



PATIENT

Reese Babcock

PRESENTING CLINICAL SIGNS

Growth on right lateral caudal abdomen-very firm, owner noticed about a month ago and growing. Owner also noticed patient coughing in the middle of the night and hacking when eating starting within the last 1-2 weeks.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CT screening for surgical removal of right caudal thorax mass

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

Mixed

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female Spayed

Skull

Triadan 108, 301-303, 309, 401, 402 are absent. A part of the crown of triadan 103 & 203 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

12 Years, 9 Months

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

REFERRING VET

Dr. Joseph D'Abbraccio

Multifocal mild spondylosis formation is seen along the thoracic spine. Multiple cutaneous wart like lesions are seen along the caudal aspect of the right brachium.

In the subcutaneous tissue at the right caudoventral thoracic wall, level with the 9th to 11th right costal cartilage, a uniform soft tissue attenuating, heterogeneous contrast enhancing, ovoid shaped mass is visible, measuring 5.6 x 2.8 x 4.7 cm in size.

INVOICE

54603

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.

DATE

10-12-22

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.



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In the cranial aspect of the left caudal lung lobe, a roundish, gas filled lesion, demarcated by a thin soft tissue attenuating capsule is visible, measuring 1.8 cm in diameter. A region of dystelectasis of the caudodorsal aspect of the lung parenchyma is seen. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

SPECIES

Canine

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

Abdomen

BREED

Mixed

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

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.

SEX

Female Spayed

Nodular enlargement of the cranial pole of the right adrenal gland is seen, presenting a heterogenous contrast enhancement pattern.

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

AGE

12 Years, 9 Months

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

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Dr. med. vet. DipECVDI

Level with the cardia of the stomach, a roundish, intramural lesion, measuring 1.6 cm in diameter is seen, protruding into the gastric lumen.

Multifocal spondylosis formation is noted along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Catskill Veterinary Services, PLLC

- History of soft tissue mass right caudoventral thoracic wall
- Intramural gastric mass
- Nodular enlargement cranial pole right adrenal gland
- Bulla left caudal lung lobe
- Cutaneous wart like lesions caudal aspect right brachium
- Pulmonary osteomas
- Spondylosis deformans
- Multiple absent teeth
- Complicated dental fracture 103 and 203
- No evidence of pulmonary metastatic disease

REFERRING VET

Dr. Joseph D'Abbraccio

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The soft tissue mass at the right caudoventral thoracic wall is consistent with soft tissue neoplasm, sarcoma is the first differential. Complete surgical excision of the mass is feasible. Be aware that the mass is in contact with the intercostal musculature and the mass might reoccur.

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The intramural gastric mass is suggestive for neoplasia of the gastric wall with leiomyoma being most likely. Endoscopy with biopsy might be used to check for malignant transformation.



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The nodular enlargement of the right adrenal gland can be caused by (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

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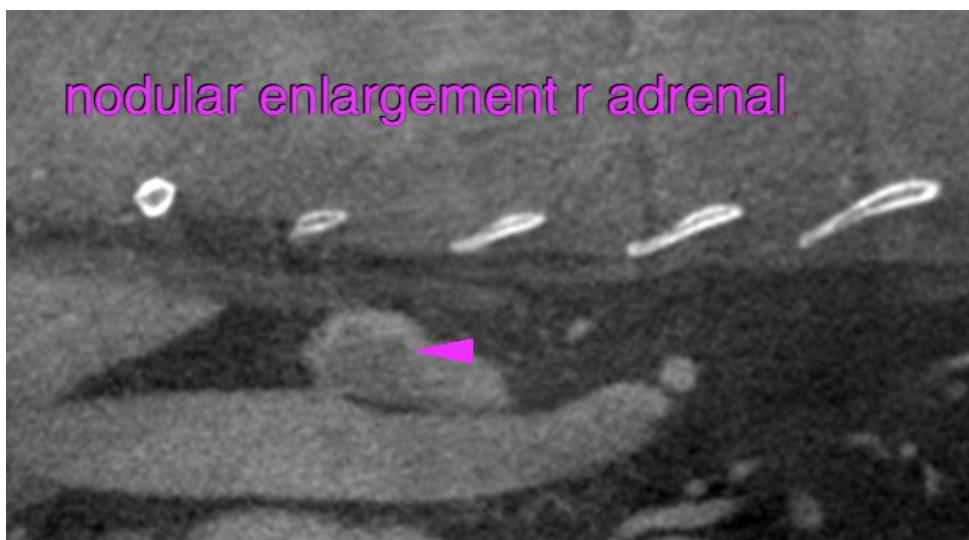
Dr. Joseph
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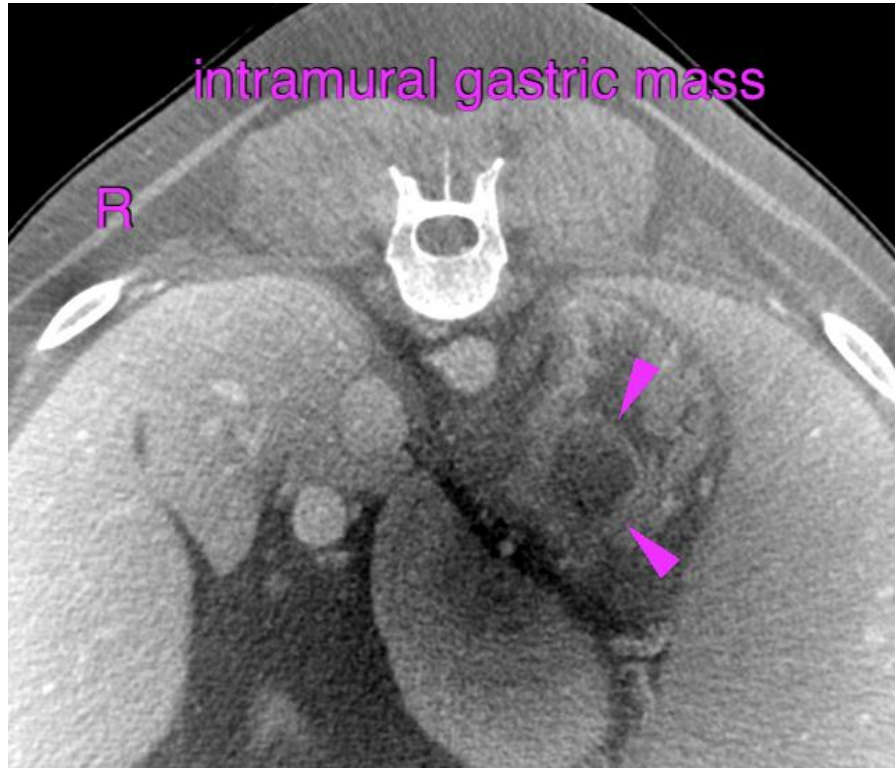
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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