



PATIENT

Jackson Greenhill

PRESENTING CLINICAL SIGNS

History of multiple masses - mass on head and ventral chest. Recommended CT before mass removal to check for metastasis. Suspect Cushings disease - LDDST in progress today. Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

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

Beagle

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 310, 311 and 410 are absent. Triadan 206 is fractured level with the dental neck of both roots.

SEX

MN

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

AGE

11

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

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

At the caudodorsal aspect of the neck, a heterogenous fat and soft tissue attenuating wart like lesion is protruding from the cutaneous surface.

Thorax

REFERRING VET

Dr. Daniela Carbone

At the left cranioventral thoracic wall, a pedunculated cutaneous heterogeneous soft tissue attenuating mass is seen, measuring approximately 2.2 x 1.6 x 5.0 cm in size. In the subcutaneous tissue level with the 6th intercostal space, at the right thoracic wall, a well-defined ovoid shaped, soft tissue attenuating nodule measuring 1.8 cm in size is noted. Level with the 7th and 8th right rib in the subcutaneous tissue of the right thoracic wall, a well-defined lipoma, measuring 4.5 x 1.7 x 4.3 cm is seen.

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Generalized mild central mineralization of the intervertebral discs along the thoracic spine is noted.

DATE

10-25-22

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.



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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.

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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.

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

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The adrenal glands are within normal limits for size, shape and organ architecture.

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

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The splenic parenchyma has a mild heterogeneous contrast enhancement pattern with multiple small intraparenchymal contrast enhancing roundish regions. The caudal extremity of the spleen presents an intraparenchymal, heterogeneous contrast enhancing nodule, causing mild convex bulging of the splenic capsule at the same level, measuring 1.7 cm in diameter.

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

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

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The vertebral body of L7 presents with small zones of sclerosis – compatible with small bone infarcts.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild heterogeneous contrast enhancement pattern of the spleen with a small intraparenchymal nodular lesion
- Cutaneous pedunculated lesions – caudodorsal aspect of the neck and cranioventral aspect of the thoracic wall
- Subcutaneous lipoma right thoracic wall
- Non-specific cutaneous nodule right thoracic wall
- Absent triadan 310, 311 and 410
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The heterogeneous contrast enhancement pattern of the spleen and the intraparenchymal splenic nodule are suggestive for benign splenic nodular hyperplasia. FNA sampling of the spleen can be used to rule out malignant transformation of the nodular splenic lesion and can be used to screen if the intraparenchymal nodule is increasing in size, potentially warranting splenectomy.

The cutaneous lesions are not specific but are considered likely benign in nature – complete



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surgical excision is feasible.

