



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Oliver Lockhart

SPECIES
Canine

BREED
Bernese Mountain Dog

SEX
MN

AGE
6 Years, 11 Months

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

HOSPITAL NAME
Animal Health Partners

REFERRING VET
Dr. Debbie Reynolds

INVOICE
56690

DATE
2-11-23

Presented for mass over the right para-lumbar area. First noticed in December. Does not seem painful, p is not bothered by it. RDVM initially measured it as 14x12cm, with most recent measurement being 8cm x 14cm. A course of onsiar was trialled to see if this helped with the swelling. FNAs were non-diagnostic Oliver also has a previous history of hot spots, hypothyroidism, elevated ALP, allergies, and otitis externa.
Abnormal PE/Chem/CBC/UA Results: elevated ALP

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A plain CT study of the thorax and abdomen in a lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The left principal bronchus is dorsoventrally flattened.

In the hilar region of the left caudal lung lobe, a well-defined, soft tissue attenuating nodular lesion, measuring 16 mm in diameter is appreciated. The ventral dependent aspects of the lung parenchyma present regions with dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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.

A separate left & right caudal vena cava of the pre-renal segment is appreciated.

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

Between the cranial extremity of the spleen and the stomach, a well-defined, ovoidal shaped nodular lesion is appreciated, measuring 21 mm in size – isoattenuating to the splenic parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.



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

Granular mineralization are appreciated in the soft tissues proximal to the greater trochanter of the femur bilaterally.

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At the lateral aspect of the right epaxial musculature along the lumbar spine – level with L2 to L5 – a well-defined spindle shaped, uniform fat attenuating mass is appreciated, measuring 4.6 x 8.3 x 13.3 cm in size.

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The lumbosacral intervertebral disc is mildly bulging into the vertebral canal, distorting the ventral epidural space.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary soft tissue nodule left caudal lung lobe
- Subfascial lipoma right paralumbar region
- Suspect splenunculus
- Double caudal vena cava – pre-renal segment
- Metaplasia tendon gluteus medius muscle bilaterally
- Mild intervertebral disc protrusion L7/S1 without compression

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated paralumbar mass is compatible with subfascial lipoma along the right epaxial musculature.

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There is a solitary pulmonary nodule in the hilar region of the left caudal lung lobe, concerning for pulmonary neoplasia – such as histiocytic sarcoma or carcinoma. Unfortunately, only CT guided sampling of the nodule can be tried but the nodule is in close proximity to larger pulmonary vessels.

