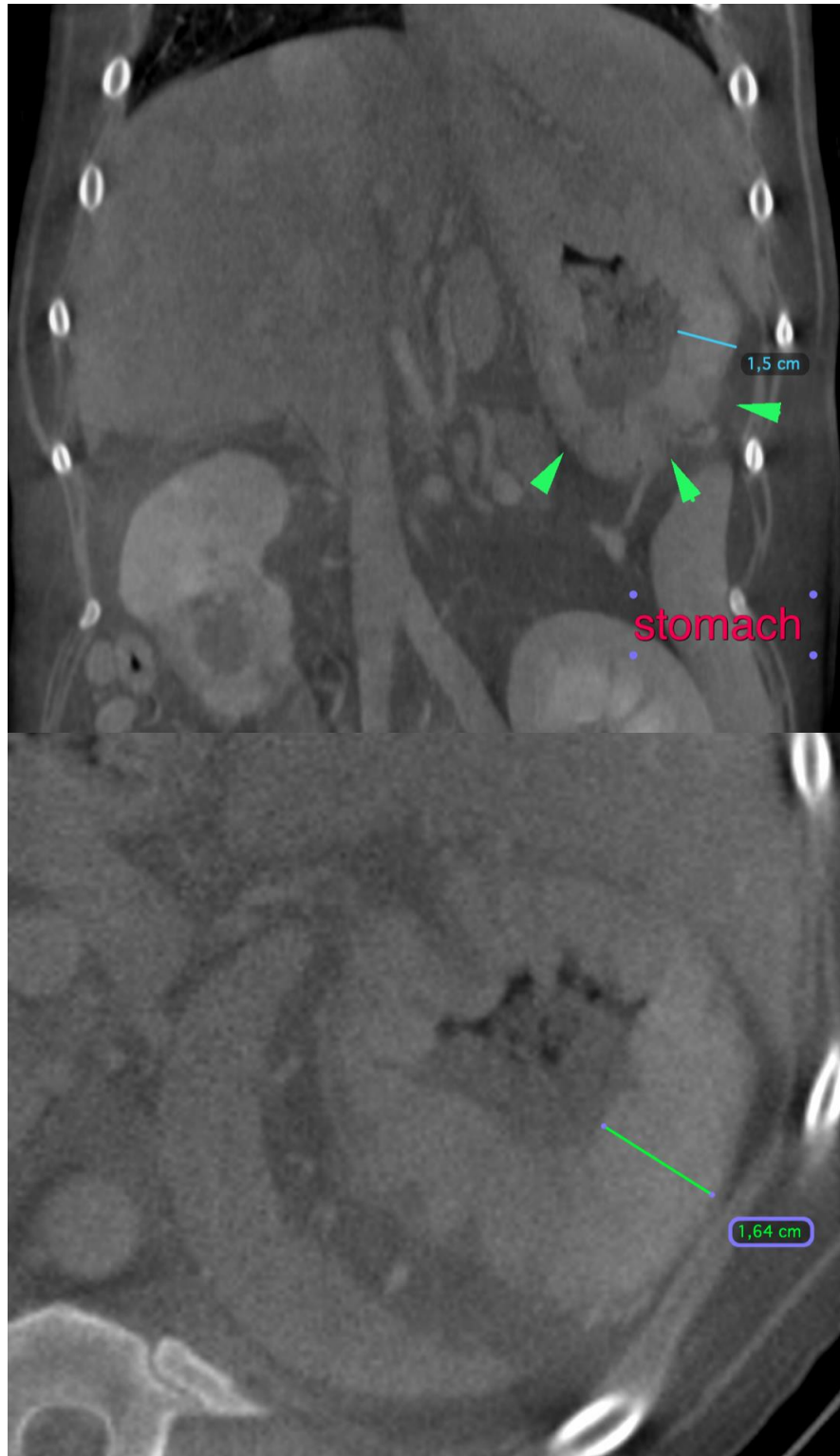
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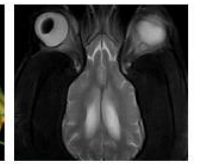
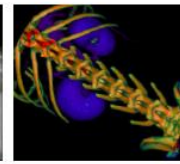
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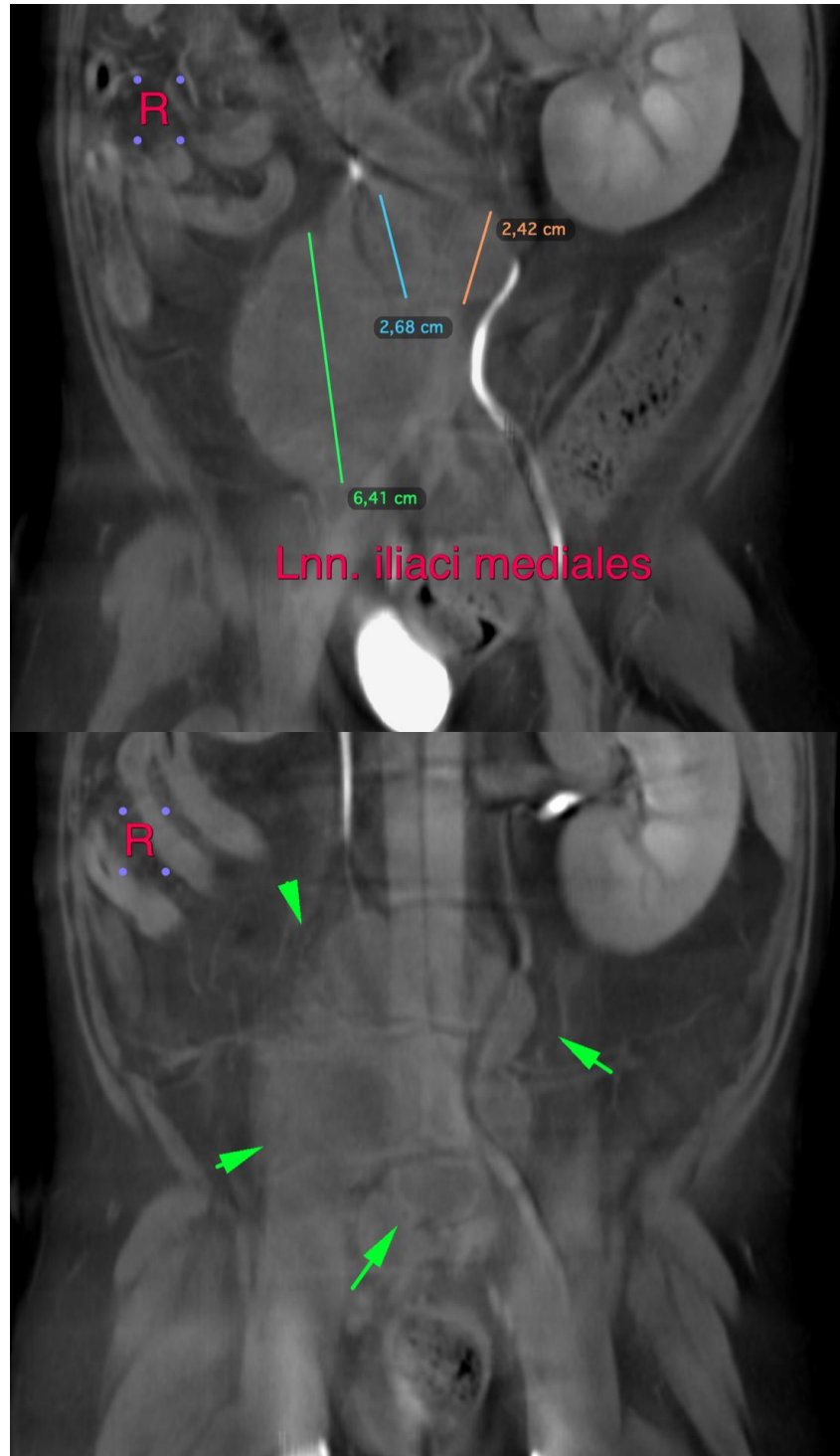
