



PATIENT

Duardo Gomez

PRESENTING CLINICAL SIGNS

Patient presented BAR for vomiting and lethargy. Patient has been vomiting the past 3 days but today has vomited more than usual. Throughout the day the patient has become more and more lethargic. Patient isn't eating and drinking as much, currently eating boiled chicken breast.

SPECIES

Canine

Patient hasn't pooped in two days but is peeing normally. Owner doesn't think the patient has gotten into anything inside or outside. Patient is coming tomorrow for rhinoscopy because of reverse sneezing and labored breathing. Patient is currently on gabapentin, omeprazole, and metoclopramide. Patient doesn't have any known allergies and is up to date on vaccines.

BREED

American Hairless Terrier

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

SEX

Male Neutered

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent, moderate horizontal bone loss is seen level with the upper incisor teeth.

AGE

11

In the left nasal cavity, approximately level with triadan 207&208 a region of focal consolidation is seen. The remainder of the nasal cavity bilaterally are aerated and with smooth mucosal lining. Mild atrophy of the nasal conchal structures bilaterally is seen.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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Medial to the left digastric muscle, a tubular, central fluid attenuating and peripheral contrast enhancing lesion is visible measuring 21 x 6 x 28 mm in size, extending rostroventrally along the ventral aspect of the base of the tongue.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The right external ear canal contains a mild amount of non-contrast enhancing soft tissue material.

REFERRING VET

Dr. Young

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. Protruding from the pituitary fossa dorsally into the cranial fossa, a conical shaped, moderate contrast enhancing lesion, measuring 6 x 7 x 6 mm in size is visible. The ventricular system is non-dilated and symmetric.

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The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

DATE

1-19-22

The intervertebral disc spaces C3/C4 to C7/T1 are moderately narrowed. Level with the intervertebral disc space C4/C5, mineralized disc material is protruding mildly into the vertebral canal, distorting the ventral epidural space. The vertebral end plates C6/C7 present mild spondylosis formation.

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Thorax

The 1st to 3rd right & left rib present with healed transverse fractures with moderate callus formation.

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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.

BREEDAmerican Hairless
Terrier

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.

SEX

Male Neutered

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

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

INTERPRETED BYSebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both kidneys present irregular margins with multiple concave depressions of the surface. After contrast administration both kidneys present a heterogeneous contrast enhancement pattern, presenting a hypoattenuating striation.

HOSPITAL NAMECritical Vet
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Veterinary

The adrenal glands are within prominent, measuring up to 8 mm in diameter and within normal limits for shape and organ architecture.

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

REFERRING VET

Dr. Young

The hepatic volume is moderately enlarged, and the caudoventral margins are protruding beyond the costal arch. The hepatic parenchyma is uniform soft tissue attenuating and presents with a mild heterogeneous contrast enhancement pattern with ill-defined hypoattenuating roundish regions.

A moderate amount of gallbladder sludge is seen.

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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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The lumbosacral intervertebral disc is mildly mineralized and protruding into the vertebral canal.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial extraaxial small mass originating from the pituitary fossa
- Bilateral adrenomegaly
- Hepatomegaly with mild heterogeneous contrast enhancement pattern
- Chronic nephropathy bilaterally
- Left sided rhinitis
- Biliary sludge without signs of obstruction
- Sialocele along duct of the left mandibular/monostomatic salivary gland
- Intervertebral disc protrusion C4/C5 with possible dynamic myelocompression
- Generalized chronic discopathy cervical spine
- Chronic serial rib fracture first to third rib bilaterally
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pituitary mass is suggestive for (non)functional pituitary adenoma with secondary adrenal hyperplasia. The odds for concurrent steroid induced hepatopathy are high. Other potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. Ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup. Consider testing of the pituitary adrenal axis as well.

No specific abnormality is appreciated, explaining the acute clinical signs of hyporexia. The tubular cavitary lesion in the left submandibular region is most consistent with sialocele formation along the duct of the left mandibular/monostomatic salivary gland. Due to the relative small size, the clinical relevance is unclear. Tapping the fluid can be used to rule out abscessation completely – but no signs of accompanying inflammatory changes.

If not done so yet, recommend complete blood work including cpl to rule out pancreatitis.

The rhinitis is concerning for underlying non-specific rhinitis, there is no evidence of malignant transformation.

