



PATIENT PRESENTING CLINICAL SIGNS

Bernie Gepner

Patient presented to NVH on 2/8/22 for slow growing mass. Owner first noted the mass in October of 2021. Owner did nothing at that time. Mass started to grow significantly. Took to RDVM who referred to NVH for diagnostics. Owner does note that patient is uncomfortable when laying on the left side. E/D/U/D reported all normal. Eyes PLR intact, visual, no lesions or discharge OU, Ears no discharge, odor, inflammation, or discomfort on aural exam, vertical and horizontal canals free of waxy debris, tympanic membranes intact. Nose, moist with normal cobblestone appearance, bilateral airflow nares. Throat, normal palpation, no cough elicited on tracheal palpation. Periodontal index: 0/1/2/3/4 (0) gingival tissue is pink, free gingival margin conforms tightly to neck of tooth, defined stippling, (1) gingival swelling, loss of knife-like edge, gingival bleeding, loss of stippling, (2) gingival bleeding, minor gingival recession, <25% attachment loss, (3) gingival hyperplasia some recession, 25-50% attachment loss, slight/moderate tooth mobility (4) gingival recession with horizontal bone loss/deep pockets with vertical bone loss, > 50% attachment loss Submandibular, prescapular, inguinal, and popliteal lymph nodes are bilaterally symmetrical. No murmurs or arrhythmias on auscultation, strong femoral pulses, synchronous with heart rate. Normal inspiratory/expiratory effort, eupneic, no crackles or wheezes, clear bronchovesicular sounds fading caudodorsally, bilaterally in all lung fields. Abdomen is soft on palpation, no abnormalities on rectal exam Bladder is large/medium/small, firm/soft/rigid. Prepuce has no swelling or discharge. Mammary are small/swollen/firm. Normal gait, no lameness noted. Ambulatory on all four limbs. Full orthopedic exam not performed. Normal mentation, cranial nerves intact (palpebral reflex/menace response), no CP deficits. Full neuro exam not performed. No delay in skin turgor, hair coat is clean, smooth and free of external parasites. Skin color is appropriate with no lesions, redness, or discharge present.

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

3 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: Elevated Values:WBC-25.17 K/uL, Neutrophils-20.78 K/uL, Monocytes-1.96 k/uL, Basophils-0.15 K/uL, Plateletcrit-0.51%, Globulin-4.6 g/dL Heartworm Negative

HOSPITAL NAME

Neel Veterinary Hospital

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

REFERRING VET

Dr. Deepan Kishore

Thorax

The vertebral endplates C6/C7 present mild spondylosis formation.

INVOICE

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Centered on the 9th left rib, a large, ill-defined, soft tissue attenuating, and amorphous mineralizing mass is visible, measuring approximately 13.1 x 12.9 x 14.4 cm in size. Splaying of the respective intercostal spaces is seen. The mass is bulging into the left caudoventral aspect of the thorax, presenting an extrapleural mass effect on the left caudal lung lobe, that are displaced dorsally and into the left cranioventral abdomen, displacing the liver and stomach medially. The 8th left rib presents immature periosteal new bone formation, level with the mass.

DATE

2-14-22

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.



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

Bernie Gepner 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.

SPECIES The lung parenchyma presents the expected architecture and attenuation behavior.

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

BREED Abdomen

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

SEX 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.

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

AGE Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

3 Years 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.

HOSPITAL NAME **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Neel Veterinary
Hospital

- Large monostotic aggressive expansile mild osteoproliferative mass originating from the 9th left rib
- Spondylosis deformans C6/C7
- No evidence of pulmonary metastatic spread

REFERRING VET

Dr. Deepan Kishore

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The findings are consistent with primary neoplasia originating from the 9th left rib, with extension both into the caudoventral aspect of the thoracic cavity cranially. In the caudal aspect the mass might just displace the diaphragm, without invading the abdominal wall. Differentials include chondrosarcoma, hemangiosarcoma, osteosarcoma, other. Consider FNA sampling for further definition. At this point there is no evidence of metastatic disease and the chances of surgical resection of the mass by partial resection of the left caudoventral segment of the thoracic wall with following reconstruction of the diaphragm can be discussed with surgeon and oncologist. Consider resecting the segment of the left thoracic wall starting at least in the 6th intercostal space cranially and 11th intercostal space caudally. As these tumors in young patients have a high tendency to metastasize, adjuvant chemotherapy appears beneficial as well.



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SPECIES

Canine

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.

BREED

Mixed

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
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