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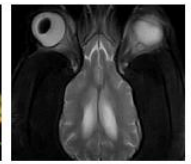
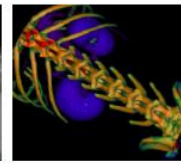
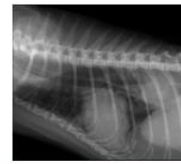
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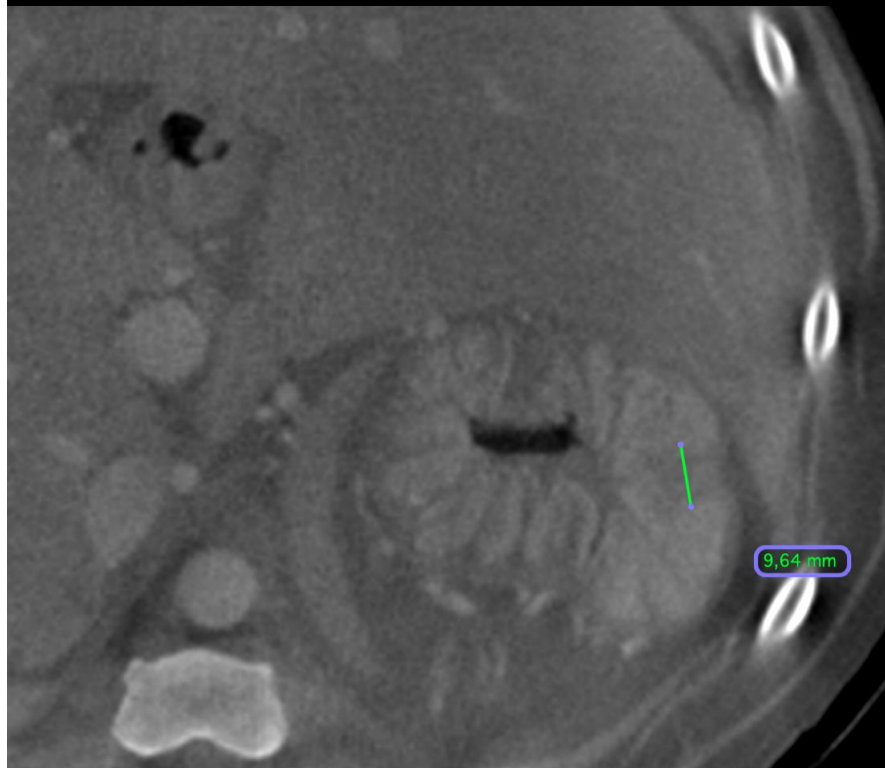