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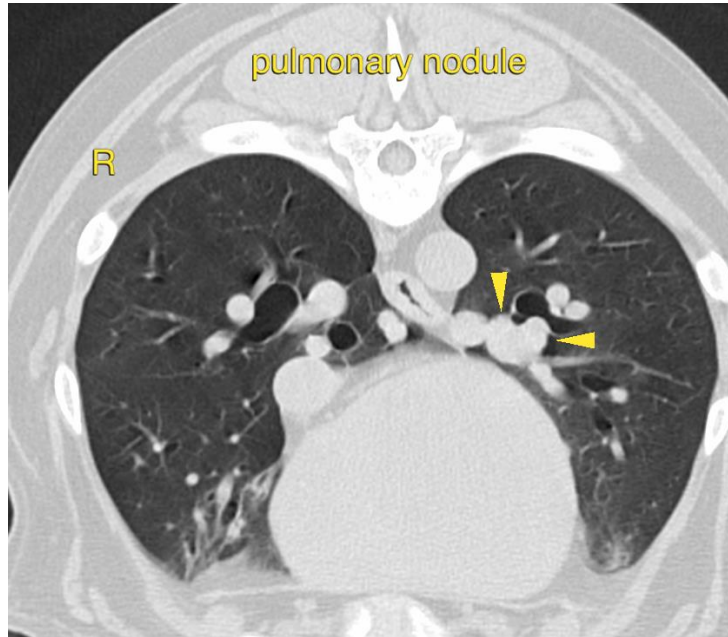
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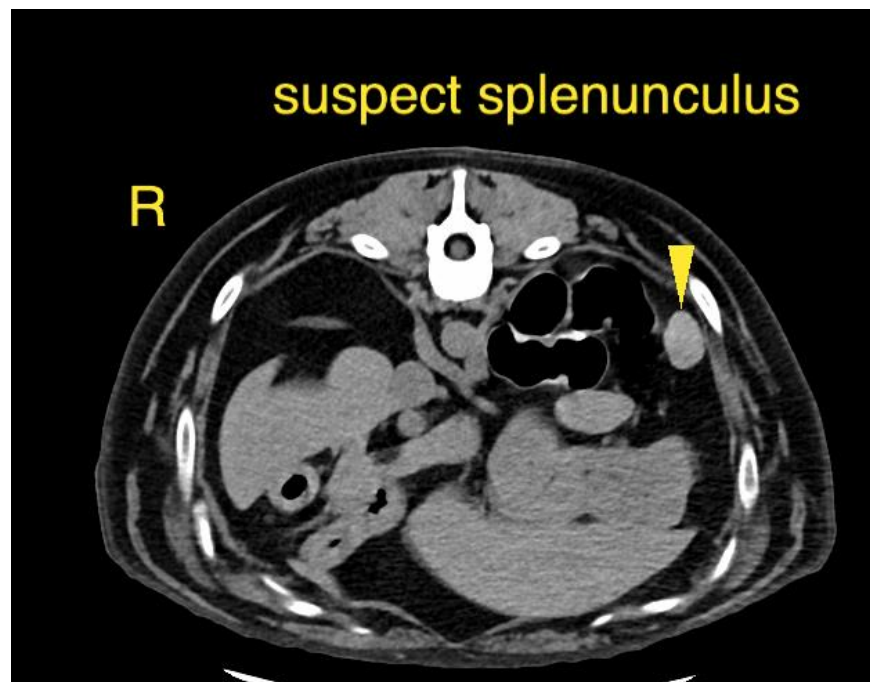
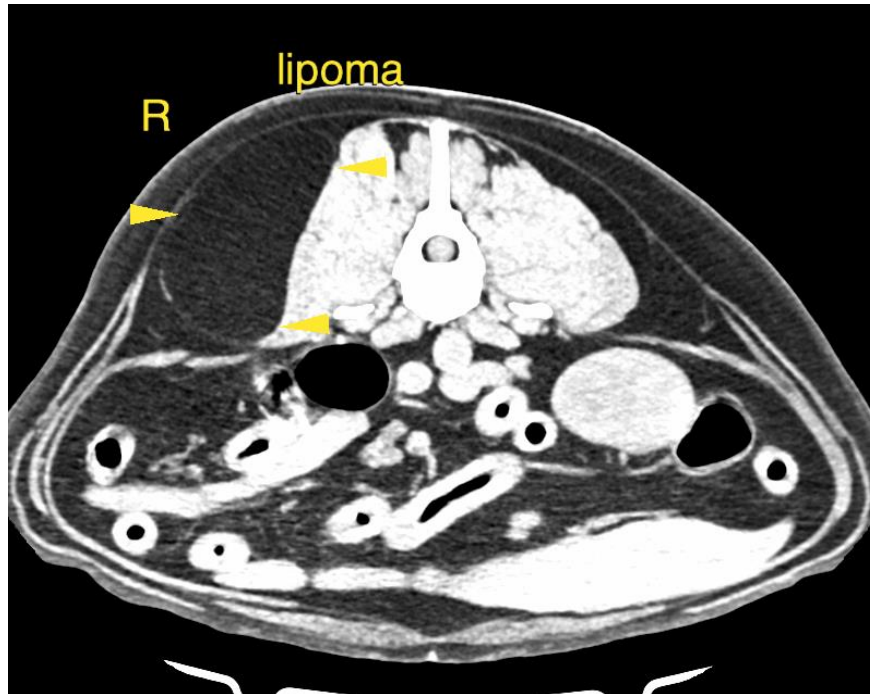
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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