



PATIENT

Tabitha Watt

PRESENTING CLINICAL SIGNS

Large mass growing on her tail since last year. currently taking clavamox. E/D well. Attached records from rDVM report histopathology of mass is consistent with soft tissue sarcoma grade 1 as of Sept 2020. Referral to SOVSC surgical service made by Dr. Guzman in Dec 2021 for perioperative CT for margins planning and removal.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Labrador Retriever
Mix

COMPUTED TOMOGRAPHIC FINDINGS

The body condition score is 9/9.

SEX

FS

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

The left kidney presents with a well-defined, pre- and post- contrast hypoattenuating, spherical intraparenchymal lesion, measuring 3.7 cm in size.

AGE

9 Years

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

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The spleen is within normal limits for size and shape and presents a homogeneous attenuation behavior. Post contrast administration the splenic parenchyma is heterogeneous contrast enhancing, presenting multiple hyperattenuating roundish ill-defined parenchymal lesions.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

At the medial aspect of the cranial extremity of the spleen, an ovoid shaped, well-defined, homogeneous soft tissue attenuating and contrast enhancing lesion measuring 2.3 cm in size is seen; presenting the same attenuation and contrast enhancement pattern like the spleen.

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

REFERRING VET

Dr. Fugazzi

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

Multiple intervertebral discs of the lumbar spine are mildly protruding into the vertebral canal, distorting the ventral epidural space. Multiple vertebral endplates of the lumbar spine present mild spondylosis formation. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal.

INVOICE

49705

In the subcutaneous tissue at the dorsal aspect of the cranial third of the tail, extending cranially up to the level of the 5th/6th caudate vertebra, an ovoid shaped, well-defined, heterogeneous soft tissue attenuating and contrast enhancing mass is visible, presenting a crater like irregular defect at the left lateral aspect. The mass is measuring 13.7 x 9.2 x 11.0 cm in size. No abnormalities of the osseous structures at the same level are seen.

DATE

1-19-22



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large (ulcerated) subcutaneous soft tissue mass cranial segment of the tail
- Heterogeneous contrast enhancement pattern of the spleen
- Suspect splenunculus medial to cranial extremity of the spleen
- Left sided renal cyst
- Degenerative lumbosacral stenosis
- Multifocal mild intervertebral disc protrusions along the lumbar spine
- Spondylosis deformans lumbar spine

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large soft tissue mass is well defined and separated by a fat attenuating rim from the underlying structures. Anyway, high amputation of the tail is considered as the therapy of choice.

The nodular lesion at the medial aspect of the cranial extremity of the spleen is highly suggestive for accessory spleen, however a prominent lymph node is a potential and ultrasound guided FNA sampling can be tried to rule out malignancy.

SEX

FS

The heterogeneous contrast enhancement pattern of the spleen is most consistent with nodular hyperplasia/extramedullary hematopoiesis. Ultrasound guided FNA sampling can be used to confirm the diagnosis and ruling out diffuse neoplastic invasion.

AGE

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Consider complementing full tumor staging by 3-view thoracic radiographs.