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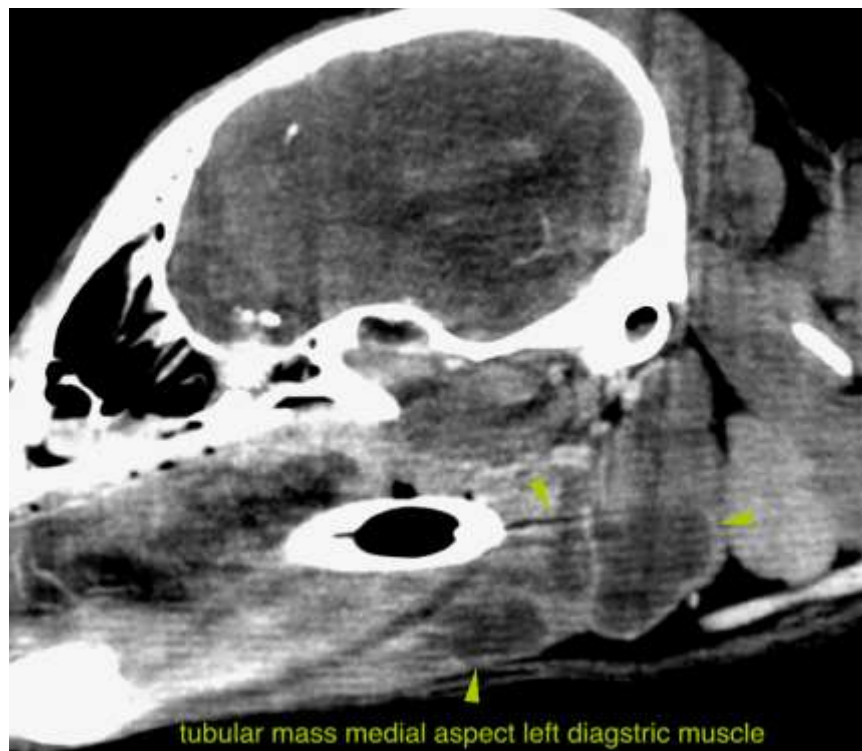
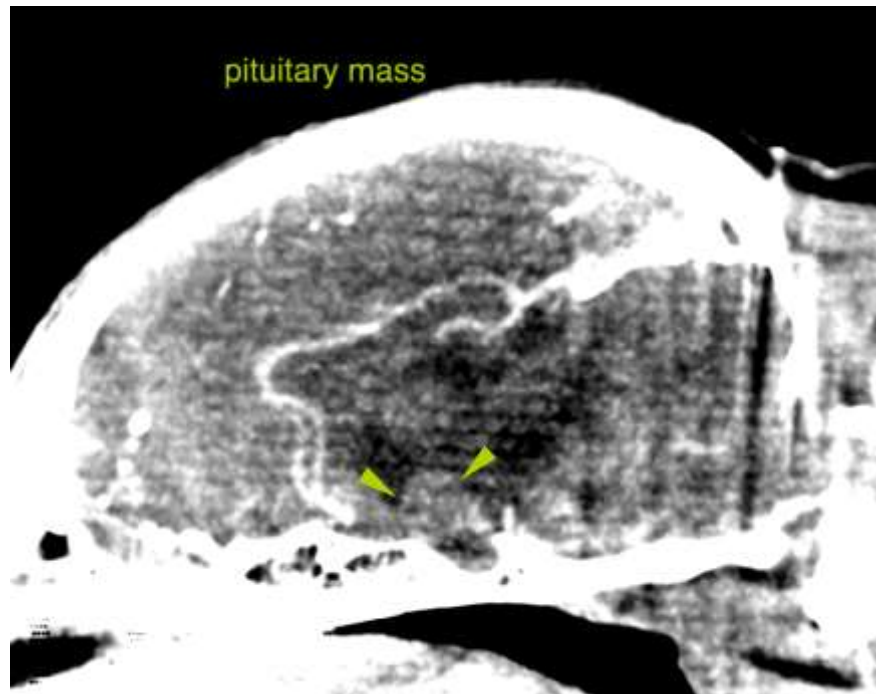
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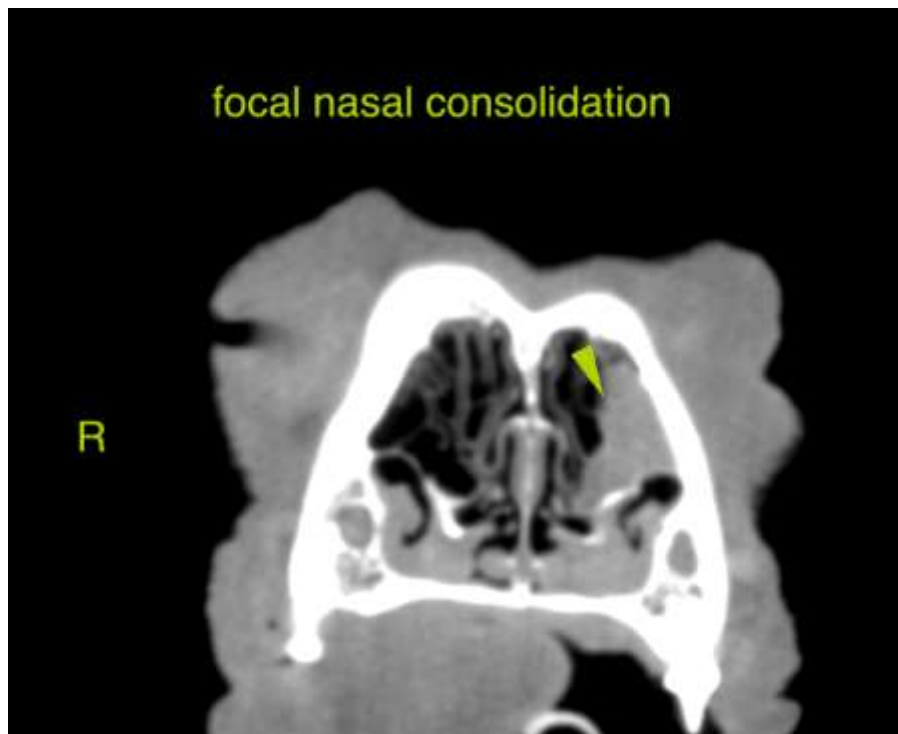
