



PATIENT PRESENTING CLINICAL SIGNS

AXEL HIRSCH
Presented to Salem ER on 1/6 for 24 hours of anorexia and vomiting/diarrhea. Xrays and Full BW performed at that time was unremarkable (per O). Went home on supportive care. P seemed to improve but then worsened again. P has been more lethargic, hiding, decreased app. for about two weeks. P will perk up and seem more energetic when going for walks. D+ on/ off.. P has had decreased appetite and energy for a couple months per O. P was 75 pounds about 3 months ago, was 70 pounds at salem ER 1/6/22 and 63 pounds at rDVM today. Presented to rDVM yesterday for not eating/drinking for 24hrs, VD ongoing for a couple of weeks, lethargy and grinding teeth noises. Enlarged prostate was noted today at pDVM. Received cerenia today at 5pm.

SPECIES
Canine

BREED
Boxer

Abnormal PE/Chem/CBC/UA Results: Labs 1/6 = CHEM 17 + lytes wnl. PCV46%/TS 6.4. CBC wnl. Lab/trends: EPOC: wnl HCT 41%

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

SEX

Male

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

AGE

8 Years

Multifocal moderate spondylosis formation is seen along the thoracic spine.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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

HOSPITAL NAME

Wilvet Salem

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.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed pinpoint mineralization.

REFERRING VET

Dr. Emily Kalenius,
DVM

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

Abdomen

INVOICE

49629

The most caudal aspect of the abdomen is cropped by the field of view.

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

DATE

1-18-22

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.

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

**PATIENT**

Axel Hirsch

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen presents a mild increased volume. The splenic parenchyma presents a mild heterogeneous contrast enhancement pattern with post contrast hyperattenuating.

SPECIES

Canine

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

BREED

Boxer

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

The vertebral endplates L6/L7 and L7/S1 present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

Male

- Mild splenomegaly with heterogeneous contrast enhancement pattern
- Pulmonary osteomas
- Spondylosis deformans

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly can be accentuated by general anesthesia with pooling of blood in the spleen. The heterogeneous contrast enhancement pattern of the spleen is most consistent with nodular hyperplasia or extramedullary hematopoiesis. Ultrasound guided FNA sampling can be used to rule out diffuse malignant infiltrative disease, such as round cell neoplasia.

No additional macromorphological abnormality is appreciated, explaining the chronic weight loss and hyporexia. If not done so yet, consider testing for possible underlying pancreatitis as well.

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PATIENT

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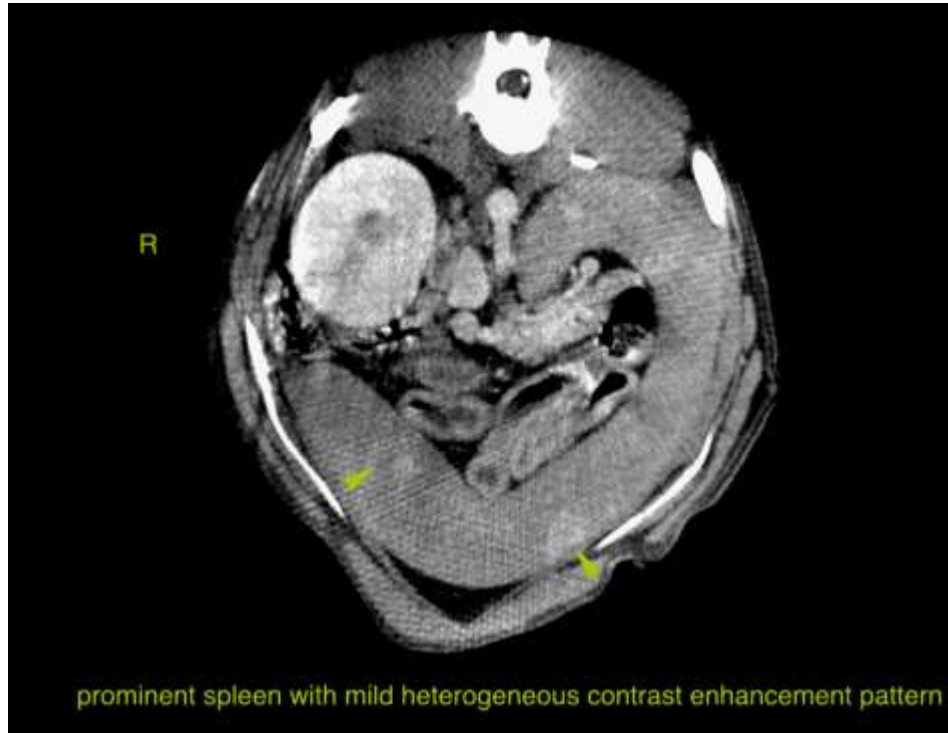
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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