



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Zeus Browning
SPECIES Canine
BREED Mastiff

Patient presents for vomiting and diarrhea intermittently for the last month. Patient had increased symptoms over the last week.
 Abnormal PE/Chem/CBC/UA Results: rDVM 11/4 - CBC wnl, Chem/lytes - wnl ePOC: BUN 5mg/dl (L), chloride 108mmol/l (L), lactate 2.63mmol/l (H) 3 view chest rads - no obvious metastasis S/O: _QAR, MM pink, CRT < 2s, Thoracic auscultation no murmur, regular rate and rhythm, eupenic, normal BV sounds, Abdominal palpation mid-cranial abdominal mass _ A: _ Vomiting, decreased appetite, chronic weight loss Abdominal mass_ Has lost weight since his last visit. 62 to 60.6kgs EPOC today was all WNL, BUN failed. Reran on Catalyst and it was 5.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

AGE 10
 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 prostate is asymmetric and prominent. The prostatic parenchyma presents mild punctuate mineralization and a heterogeneous contrast enhancement pattern. The prostate is measuring 2.9 x 3.1 x 4.4 cm in size.

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

HOSPITAL NAME Wilvet Salem
 In the caudoventral aspect of the quadrate liver lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 12.0 x 10.4 x 13.2 cm in size. The hepatic mass is protruding caudally into ventral abdomen. In the caudoventral aspect of the right lateral liver lobe, a parenchymal filling defect is noted, measuring 12 mm in diameter. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

REFERRING VET Dr. Lewer
 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.

INVOICE 55087
 Multifocal spondylosis formation is seen along the caudal thoracic spine and the lumbar spine. The intervertebral disc L6/L7 is protruding into the left ventral aspect of the vertebral canal, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level; the cauda equina fibers at the same level are deviated dorsally. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level. Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow and the center of the femoral heads is lateral to the dorsal acetabular rim.

DATE 11-9-22



PATIENT

Zeus Browning

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass quadrate liver lobe
- Asymmetric prostatic enlargement and dystrophic mineralization of prostatic parenchyma
- Hepatic cyst right lateral liver lobe
- Intervertebral disc protrusion L6/L7 and L7/S1 with potential dynamic compression of the cauda equina fibers
- Degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is consistent with primary hepatic neoplasia and hepatocellular adenoma, or carcinoma are most common. As the mass is located in the caudoventral aspect of the quadrate liver lobe, complete surgical excision of the mass is feasible.

SEX

NM

The prostatic enlargement with dystrophic mineralization is highly suggestive for neoplastic transformation of the prostate – transitional cell carcinoma versus adenocarcinoma are likely. Traumatic catheterization/suction biopsy or TruCut biopsy can be used to confirm the diagnosis.

AGE

10

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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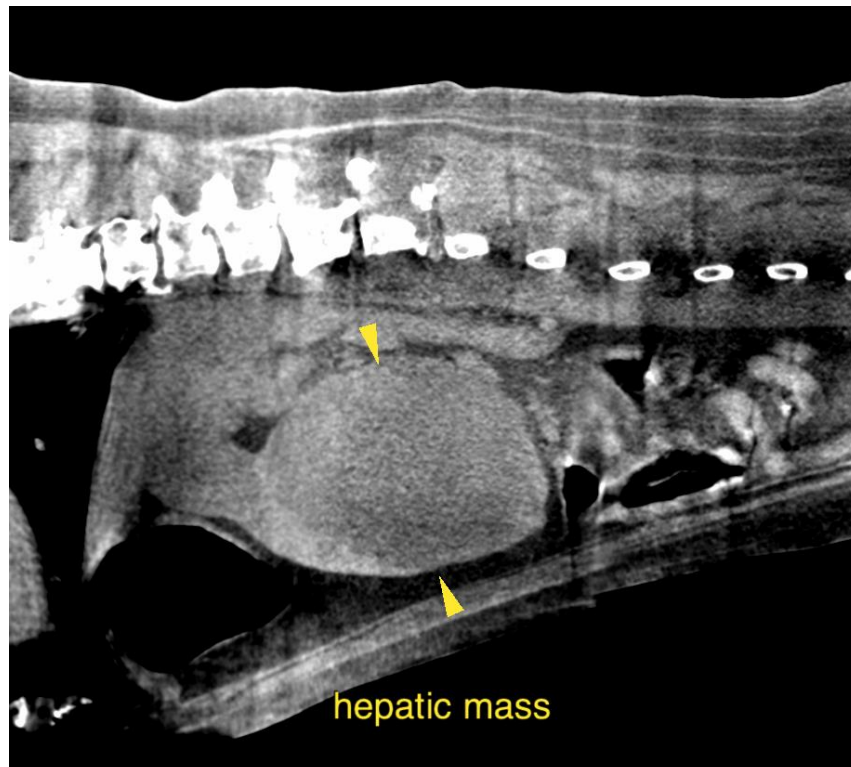
Dr. Lewer

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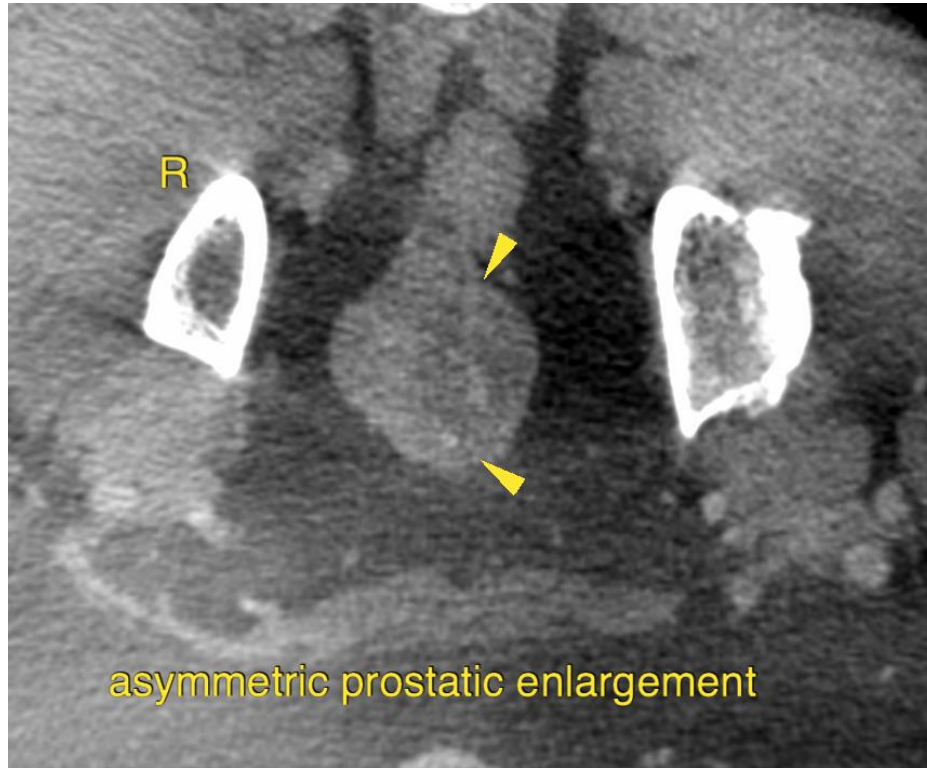
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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