



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Peaches Hoke  
**PRESENTING CLINICAL SIGNS** Right sided caudal regional mastectomy 2 months ago. Histopathology reports incomplete excision with lymphatic invasion. Mass recurred nearly immediately and has been painful and discharging for weeks.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: The right caudal mammary region, flank fold, and medial thigh were infiltrative with a plaque-like mass. There was a second mass in the right axillary region with multifocal coalescing fine dermal masses on the right thoracic skin.  
**Canine** Inflammatory leukogram

**BREED COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

**BREED** Sharpei-X  
 A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** Thorax

**FS** The right axillary lymph nodes is moderately enlarged, rounded and presents a heterogeneous contrast enhancement pattern. Post contrast administration, the caudolateral aspect of the right pectoral muscle and along the cutaneous trunci muscle, level with the 3<sup>rd</sup> to 9<sup>th</sup> right rib present with multiple irregular contrast enhancing nodular lesions; measuring <13 mm in size.

**AGE** 5 Years  
 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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

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.

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In cranial tip of the cranial part of the left cranial lung lobe a subpleural, irregular roundish consolidated lesion is appreciated. In the lateral aspect of the right cranial lung lobe, a second small (< 5 mm)irregular marginated lesion is appreciate. Dystelectasis of the caudodorsal dependent aspects of the lung parenchyma is seen. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

**REFERRING VET**

Matthew Keats DVM,  
 DACVS-SA

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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1-15-23

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

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



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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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Canine

In the subcutaneous tissue in the midline along the ventral abdominal wall a multinodular lesion is seen, extending over the complete length of the rectus abdominal muscle.

The right medial iliac lymph node is prominent and presents a heterogeneous contrast enhancement pattern.

**BREED**

Sharpei-X

Level with the intervertebral disc space L6/L7, mineral attenuating material is seen in the vertebral canal, occupying approximately 55% of the cross-sectional area of the vertebral canal at the same level. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

**SEX**

FS

Multifocal mild spondylosis formation is seen along the lumbar spine.

**AGE**

5 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of mastectomy due to mammary carcinoma – incomplete excision
- Multiple nodular subcutaneous lesions along the ventral abdominal wall and right thoracic wall up to the right axillary region
- Lymphadenopathy right axillary lymph node and right medial iliac lymph node
- Nodular pulmonary lesions

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The subcutaneous multifocal nodular lesions – extending along the ventral abdominal wall and the right lateroventral thoracic wall – the lymphadenopathy and the pulmonary nodules in combination with the history are consistent with metastatic disease. Recommend discussing palliative treatment options with oncologist.

