



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rusty Haendel

SPECIES K9

BREED Shih Tzu

P has history of significant weight loss over the last 3 months or so, lost about 6 lbs according to O. Is not on any meds and does not have any known medical issues they are aware of. No V/D. Not eating much, hasn't eaten for about the last 4 days now. Lethargic and not moving much at home. rDVM concerned for P's spine. Painful to O, bad breath. No defecating recently (most likely due to not eating). O also mentioned before they moved down to Florida they did find "pink mold" in their previous house. On PE: P is QAR, moderate dental tartar and missing teeth, no obvious murmur, RESP WNL, smooth and non-painful abdomen, generalized muscle wasting along top line.

Abnormal PE/Chem/CBC/UA Results: NEU 15, LYM 0.35, PLT 58 (confirmed low plts with blood smear 2-5/HPF on microscope), creat 0.3, lipase 332 (amyl WNL)

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

SEX Male Neutered

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

AGE 10 Years

Skull

Multiple teeth are absent.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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

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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.

REFERRING VET

Dr. Van Nieuwal

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.

INVOICE Thorax

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A moderate amount of fluid attenuating material is visible in the pleural cavity, L>R. The lung lobes are retracted from the thoracic wall and pleural fissure lines are visible. The cranial part of the left cranial lung lobe is consolidated and presents a mild heterogenous contrast enhancement pattern of the lung parenchyma with rounded margins. The cranial part of the left cranial lung lobe shows, an irregular rounded mineral attenuating lesion, mildly bulging beyond the surface of the left cranial lung lobe. The bronchi of the cranial part of the left cranial lung lobe are compressed. The remaining lung lobes present a coarse soft tissue attenuating pattern with peripherally accentuated consolidated regions of the lung parenchyma. In the caudomedial

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aspect of the left caudal lung lobe, an ovoid shaped mass, measuring approximately 2.4 x 1.3 x 2.0 cm in size is visible.

The cranial mediastinal lymph nodes are prominent.

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The epaxial musculature along the thoracic spine is multifocal irregular nodular enlarged and T5&T6 – including the proximal segments of the ribs – present evidence of moth eaten osteolytic lesions.

Multiple variable size subcutaneous nodules are seen along the thoracic spine.

BREED

Shih Tzu

Both elbow joints present mild to moderate osteophyte new bone formation, R>L.

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

SEX

Male Neutered

Abdomen

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

AGE

10 Years

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, multiple small (<1 mm) parenchymal filling defects of the renal cortex are appreciated.

INTERPRETED BY

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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 spleen is within normal limits for size and shape. The splenic parenchyma is uniform soft tissue attenuating and presents are heterogeneous contrast enhancement pattern.

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

REFERRING VET

Dr. Van Nieuwal

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

Multifocal in the epaxial musculature along the lumbar spine, small mild contrast enhancing nodular lesions, measuring up to 4 mm in size are visible.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass left cranial & caudal lung lobe with dystrophic mineralization
- Coarse structured reticular interstitial lung pattern
- Moderate pleural effusion
- Nodular lesions epaxial musculature along the thoracic and lumbar spine
- Polyostotic aggressive osteolytic lesions T5&T6 and the respective ribs
- Lymphadenopathy cranial mediastinal & sternal lymph nodes
- Heterogeneous contrast enhancement pattern of the spleen



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- Multiple non-specific subcutaneous nodules
- Degenerative osteoarthritis elbow joints bilaterally
- Renal cortical cysts
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is compatible with disseminated neoplastic disease with pulmonary lesions, multiple muscular lesions in the epaxial musculature and secondary polyostotic osteolytic lesions and possible metastatic disease of the cranial mediastinal lymph nodes. The heterogeneous contrast enhancement pattern of the spleen is equivocal for nodular hyperplasia versus metastatic disease. The top differentials are undifferentiated sarcoma or carcinomatosis. Tapping the pleural effusion and ultrasound guided FNA sampling of the pulmonary & muscular lesions can be used as advanced diagnostic tests.





