



PATIENT

Rusty Alberici

PRESENTING CLINICAL SIGNS

Has been lethargic for about 5 days. Tumor seen on abd ultrasound.
Abnormal PE/Chem/CBC/UA Results: Hematocrit low end of normal at 37%, platelets 136k.
WBC normal but toward higher end of range. Chemistry normal.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen are provided for review.

BREED

Pitbull Mix

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

Multifocal moderate spondylosis formation is seen along the thoracic spine.

MN

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

AGE

8 Years

The cardiovascular structures including the pulmonary vasculature are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

HOSPITAL NAME

Animal Health Care
Denver

In the lateral aspect of the left cranial lung lobe, level with the 5th left rib, a well-defined, soft tissue attenuating nodule, measuring 3 mm in diameter is visible. Multifocal throughout the lung parenchyma, punctuate mineralization are seen.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

REFERRING VET

Cathryn Sayer

In the right retroperitoneal space, ventral to L2 to L5, a large, convex shaped soft tissue mass, presenting mild heterogeneous mineralized regions, is bulging ventrally into the abdominal cavity. The mass is measuring approximately 11.7 x 7.9 x 9.4 cm in size. The right retroperitoneal mass presents a broad base/merges with the right hypaxial musculature at the same level. The right kidney and the caudal vena cava are displaced ventrally by the mass effect. The mass presents mild peripheral contrast enhancement. The osseous structures at the same level present no abnormalities. The retroperitoneal fat in presents moderate fat stranding level with the mass. Post contrast administration, a roundish, well-defined parenchymal filling defect is seen in the parenchyma of the cranial pole of the right kidney, measuring 6 mm in diameter.

INVOICE

49554

DATE

1-13-22

The medial iliac lymph nodes bilaterally are prominent.

In the right cranial abdomen, ventral to the caudate process of the caudate liver lobe, a peripheral contrast enhancing nodular lesion is visible, measuring 14 mm in size.



PATIENT

The adrenal glands are within normal limits for size, shape and organ architecture.

Rusty Alberici

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SPECIES

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Canine

The small intestinal tract is displaced to the left by the retroperitoneal mass.

BREED

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

Pitbull Mix

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

MN

AGE

8 Years

- Large retroperitoneal soft tissue mass
- Solitary peritoneal nodule right cranial abdomen
- Solitary pulmonary nodule
- Mild right sided retroperitoneal effusion
- Right sided renal cyst
- Spondylosis deformans

INTERPRETED BY

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Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a soft tissue neoplasm, likely originating from hypaxial musculature or connective tissues at the same level and the top differentials are hemangiosarcoma, fibrosarcoma, rhabdomyosarcoma, other. The mass is closely associated with the hypaxial musculature and surgical excision appears not feasible.

The peritoneal nodule and the pulmonary nodule are highly concerning for metastatic spread.

FNA sampling of the mass can be used as a minimally invasive test to confirm the diagnosis.

