



PATIENT PRESENTING CLINICAL SIGNS

Byron Masciale
SPECIES Canine
BREED Jack Russell
SEX MN
AGE 15 Years, 6 Months

Presenting complaint: Right forelimb lameness, leukocytosis
PREVIOUS MEDICAL HISTORY - 15.5 yo MN JRT - Adopted 13 years ago - Previous medical history - Healthy boy - Diet - Kibble diet - salmon based - No allergies - Medications - Gabapentin 25 mg PO q 8-12 (last given at 9:00 AM) - UTD on vaccines
CURRENT MEDICAL CONCERNS - December 4 - Hacking cough - RDVM - Started with an antibiotic which improved the clinical signs - Dec 10 - Started limping on the right forelimb - RDVM - Examination and elected to monitor - Dec 17 - Progressive lameness - RDVM - No BW performed; radiographs performed did not see anything abnormal; sent off radiograph report - no evidence of fracture or break - Dec 22 - Emergency veterinary clinic - Gave some pan medications - Discharged with tramadol but this made him very very sedate - discontinued due to degree of sedation provided; continued with the gabapentin - Dec 28 - Recheck examination at RDVM very sore and painful - Decreased appetite over the past few weeks due to progressive inappetence - Over the past week - not able to walk at all; very sore; stopped eating approximately 2 days ago - Jan 4 - Prescribed mirtazapine by RDVM - ate well with this medication (homecooked dinner) - Jan 6 - Vomited once in bed - Not eating at all - CBC - Marked leukocytosis characterized by a marked neutrophilia and mild monocytosis; marked thrombocytopenia - Chemistry - Mildly elevated urea; mild azotemia; mild hyperphosphatemia - No diarrhea - Normal drinking - need to bring the water to him - Normal urination habits - No more coughing; no sneezing

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a soft tissue, bone and lung reconstruction are provided for review.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

HOSPITAL NAME

Animal Health Partners

The right axillary lymph node is prominent.

Both shoulder joints present mild osteophyte new bone formation.

The right humeral condyles up to the distal humeral diaphysis, presents an ill-defined zone with permeative osteolytic lesions and cortical destruction. The distal right humerus presents with a circumferential, uniform soft tissue attenuating and heterogeneous contrast enhancing mass.

REFERRING VET

Blair Rainey/ Lea Mehrkens

In the tip of the cranial part of the left cranial lung lobe an ovoid shaped, irregular soft tissue attenuating and heterogeneous contrast enhancing mass, measuring 3.5 x 2.2 x 2.8 cm in size is visible. Multifocal throughout the remaining lung lobes, variable sized soft tissue attenuating nodular lesions are visible as well as regions of coalescing consolidation of the lung parenchyma.

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The left triceps muscle presents a mild patchy contrast enhancement pattern.

The sternal lymph nodes are prominent.

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The cranial mediastinal fat presents mild fat-stranding.

The myocardium presents a heterogeneous contrast distribution.



PATIENT

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

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Abdomen

SPECIES

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

Canine

Both kidneys present mild serrating margins. Post contrast administration, multiple well-defined, parenchymal filling defects are seen throughout the renal cortex bilaterally.

BREED

Jack Russell

Nodular enlargement of the left adrenal gland is seen, measuring up to 1.6 cm in diameter. The attenuation and contrast enhancement pattern are irregular. The right adrenal gland is within normal limits for size, shape and architecture.

SEX

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

MN

The spleen presents a mild heterogeneous contrast enhancement pattern.

AGE

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

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

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A subcutaneous lipoma is seen at the left ventral aspect of the prepuce.

The left patella is located cranial to the medial trochlea ridge. Both stifle joints present mild osteophyte new bone formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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Mehrkens

- Monostotic aggressive osteolytic lesion right distal humerus with surrounding soft tissue component
- Pulmonary mass left cranial lung lobe
- Structured nodular interstitial lung pattern
- Lymphadenopathy sternal and right axillary lymph nodes
- Heterogeneous contrast enhancement pattern of the myocardium
- Patchy contrast enhancement left triceps muscle
- Left adrenal mass
- Heterogeneous contrast enhancement pattern spleen
- Renal cortical cysts
- Possible left medial patellar luxation
- Mild degenerative osteoarthritis shoulder joints bilaterally
- Bilateral degenerative osteoarthritis stifle joints bilaterally

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In summary, the findings are compatible with disseminated neoplastic disease – possible carcinomatosis or round cell tumor – with lesion of the right humerus, lung, left triceps muscle, myocardium, sternal & axillary lymph node. FNA sampling of the humeral mass and the pulmonary lesions might be used as advanced diagnostic tests for further differentiation.