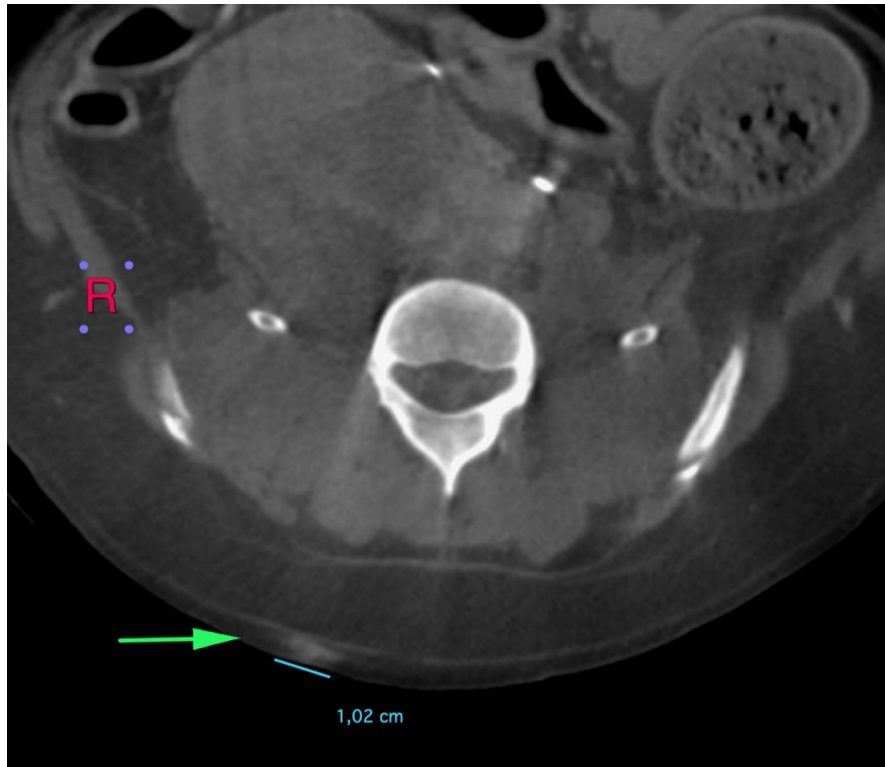
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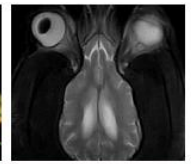
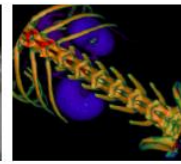
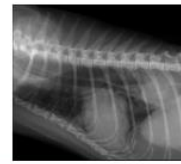