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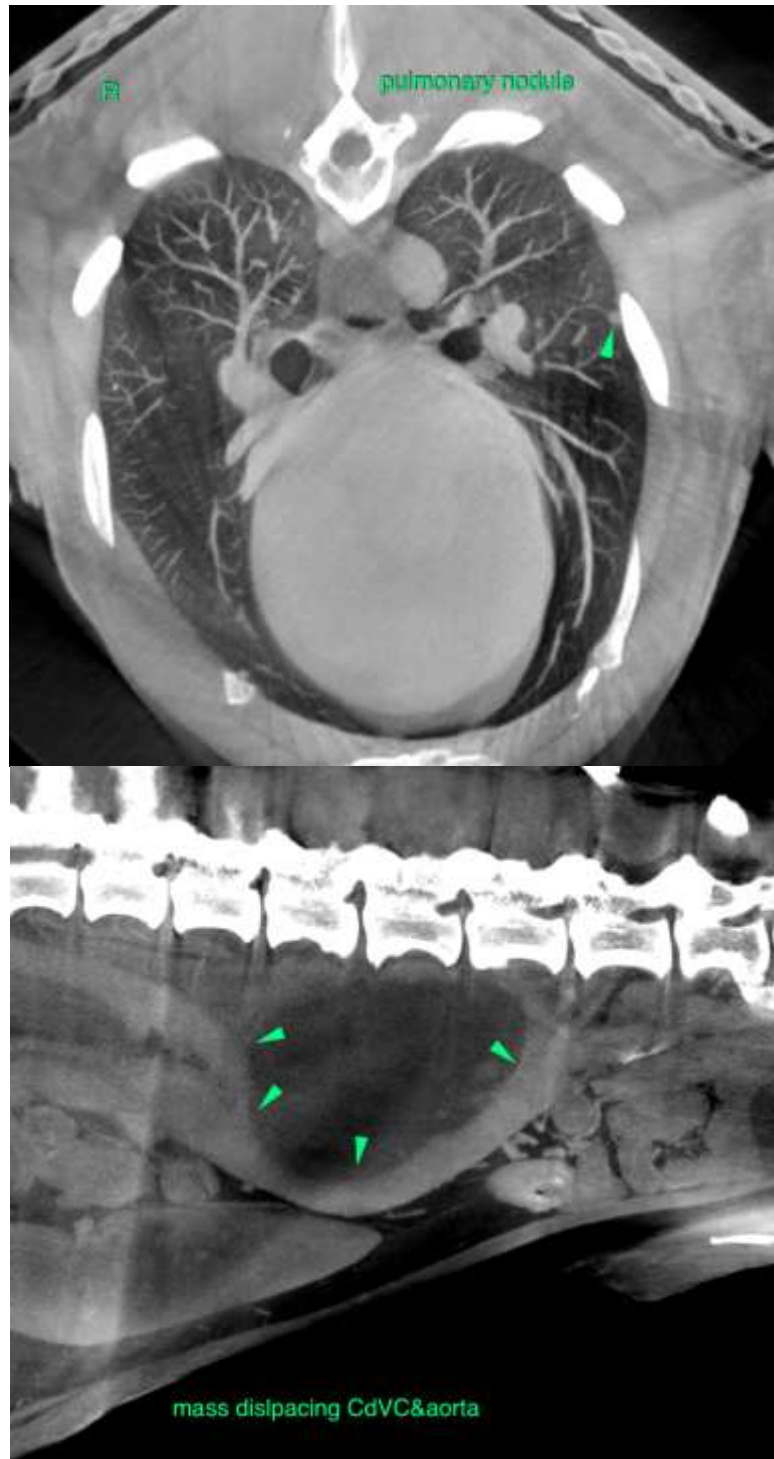
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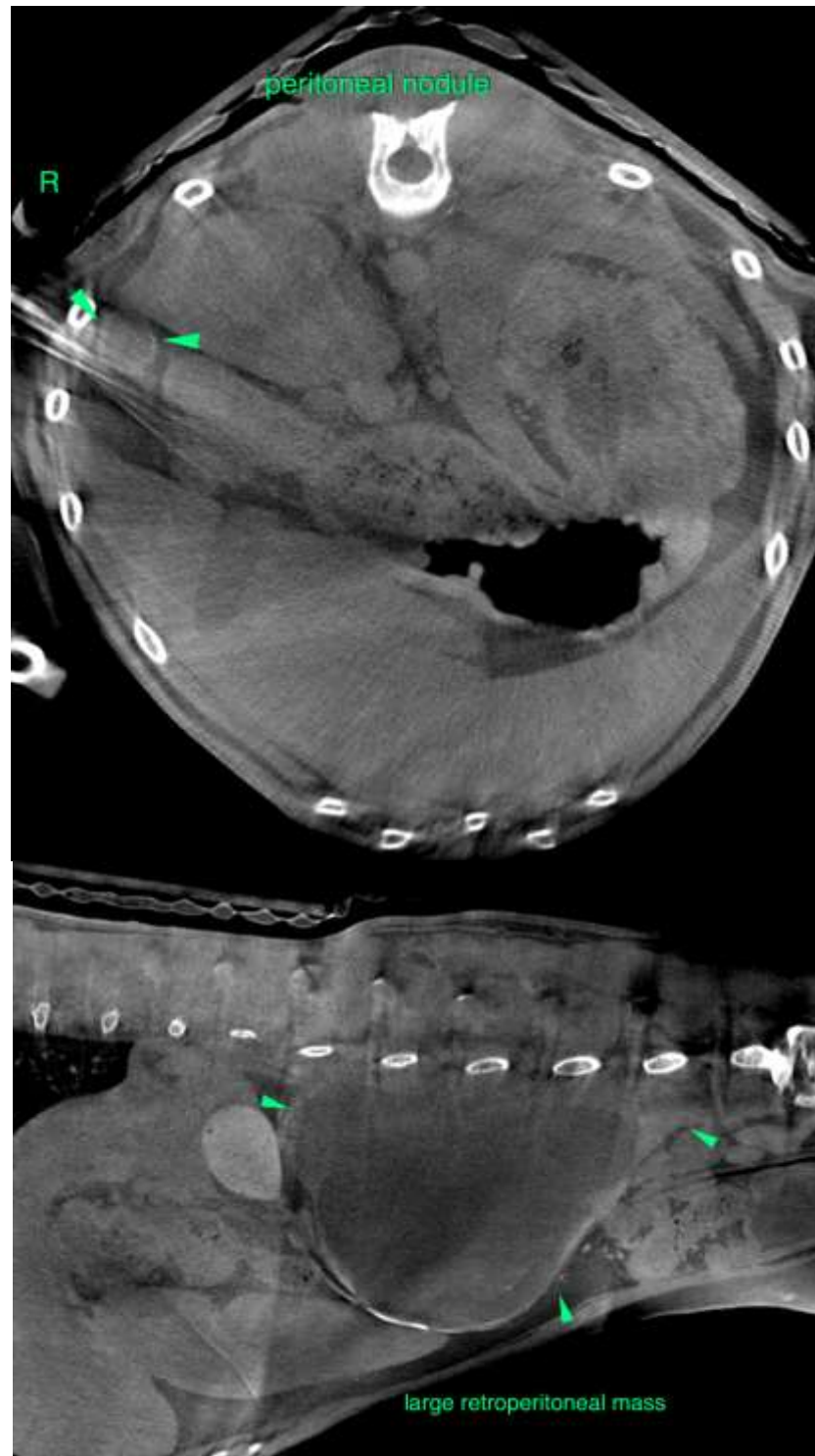
Cathryn Sayer

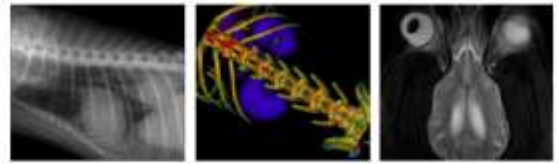
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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