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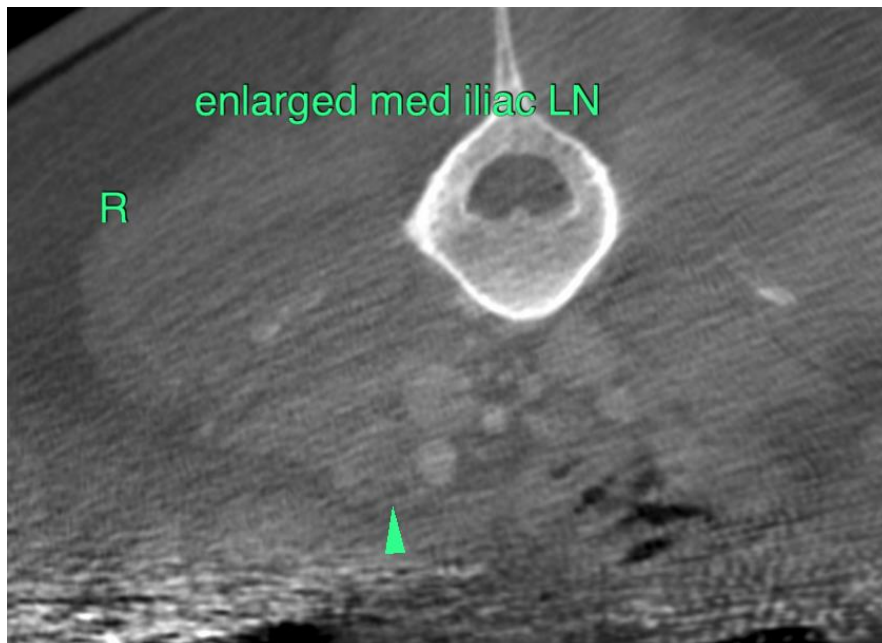
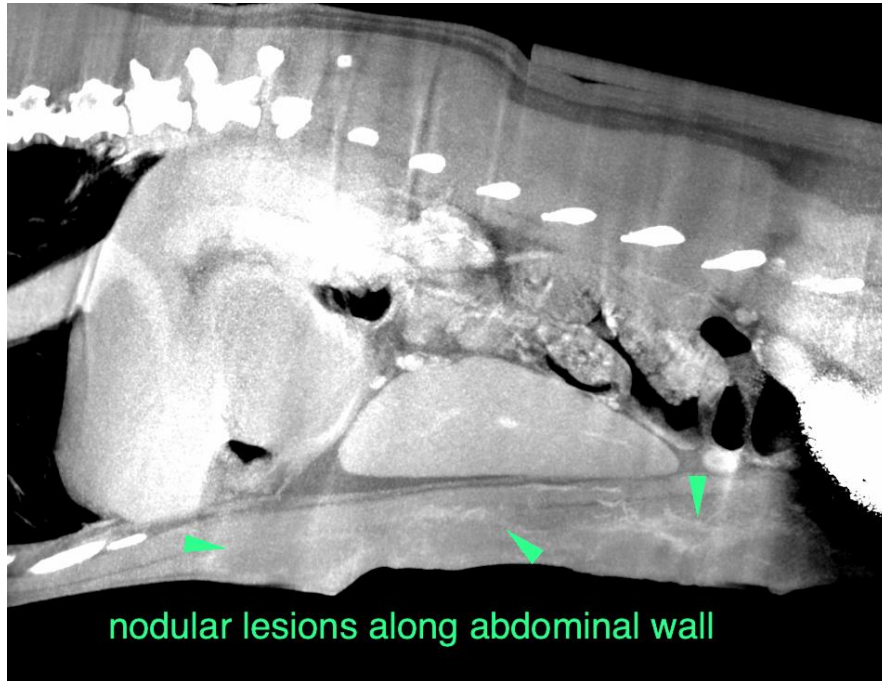
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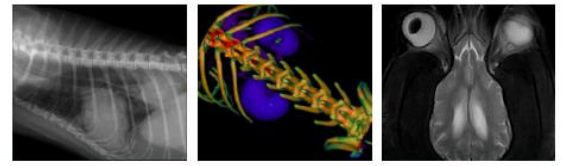
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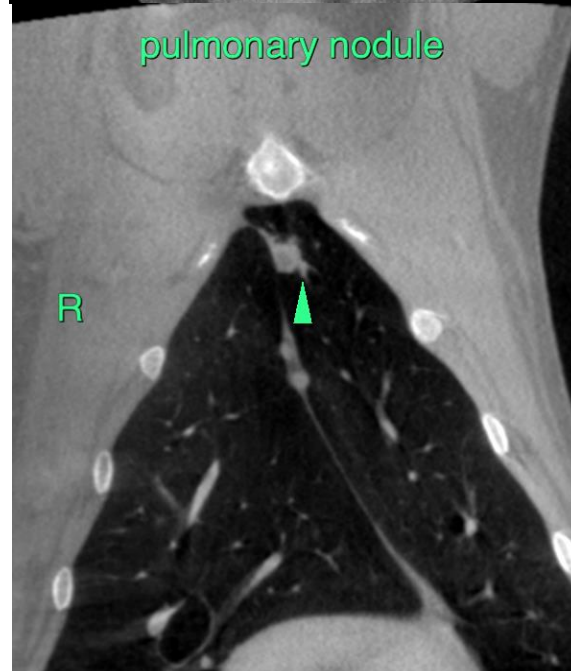
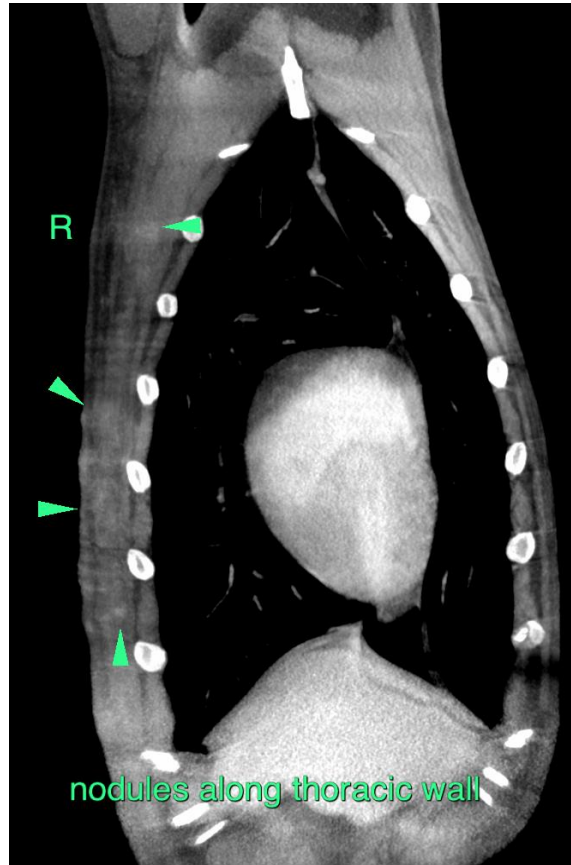
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

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