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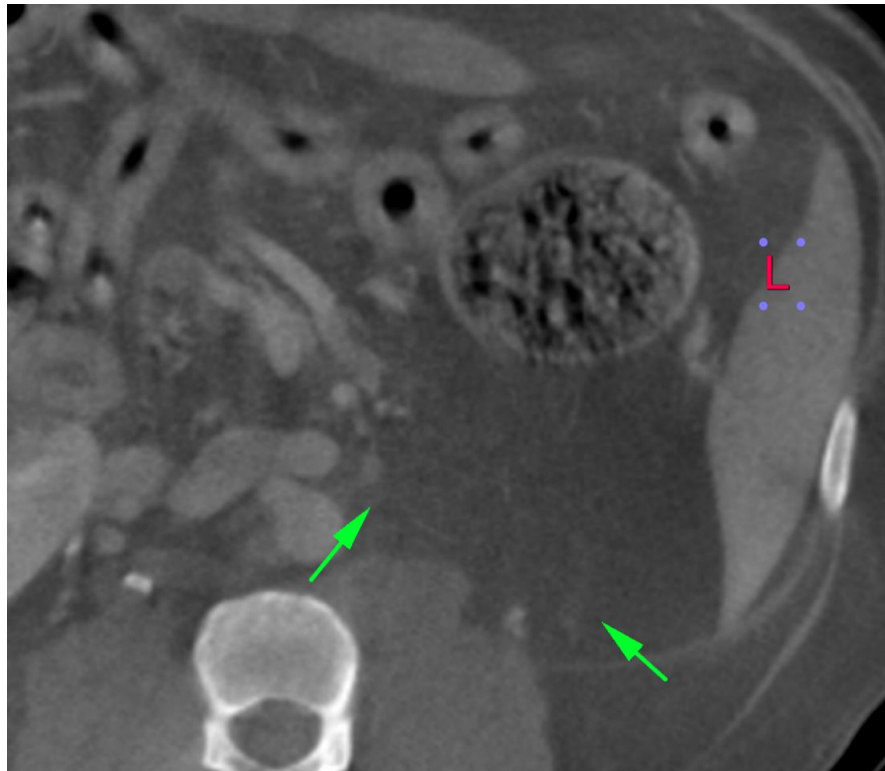
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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Sebastian.Jawinski@sonopath.com

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