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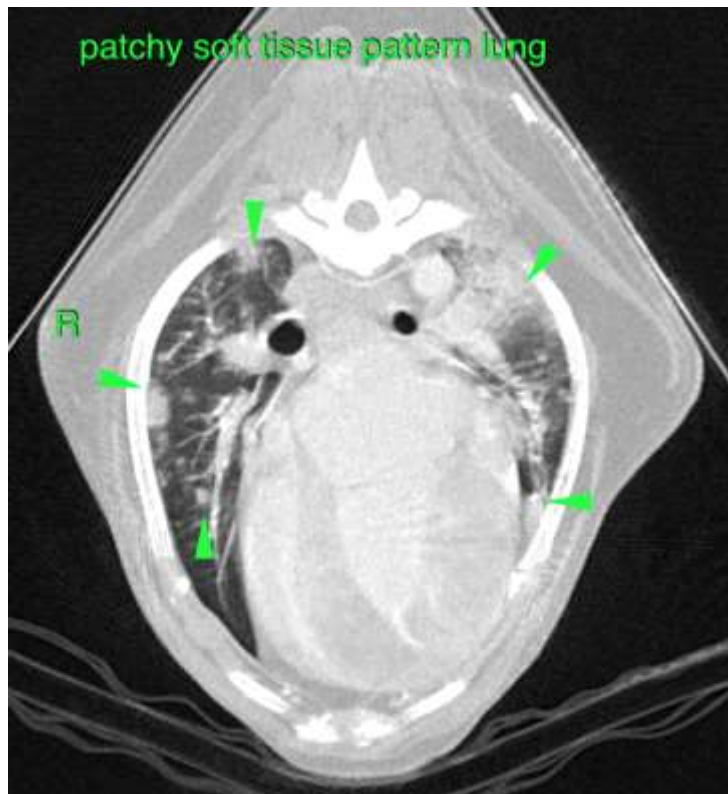
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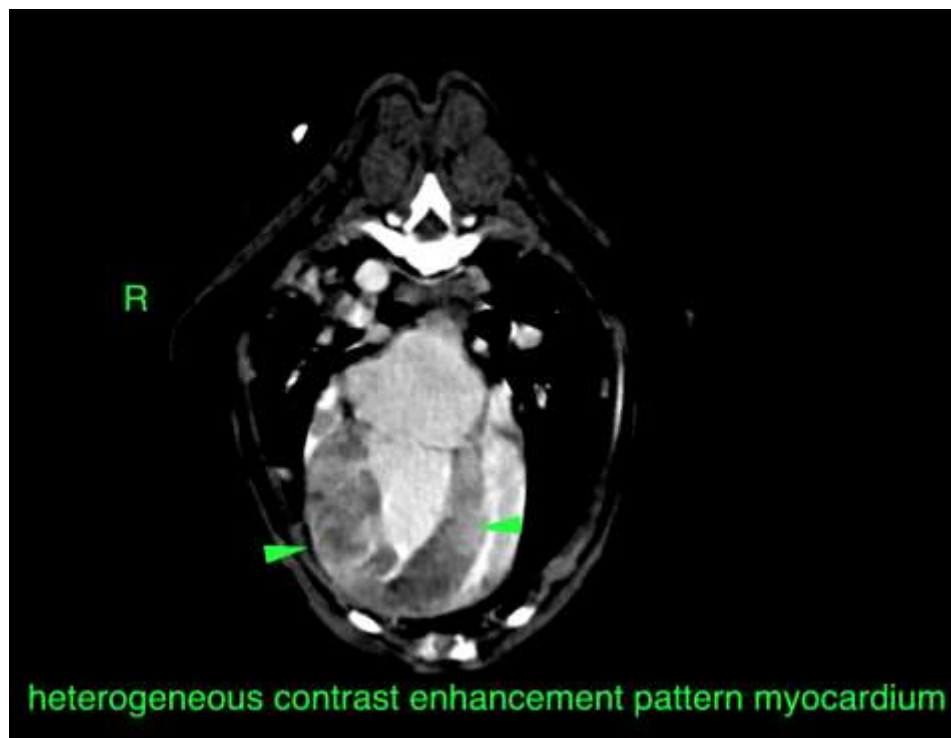
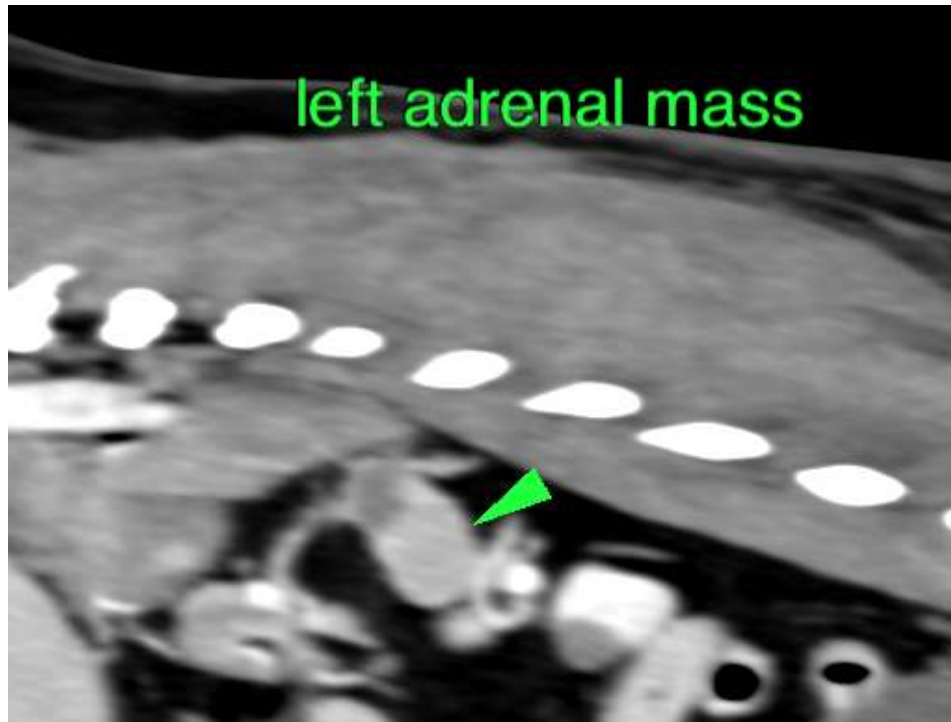
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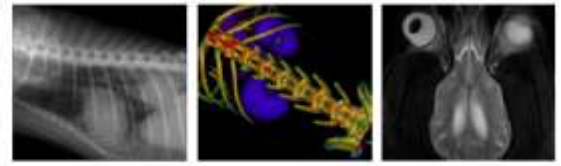
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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