



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Tommy Stivelman  
**SPECIES** Canine  
**BREED** Australian Shepherd

Rapid weight loss and lethargy Chronic V/D since he was a puppy - well managed on Hills I/D  
 Current medications: -Thyrotabs [0.3mgs tab]: 1.5 tab [0.45mg] in AM, 1 tab [0.3mg] in PM -  
 Aventi liver complete chews: 3 chews SID Oct 31st, 2022 = Spec CPI revealed pancreatitis.  
 Abdominal ultrasound was scheduled and report revealed hepatic and gallbladder abnormalities.  
 Abnormal PE/Chem/CBC/UA Results: October 31st, 2022: -CBC: HCT 0.47, Plt 46 L [mild platelet clumping, Plt appear markedly decreased], WBC 10.2, neuts 8.4, lymph 1.3, mono 0.5, eos 0, baso 0 -Chem: Glu 4.6, SDMA 9, creat 85, BUN 2.7 L (3.2-11), phos 1.2, Ca 2.2, Na 144, K 3.6 L (4.0-5.0), Cl 110, TP 54 L (55-75), alb 26 L (27-39), glob 28, ALT 131 H (18-121), AST 41, ALP 162 H (5-160), Tbili 2.5, chol 6.4, amylase 1138, lipase 1001 H (0-250), CK 102 -Spec cPL 1010 H (0-200) -Free T4: <3.86 L November 2nd, 2022: -CBC: Hct 0.44, Plt 82 L [moderate clumping noted, Plt assessment adequate], WBC 7.1, neuts 5.3, lymph 1.3, mono 0.3, eos 0.1, baso 0 Nov 22nd, 2022: AST 51 (0-51) Lactate 2.6 (0.5-2)

**COMPUTED TOMOGRAPHY OF THE THORAX, FRONT LIMBS AND ABDOMEN**

**SEX** MN  
 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.

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** Thorax

11 Years  
**INTERPRETED BY** Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

In the subcutaneous tissue of the left axillary region, a roundish, uniform fat attenuating mass is seen, measuring 23 mm in diameter. In the subcutaneous tissue at the medial aspect of the distal right radius, a well-defined fat attenuating ovoid shaped mass is appreciated, measuring 14 x 10 x 26 mm in size.

The periarticular bones of the left elbow joint present moderate osteophyte new bone formation.  
 The axial sesamoid bone of the metacarpophalangeal joint of the fifth phalanx of the right front paw is multipartite.

**HOSPITAL NAME**

Animal Health Partners  
 In the subcutaneous tissue of the left caudoventral thoracic wall, a well-defined, ovoid shaped, fat attenuating mass is seen, measuring 7.3 x 3.2 x 9.0 cm in size.  
 Multiple variable sized lipomas are seen multifocal along the remainder of the thoracic wall.

**REFERRING VET**

Dr. Shannon Westgarth  
 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.

**INVOICE**

55332  
 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 but small regions of dystelectasis of the left cranial lung lobe.

**DATE**

11-22-22  
 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.



**PATIENT**

Tommy Stivelman

Abdomen

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

**SPECIES**

Canine

Both kidneys present a mild irregular surface with concave depressions and wedge shaped post contrast hypoattenuating zones of the renal parenchyma.

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

**BREED**

Australian Shepherd

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

The liver is normal in size and shape. Post contrast administration, the hepatic parenchyma has a heterogeneous contrast enhancement pattern with irregular roundish hypoattenuating and mild hyperattenuating intraparenchymal lesions.

**SEX**

MN

The gallbladder is empty and presents a moderately thickened wall with a heterogeneous contrast enhancement pattern. The common bile duct is dilated, measuring 3.9 mm in diameter.

**AGE**

11 Years

The left hepatic lymph node is prominent and presents with a roundish, fluid attenuating roundish lesion measuring 9 mm in diameter.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Multiple subcutaneous lipomas are seen along the abdominal wall.

**HOSPITAL NAME**

Animal Health  
Partners

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mural mass of the gallbladder
- Lymphadenopathy left hepatic lymph node with an intraparenchymal cystic lesion
- Dilation of the common bile duct
- Multiple subcutaneous lipomas along the thoracic wall, front limbs and abdominal wall
- Degenerative osteoarthritis left elbow joint
- Multipartite sesamoid bone axial sesamoid bone metacarpophalangeal joint fifth phalanx right front paw

**REFERRING VET**

Dr. Shannon  
Westgarth

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study presents a mural intraluminal mass of the gallbladder, highly suggestive for primary neoplastic disease – such as neuroendocrine tumor or carcinoma. Theoretically cholecystitis with polypoid proliferations of the mucosal lining of the gallbladder is a potential. FNA sampling might be considered for further definition – cholecystectomy appears as a feasible treatment option.

The cystic enlargement of the left hepatic lymph node can present a lymphocele, lymphangiectasis or metastatic disease. Recommend FNA sampling for further definition.