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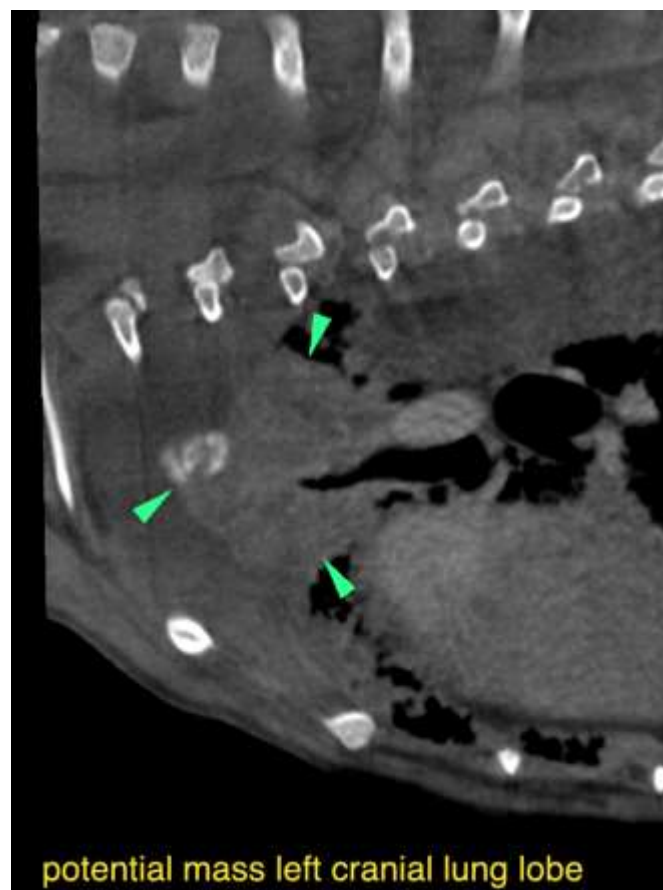
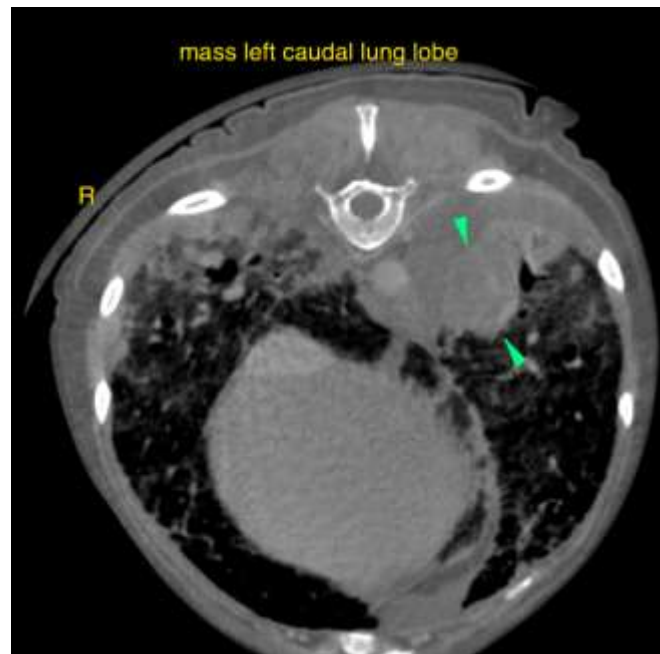
Dr. Van Nieuwal

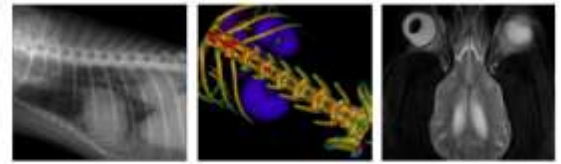
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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