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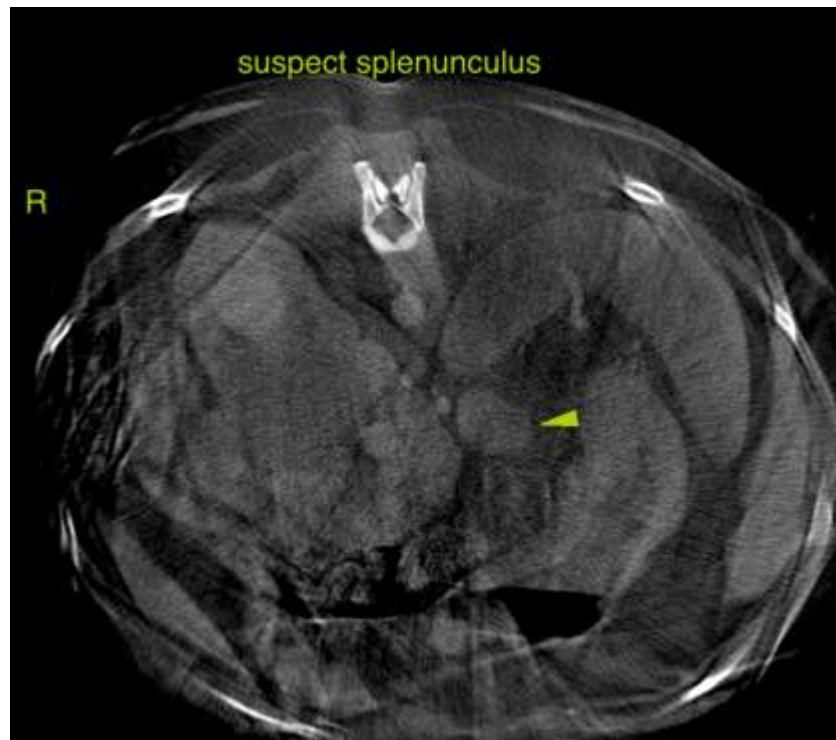
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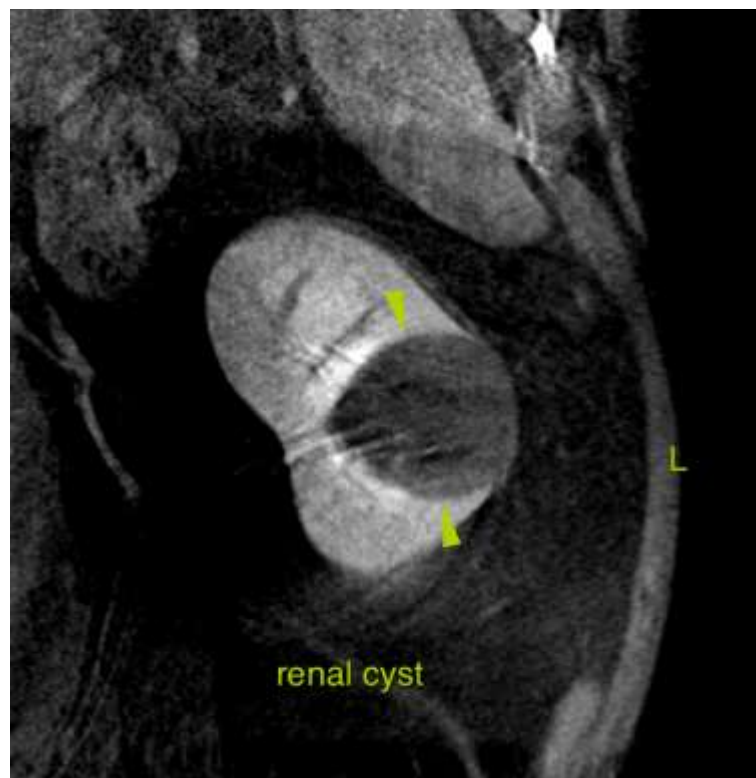
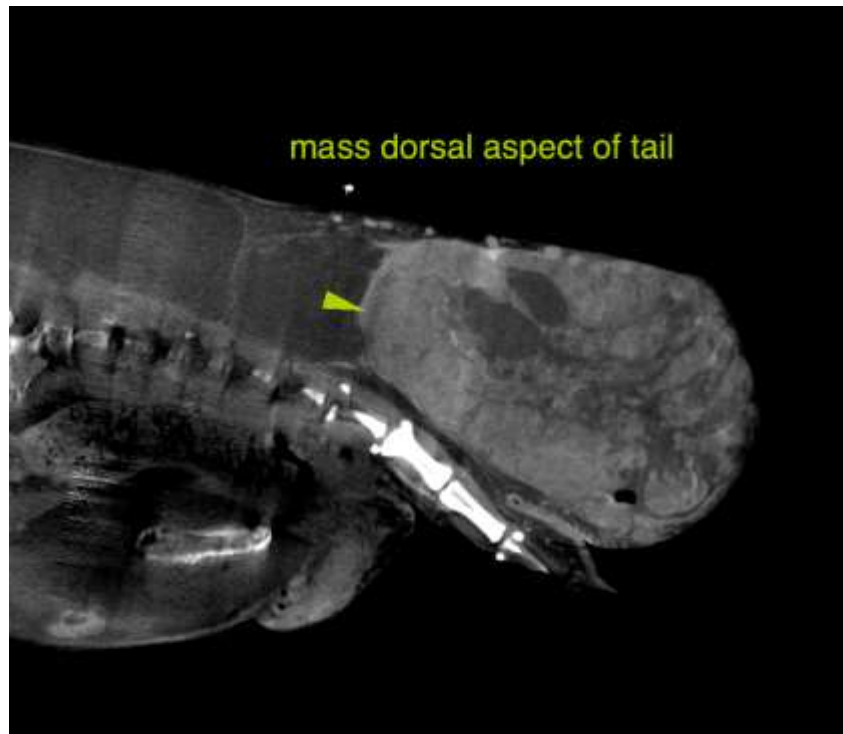
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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