**INVOICE**

55332

**DATE**

11-22-22



**PATIENT**

Tommy Stivelman

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

MN

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

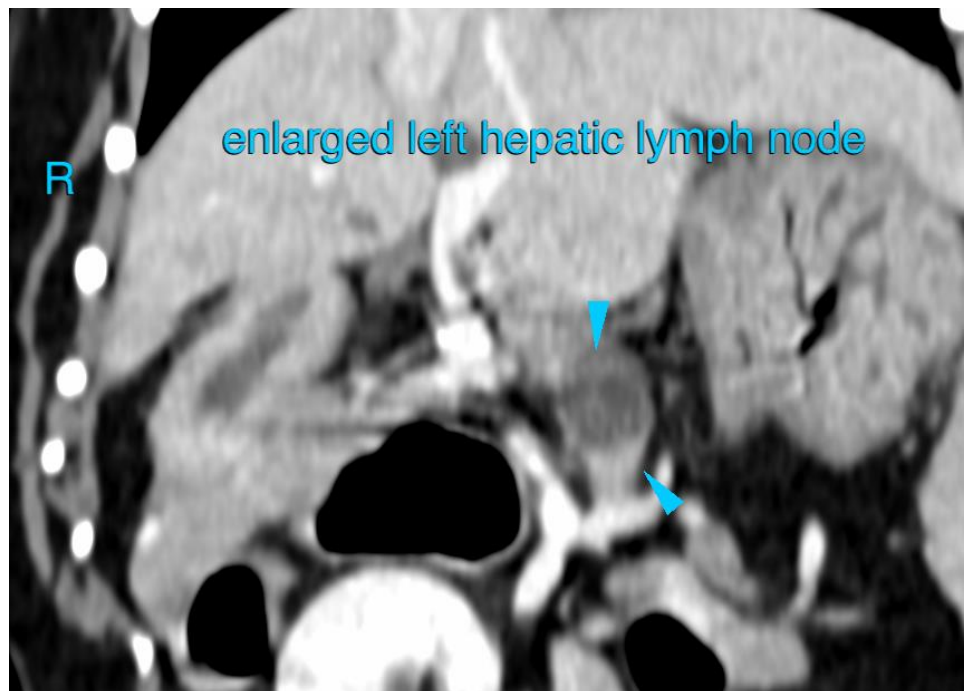
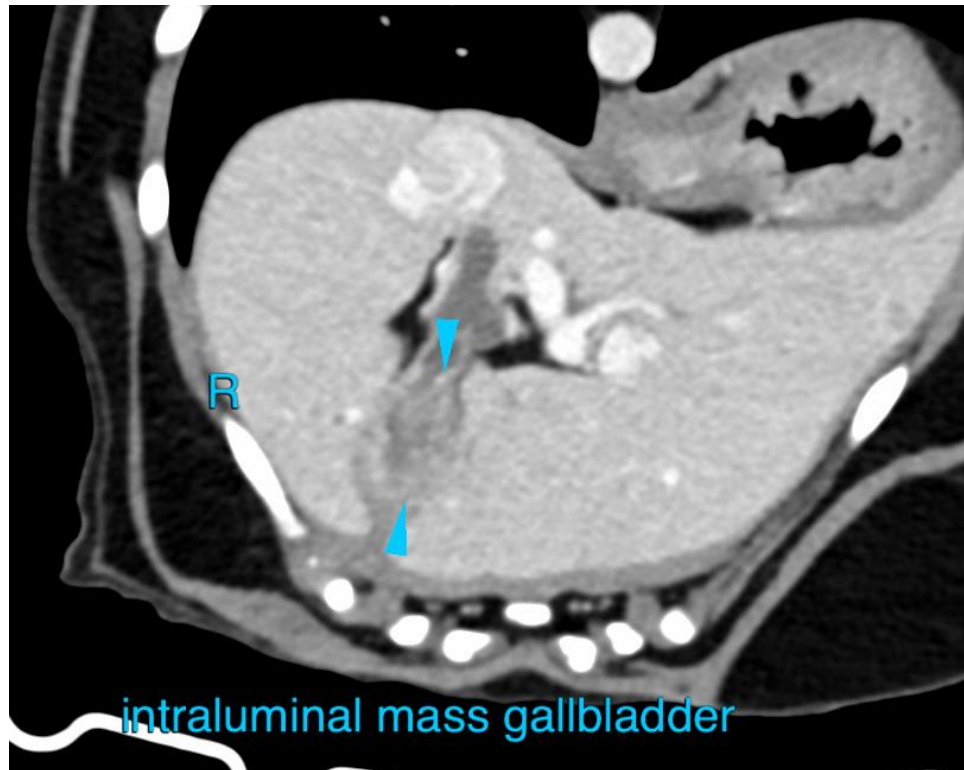
Dr. Shannon  
Westgarth

**INVOICE**

55332

**DATE**

11-22-22





**PATIENT**

Tommy Stivelman

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.

**SPECIES**

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.

**BREED**

Australian Shepherd

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

**SEX**

MN

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Shannon  
Westgarth

**INVOICE**

55332

**DATE**

11-22-22