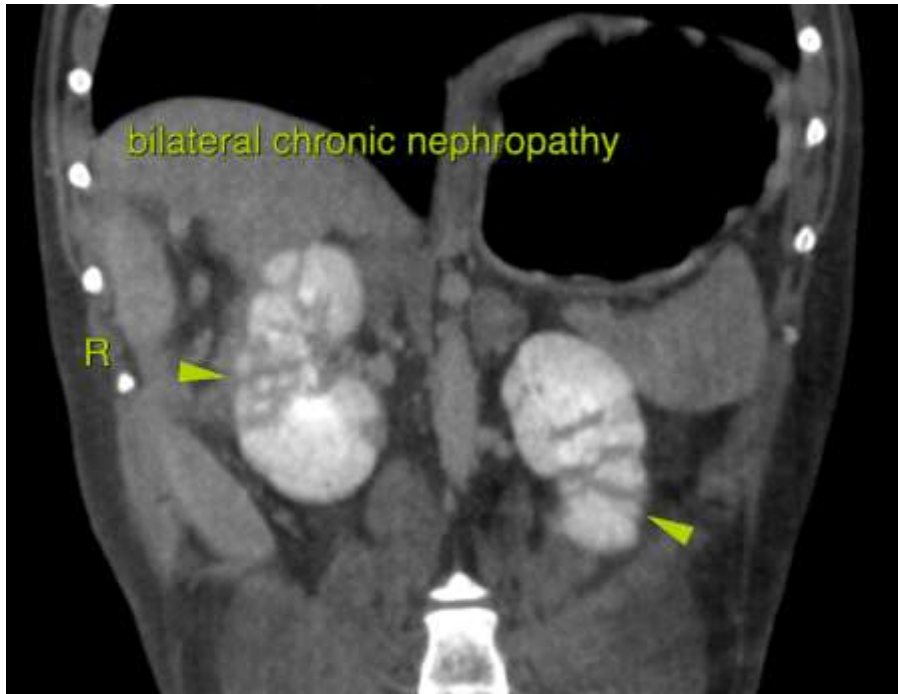
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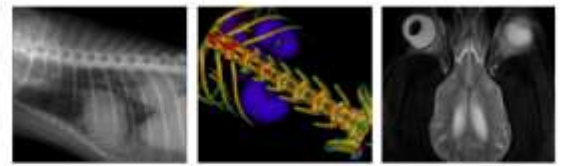
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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