



PATIENT

Luna De La Fuente

PRESENTING CLINICAL SIGNS

Pancreatic mass, possible stomach mass, possible thoracic mass. anorexia/hyporexia, vomiting (>14 days), lethargy, weight loss, and anemia 01/03/22
Abnormal PE/Chem/CBC/UA Results: see attached Internal Medicine report

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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.

BREED

Labrador Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

Female Spayed

Multifocal mild spondylosis formation is seen along the thoracic spine.

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.

AGE

5 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Mobile Pet Imaging

Abdomen

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

REFERRING VET

Meaux

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.

INVOICE

49283

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.

DATE

1-3-22

Level with the cranial duodenal flexure, level with the corpus of the pancreas, an ill-defined soft tissue attenuating mass with a heterogeneous contrast enhancement pattern. The pylorus and the duodenum at the same level are displaced ventrally by the mass effect. The soft tissue attenuating lesion is measuring 4.0 x 3.7 x 4.6 cm in size. The pyloric wall level with the mass is prominent. The pancreatic duct is moderately dilated.

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Level with the hiatus of the esophagus there is a potential mural mass of the most distal aspect of the esophagus/cardia.

The hepatic and gastric lymph nodes are prominent, rounded and present a heterogeneous contrast enhancement pattern; the short-to-long-axis ratio is increased >0.5.

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Canine

Multifocal mild spondylosis formation is seen along the lumbar spine. Both coxofemoral joints present mild spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS**BREED**

Labrador Retriever

- Mass region of the corpus of the pancreas
- Potential mural mass distal segment of esophagus/cardia
- Lymphadenopathy gastric & hepatic lymph nodes
- Suspect outflow obstruction of the pancreatic duct
- Spondylosis deformans
- Mild degenerative osteoarthritis coxofemoral joints
- No evidence of pulmonary metastatic disease

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

5 Years

The findings are fitting the history of a pancreatic mass. There is evidence of an intramural ora paraesophageal mass level with the hiatus of the esophagus. Although the odds for underlying neoplastic disease are very high – such as adenocarcinoma, neuroendocrine tumor or round cell tumor with metastatic spread – granulomatous disease (e.g. mycotic, Nocardiosis) might still be a differential. Further differentiation will warrant FNA sampling/biopsy. Due to its location and close association with delicate anatomical structures – region of major duodenal papilla, pylorus, cardia – complete surgical excision of the masses appears not feasible.

INTERPRETED BYSebastian Schaub, DVM
Dr. med. vet. DipECVCI**HOSPITAL NAME**

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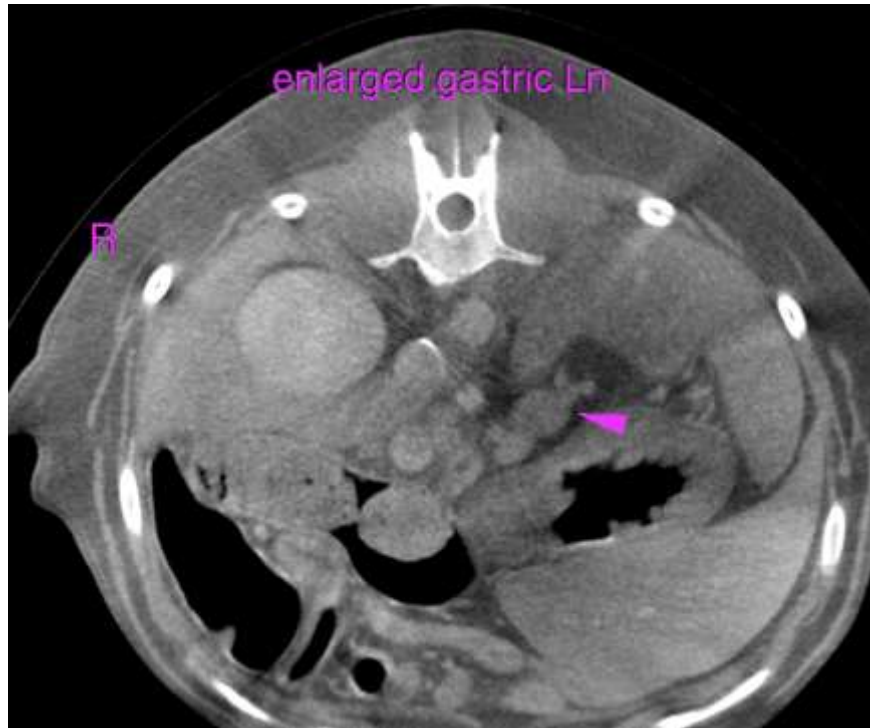
Meaux

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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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