



PATIENT PRESENTING CLINICAL SIGNS

Winky Chock Brief History: Presented for distended abdomen. Otherwise eating/drinking. History of inguinal hernia **EMPLOYEE PET**

SPECIES Abnormal PE/Chem/CBC/UA Results: Lab/trends: AFAST - large mass taking up much of the abdomen, unable to tell what organ it is associated with. Lateral radiograph - large abdominal mass CBC - Nonregenerative/preregenerative mild anemia HCT 35.1%, Elevated PLT 737, Ch17 - Low amylase 321, rest wnl EPOC - Hypocalcemia iCa 1.09 (Na citrate artifact), Anemia HCT 32%, rest wnl S/O:: _QAR,vitals wnl, mm pk/m w/ CRT < 2s. EENT: no nasal or ocular discharge. Missing OS H/L: NMA, SSP; lungs clear, eupneic. ABD: distended and painful on palpation. M/S: amb x 4 w/ no lameness. NEU: appropriate mentation.

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

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

SEX **COMPUTED TOMOGRAPHIC FINDINGS**

SF Thorax

AGE Multifocal mild spondylosis formation is seen along the thoracic spine. The diaphragm is bulging far cranially, due to an increased intraabdominal volume.

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

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 The lung parenchyma presents the expected architecture and attenuation behavior with zones of dystelectasis of the lung parenchyma.

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

REFERRING VET Abdomen

Dr. Brittany Gardner Major parts of the abdominal cavity are occupied by a heterogeneous fat attenuating mass, presenting a moderate soft tissue striation. The abdominal fat attenuating mass is measuring 13.7 x 8.9 x 16.2 cm in size. The small intestinal loops and the spleen are displaced into the cranial abdomen, the urinary bladder is displaced caudally into the pelvic canal, the descending colon is displaced dorsally and the uterine horns laterally and dorsally by the mass effect.

INVOICE 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 uterine horns and vagina are prominent. Ovaries are appreciated bilaterally

56413 The adrenal glands are within normal limits for size, shape and organ architecture.

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

1-29-23



PATIENT

In the gallbladder, multiple mineral attenuating calculi are visible, measuring up to 4 mm in size.

Winky Chock

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

SPECIES

Multifocal spondylosis formation is seen along the lumbar spine.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large heterogeneous fat attenuating abdominal mass
- Cholecystolithiasis without signs of obstruction
- Zones of dystelectasis of the lung parenchyma
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

BREED

Pomeranian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The large abdominal mass is fatty in origin and differentials are lipoma with zones of fat-necrosis, liposarcoma or myelolipoma. The structures of the gastrointestinal tract and the parenchymal abdominal organs appear to be well-delineated from the mass, but the uterine horns might be embedded within the mass – complete surgical excision of the mass appears feasible.

SF

AGE

The patient is an intact female, and the prominent uterine horns and vagina can be a sequela to the estrous cycle.

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

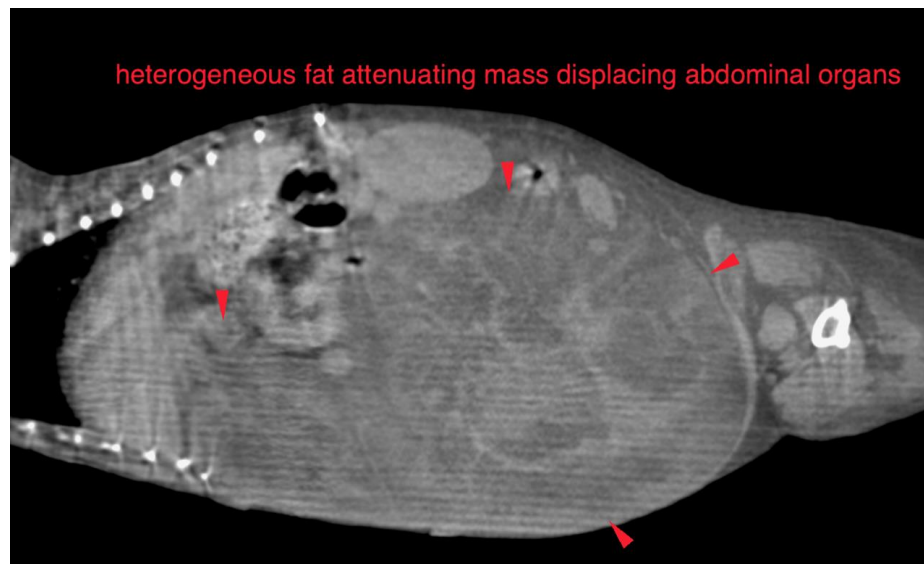
Dr. Brittany Gardner

INVOICE

56413

DATE

1-29-23





PATIENT

Winky Chock

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

56413

DATE

1-29-23



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.

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
sebast.schaub@gmail.com