

**PATIENT**

Chilby Ayoubzadeh

**PRESENTING CLINICAL SIGNS**

History: Neuroendocrine tumor removed from the left retropharyngeal area on February 1st 2022. Hypertension which is stable. Elevated liver enzymes suspected steroid induced, and IMPA. Recently found new growth on Left fore paw. Cytology consistent with a round cell tumor. CT scan for staging for the neuroendocrine tumor of neck, thorax, and abdomen.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE- 7 mm pedunculated bleeding mass left medial front paw

**BREED**

Cocker Spaniel

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

A plain CT study of the skull, thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS****SEX**

Neutered Male

**Skull**

The rostral part of the skull is cropped by the field of view.

**AGE**

8 Years

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

Both tympanic bullae contain a small amount of fluid attenuating material; the wall is smooth and thin. The external ear canals are within normal limits.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The included parts of the brain present no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation. The ventricular system is non-dilated and symmetric.

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. The osseous and soft tissue structures of the neck present no abnormalities.

**HOSPITAL NAME**

Animal Health  
Partners

**Thorax**

The vertebral endplates T10/T11 present ventral spondylosis formation. T13 presents with a transverse process in the left aspect and a rib on the right side.

**REFERRING VET**

Dr. J. Gagnon

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is  $< 0.5$ , the attenuation pattern is uniform.

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

**INVOICE**

20457

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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

**SPECIES**

Canine

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

**Abdomen**

**BREED**

Cocker Spaniel

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

**SEX**

Neutered Male

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.

**AGE**

8 Years

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

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

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The vertebral endplates of the lumbosacral junction present moderate spondylosis formation and the respective intervertebral disc is protruding into the vertebral canal, occupying approximately 15% of the cross-sectional area of the vertebral canal at the same level.

Both coxofemoral joints present mild osteophyte new bone formation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of excised neuroendocrine tumor at the neck – no evidence of reoccurrence
- Mild intervertebral disc protrusion L7/S1 without compressive myelopathy
- Mild degenerative osteoarthritis coxofemoral joints bilaterally
- Spondylosis deformans
- Normal neck
- No evidence of pulmonary metastatic disease
- Normal abdomen

**REFERRING VET**

Dr. J. Gagnon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study presents without clinically relevant pathologies.

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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.**

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.

**SPECIES**

Canine

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

**BREED**

Cocker Spaniel

**SEX**

Neutered Male

**AGE**

8 Years

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