



PATIENT

Molly Wateska

PRESENTING CLINICAL SIGNS

Pet presented for CT Scan to evaluate abdominal mass. Ultrasound report and RADs attached.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

English Bulldog

COMPUTED TOMOGRAPHIC FINDINGS

A mild to moderate amount of non-contrast enhancing, gravity dependent, fluid attenuating material is visible in the peritoneal cavity. Multiple variable sized heterogeneous contrast enhancing nodules are seen throughout the peritoneal fat. The serosal fat presents moderate fat-stranding. In the cranial mid abdomen, a large, irregular, soft tissue attenuating and heterogeneous strong contrast enhancing mass is visible, measuring approximately 14.6 x 8.4 x 11.2 cm in size. The small intestinal loops are centrifugally displaced by the mass effect. The portal vein is incorporated by the mass.

SEX

FS

All mesenteric lymph nodes are moderately enlarged, rounded, uniform soft tissue attenuating and heterogeneous contrast enhancing.

AGE

10 Years

The hepatic volume is moderately increase. Multifocal throughout the hepatic parenchyma, peripheral strong contrast enhancing and central hypoattenuating lesions, measuring up to 2 cm in diameter are noted – partially protruding beyond the hepatic surface.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Multiple small, abnormal tortuous vessels are connecting the mesenteric and splenic vein with the left renal vein & caudal vena cava.

HOSPITAL NAME

Mobile Pet Imaging
CFL

The spleen is prominent, the splenic parenchyma is uniform soft tissue attenuating and contrast enhancing. The segment of the caudal extremity of the splenic vein presents with an intraluminal filling defect.

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.

REFERRING VET

Borecky

Advanced degenerative changes are seen along the lumbar spine. S1 is not fused with S2 and articulates with the iliosacral joint in the right aspect and presents a transverse process in the left aspect.

INVOICE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranial mid abdominal mass, incorporating the portal vein and secondary portal hypertension
- Multiple nodular lesions throughout the peritoneal cavity
- Generalized lymphadenopathy mesenteric lymph nodes
- Hepatomegaly with intraparenchymal nodular lesions
- Ascites & peritonitis
- Thrombus formation splenic vein
- Multiple acquired portosystemic shunts

DATE

2-14-22



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- Degenerative changes lumbar spine
- Asymmetric lumbosacral transitional vertebra (Type III)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES
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The CT study is consistent with disseminated neoplastic disease, the organ of origin cannot be clearly specified, but I consider the odds for a pancreatic mass high. The top differential carcinomatosis. Overall, the mass appears biologically aggressive and suspect fast growing. Due to the metastasis and incorporation of the portal vein complete surgical resection is not feasible and treatment options are limited to palliative measurements.

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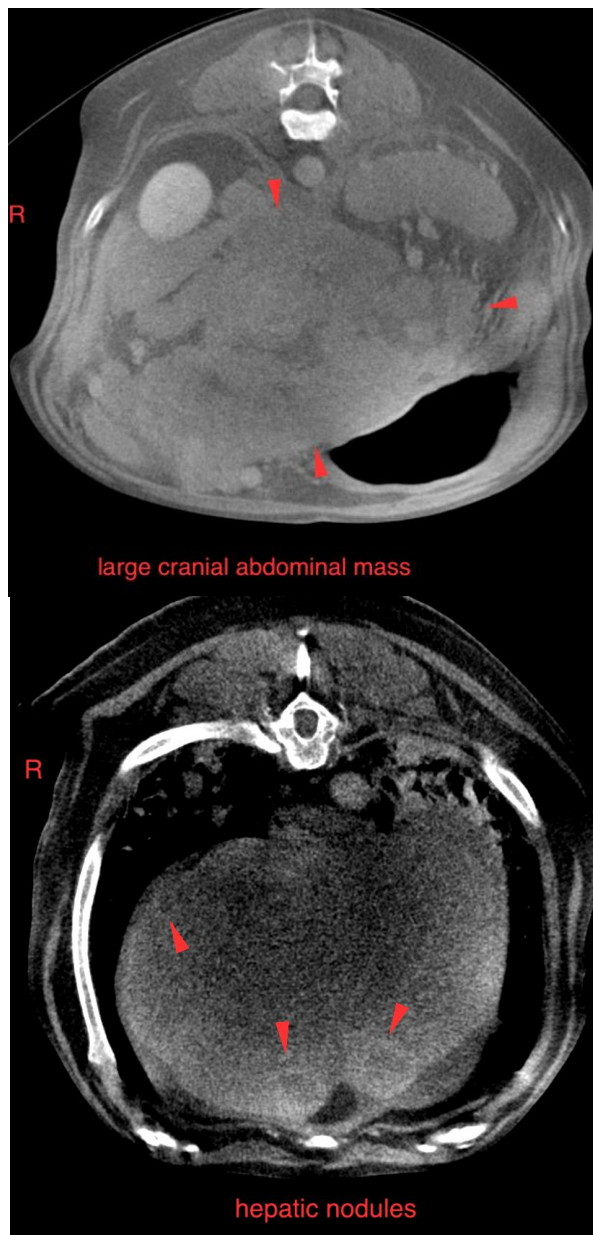
Borecky

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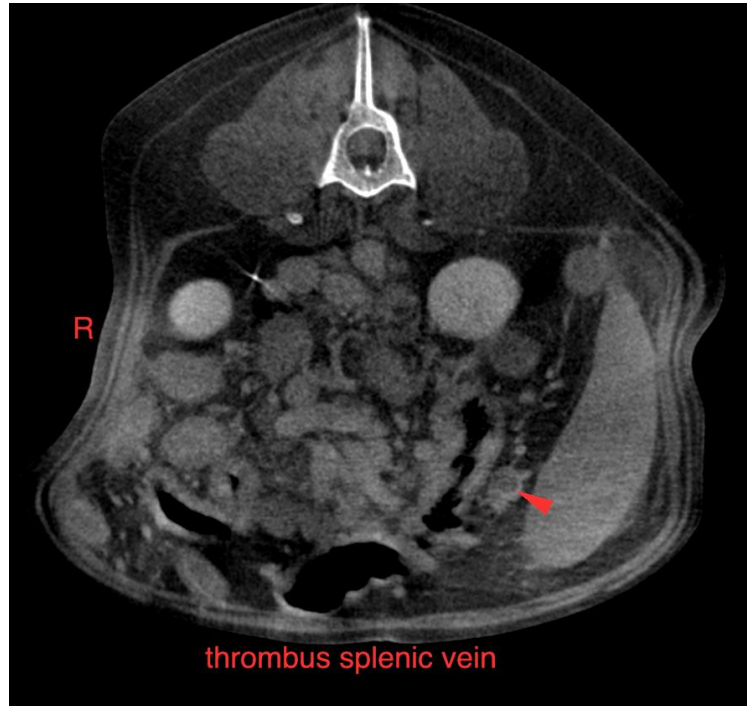
Borecky

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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.

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