



PATIENT PRESENTING CLINICAL SIGNS

Molly Sullivan Limping on her right front leg progressively worsening last few weeks. CBLO performed recently but no records of surgery. History of left lateral liver lobectomy - Hepatocellular Carcinoma June 2020.

SPECIES Abnormal PE/Chem/CBC/UA Results: Concerned for lesion on radius of right front leg - possible osteosarcoma vs other - found on radiographs 11/22/22. CT today presents concern for mass in lung, liver, and stomach.
Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The subchondral bone of the caudal vertebral endplate of T9 presents multiple moth eaten defects. Multifocal along the thoracic wall, well-defined lipomas of variable size are appreciated, with the largest in the right axillary region measuring 6.9 x 4.6 x 11.6 cm in size. The distal third of the diaphysis of the right ulna presents with an ill-defined zone with moth eaten osteolysis and cortical destruction at the same level. The remainder of the pictured distal parts of the left front limb present no abnormalities.

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.

Throughout the lung parenchyma, multiple, central gas attenuating, thick walled, roundish lesions are visible, measuring up to 11 mm in diameter. In the right axillary region

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

Abdomen

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.

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

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

Throughout the hepatic parenchyma, multiple variable sized - partially multicameral - filling defects are seen. In the region of the left liver lobes, a stapler line is appreciated - history of lobectomy left lateral liver lobe.

BREED
Australian Shepherd
Mix

SEX
Female Spayed

AGE
14 Years

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
Catskill Veterinary
Services, PLLC

REFERRING VET
Dr. Daniela Carbone

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PATIENT

Molly Sullivan

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

SPECIES

Canine

The pylorus is distended by an intraluminal, moderate contrast enhancing, cauliflower like mass, protruding both into the pyloric antrum and the most proximal segment of the duodenum. The pyloric intraluminal mass is measuring 4.5 x 3.7 x 2.7 cm in size. Level with the cardia an intramural roundish, soft tissue attenuating and post contrast hypoattenuating mass is seen, measuring 2.2 x 1.5 x 2.1 cm in size.

BREED

Australian Shepherd Mix

Moderate spondylosis formation is seen along the lumbar spine. The intervertebral discs L6/L7 and L7/S1 are bulging into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

SEX

Female Spayed

The periarticular bones of both coxofemoral joints present mild osteophyte new bone formation. Enthesophyte formation is noted along the minor trochanter of the femur bilaterally.

The periarticular bones of the right stifle joint present advanced osteophyte new bone formation.

Multiple lipomas are seen along the subcutaneous tissue of the proximal aspect of both hind limbs

AGE

14 Years

- Pyloric mural intraluminal soft tissue mass & second intramural gastric mass level with the cardia
- Monostotic aggressive osteolytic lesion distal diaphysis right ulna
- Structured nodular interstitial lung pattern – nodules present partially with central cavitation
- Advanced degenerative osteoarthritis right stifle joint
- Intervertebral disc protrusion L6/L7 and L7/S1 with potential dynamic compression of the cauda equina fibers
- Multiple hepatic cysts
- Mild degenerative osteoarthritis coxofemoral joints bilaterally
- Chronic discopathy T9/T10 with remodeling of the endplates
- Multiple lipomas along the thoracic and abdominal wall
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyloric intraluminal mural mass is highly suggestive for primary gastric neoplasia, such as adenocarcinoma or round cell tumor. The osteolytic lesion of the right distal segment of the ulna is – due to its unusual location in the diaphysis – highly concerning for bone metastasis. The lung lesions are suggestive for pulmonary metastasis of an epithelial neoplasm.

The intramural mass level with the cardia of the stomach is suggestive for leiomyoma and can be an incidental finding here.

