



PATIENT

Jobi Stratton

PRESENTING CLINICAL SIGNS

Gingival mass: Spindloid malignancy fell off from right maxillary canine at home and submitted for biopsy. Owner reports vomiting and decreased appetite for last 3-4 weeks along with a progressive cough/hack which he regurgitates food as well as phlegm

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

Labrador Retriever
Mix

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete. Multiple teeth present signs of mild resorptive lesions of the roots. Triadan 108, 109 and 208 present evidence of mild periodontal disease. The alveolar bone in all jaw quadrants presents without abnormalities.

SEX

Male Neutered

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining, but a very small amount of exudate in the caudal aspect of the nasal cavity bilaterally.

AGE

13 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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. The ventricular system is non-dilated and symmetric.

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

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.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

REFERRING VET

Dr. Sarah Wright

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.

INVOICE

56452

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.

DATE

1-30-23

The ventral dependent aspect of the right middle lung lobe presents a zone with a coarse unstructured reticular pattern. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.



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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.

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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.

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

The liver is normal in size and shape. Multifocal throughout the hepatic parenchyma, well-defined, roundish parenchymal filling defects are seen.

SEX

Male Neutered

The left hepatic lymph node and a splenic lymph nodes are prominent and present with a mild heterogeneous contrast enhancement pattern.

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

AGE

13 Years

The cranial wall of the gastric fundus presents a zone with focal moderate thickening and loss of the normal rugal folds, measuring up to 14 mm in width. The position, delineation, wall and content of the intestinal tract are considered within normal limits throughout.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of gingival mass
- Lymphadenopathy hepatic lymph node and splenic lymph node
- Focal mural thickening of the gastric wall
- Ventrally distributed zone with unstructured interstitial pattern right middle lung lobe - the volume is maintained.
- Multifocal periodontal disease with dental resorptive lesions
- Hepatic cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the skull presents without signs of aggressive bone lesion level with the gingival mass that fell of level with triadan 104, nor are there signs for other aggressive lesions but the periodontal changes and dental resorptive lesions.

INVOICE

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The ventrally distributed zone with an interstitial lung pattern of the right middle lung lobe can be a sequela to pneumonia or dystelectasis secondary to dystelectasis.

DATE

1-30-23

The focal thickening of the gastric wall can be caused by gastritis as the wall layering appears to be maintained, however focal neoplastic infiltration (e.g. round cell tumor, carcinoma) of the gastric wall is a consideration - gastroscopy including biopsy may be used as advanced minimally invasive diagnostic tool.



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The lymphadenopathy of the hepatic lymph node and a splenic lymph node can be a sequela reactive hyperplasia or metastatic disease – ultrasound guided FNA sampling can be tried for further definition.

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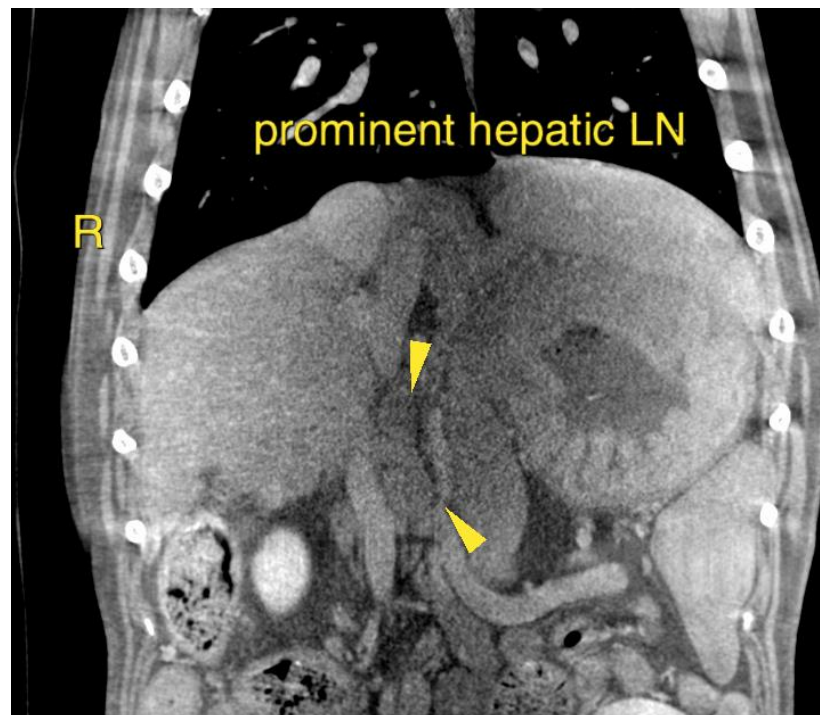
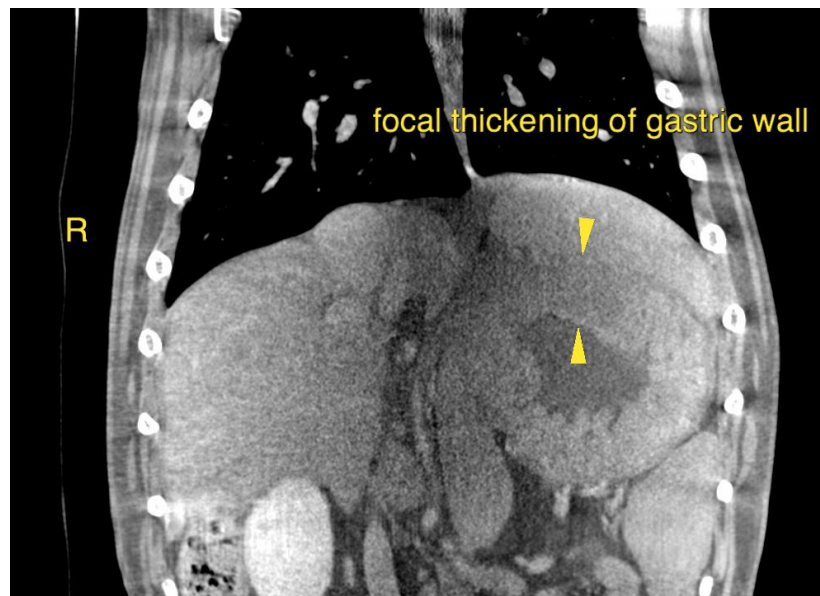
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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