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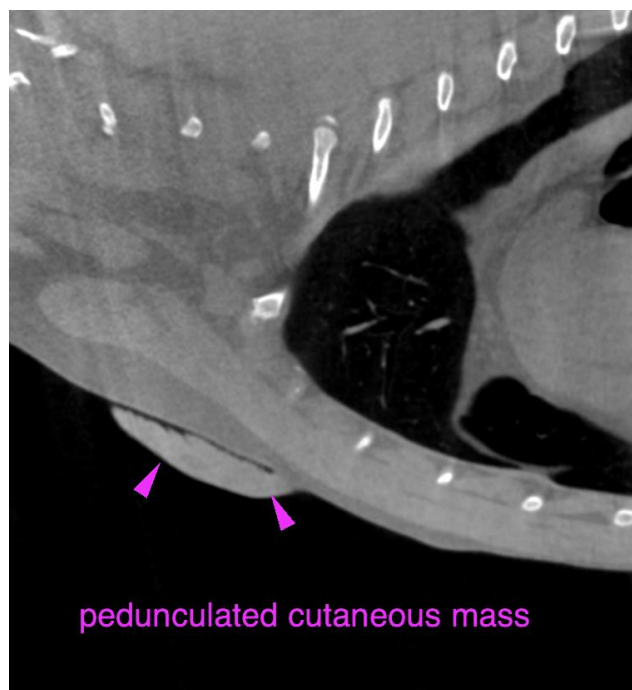
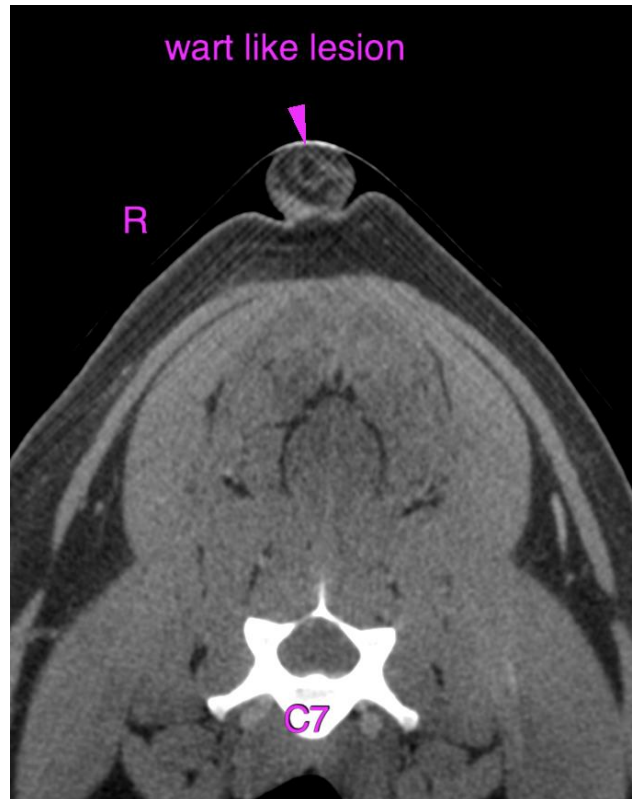
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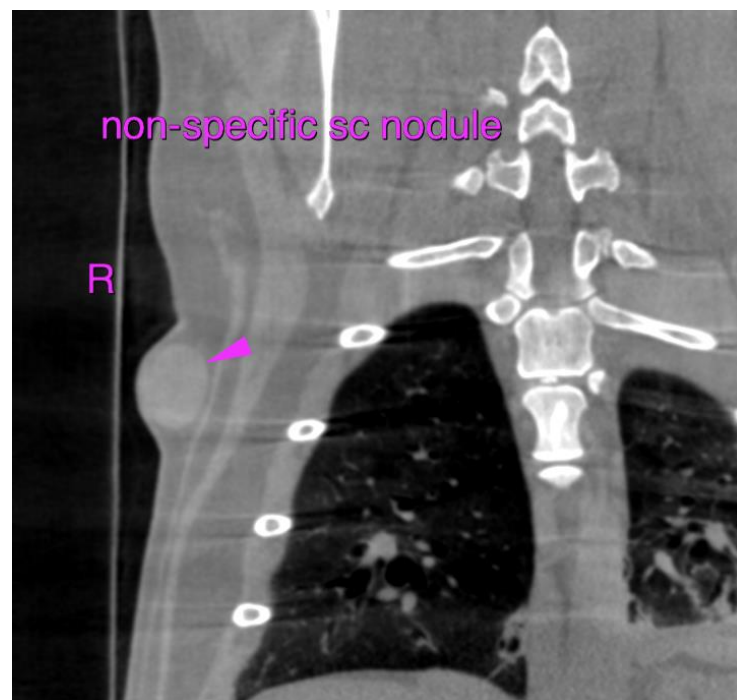
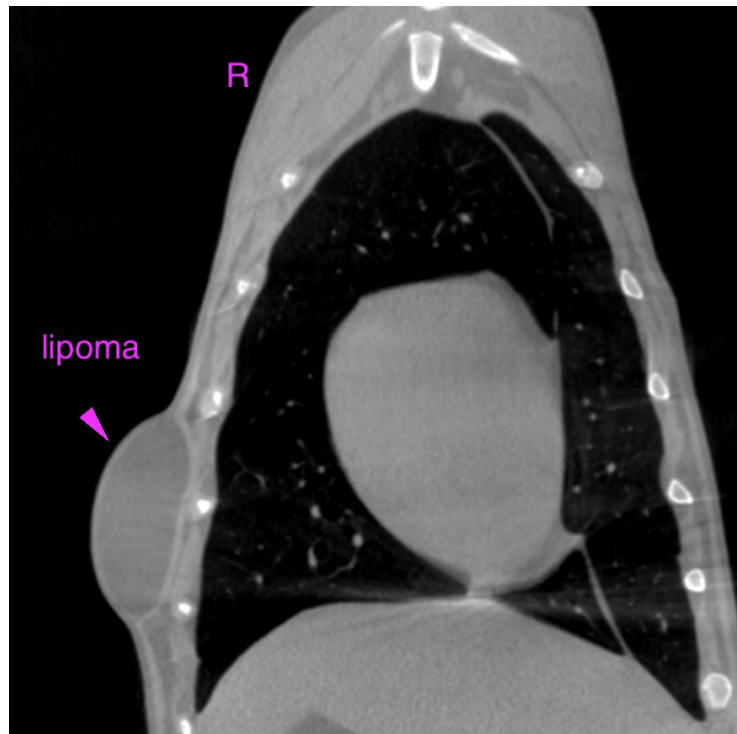
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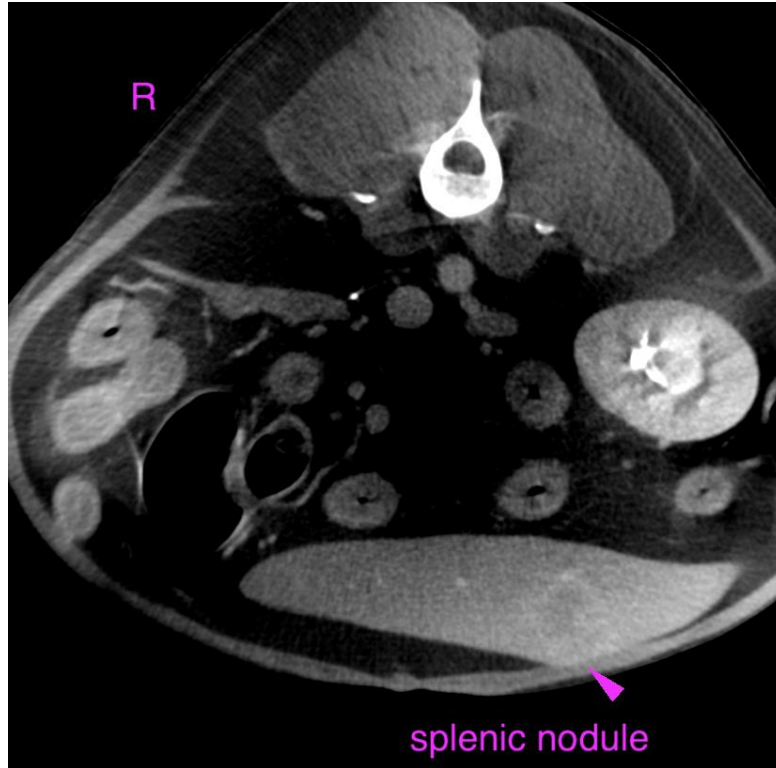
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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