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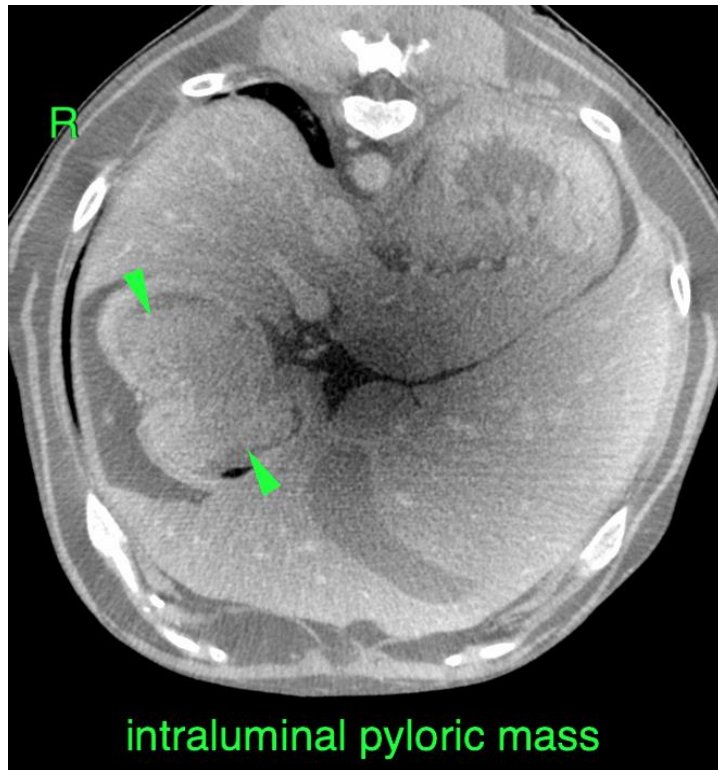
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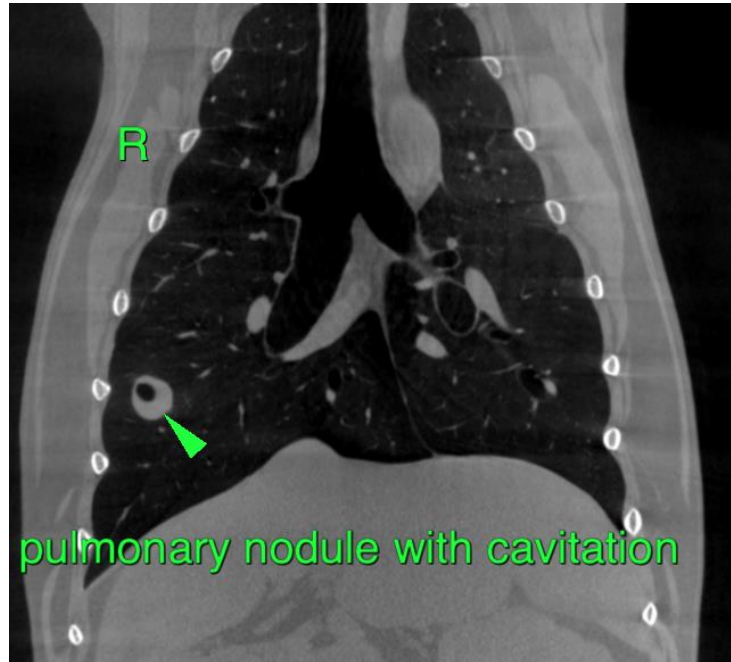
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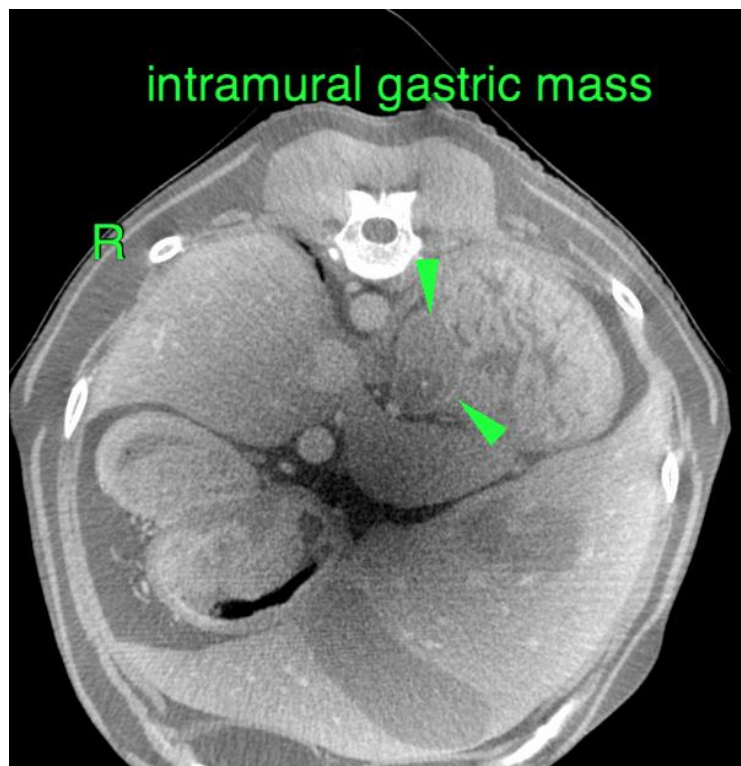
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pulmonary nodule with cavitation



intramural gastric mass



PATIENT

Molly Sullivan

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

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Mix

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