



PATIENT

Hedy Martinez

PRESENTING CLINICAL SIGNS

Presented in acute respiratory distress and was disoriented at home. History heart disease but not in active heart failure. Concerns noted on chest radiographs so CT was elected. Some arrhythmias noted pre anesthesia. Currently taking pimobendan 1.25mg twice a day, furosemide 12.5mg 1/2 tablet tablets twice a day and hycodan suspension 1-2 times daily.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

Chihuahua

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

Thorax

Multifocal mild to moderate spondylosis formation is present along the caudal cervical spine and the thoracic spine. Both shoulder joints present moderate osteophyte new bone formation. The costal cartilages and sternum present with moderate degenerative changes.

AGE

15 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The left atrium is prominent.

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.

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In the laterodorsal aspect of the left caudal lung lobe, level with the 8th/9th intercostal space, a soft tissue attenuating nodular lesion measuring 1.3 cm in diameter is visible, presenting mild feathered margins.

Multifocal throughout multiple lung lobes, well-defined, gas filled lesion, demarcated by a thin, soft tissue attenuating capsule are visible, measuring up to 6 mm in diameter.

REFERRING VET

Kim Winters

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the region of the ovaries and level with the uterine stump, small granular mineralizations are visible.

DATE

2-16-22

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple small parenchymal filling defects are seen throughout the renal cortex, measuring up to <1 mm in size. The renal lymph nodes are prominent.

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



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

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In the ventral dependent aspects of the gallbladder multiple, mineralized calculi measuring up to 4.5 mm in diameter. Multifocal mild mineralization of the intrahepatic biliary tree is visible and in the hilar region, the intrahepatic branches of the biliary tree are mild to moderate dilated. The common bile duct is moderately dilated, measuring 5 mm in diameter and containing fluid attenuating material.

BREED

Chihuahua

The hepatic lymph nodes are moderately enlarged, rounded, uniform soft tissue attenuating with a heterogeneous contrast enhancement pattern.

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

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Level with the cardia, an intramural, post contrast mild hypoattenuating ovoid shaped mass, measuring 1.5 x 1.3 x 1.5 cm in size.

AGE

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

Multifocal mild spondylosis formation is seen along the lumbar spine. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal. Both coxofemoral joints present moderate osteophyte new bone formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary nodule left caudal lung lobe
- Left atrial cardiac enlargement without signs for decompensation – history or mitral valve disease
- Intramural gastric mass, level with the cardia
- Lymphadenopathy hepatic & renal lymph nodes
- Dilated intrahepatic and extrahepatic branches of the biliary tree
- Cholecystolithiasis
- Multiple small bullae throughout the lung parenchyma
- Renal cortical cysts
- Degenerative lumbosacral stenosis with potential dynamic compression of the caudal equina fibers
- Degenerative osteoarthritis shoulder & coxofemoral joints bilaterally
- Dystrophic mineralization region of the ovaries and uterine stump
- Spondylosis deformans.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The solitary pulmonary nodule is not specific, and potentials include (parasitic) granuloma, neoplasia, round pneumonia. Ultrasound guided FNA sampling appears feasible by the 8th/9th left intercostal space for further definition. No additional abnormalities are appreciated, explaining the acute respiratory distress.



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The enlarged hepatic and renal lymph nodes are suggestive for reactive hyperplasia, consider ultrasound guided FNA sampling of the hepatic lymph nodes to rule out neoplastic transformation.

SPECIES

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The dilated biliary tree can be a sequela to preceding or intermittent obstruction caused by the cholelithiasis – at this point there is no evidence of mineralized material in the common bile duct -, pancreatitis or chronic inflammation in the region of the major duodenal papilla causing increased outflow resistance. The clinical relevance is questionable – check bilirubin values.

BREED

Chihuahua

The intramural gastric mass level with the cardiac is suggestive for underlying leiomyoma. Leiomyosarcoma, carcinoma or lymphosarcoma are considerations as well but considered less likely. The clinical relevance is unclear.

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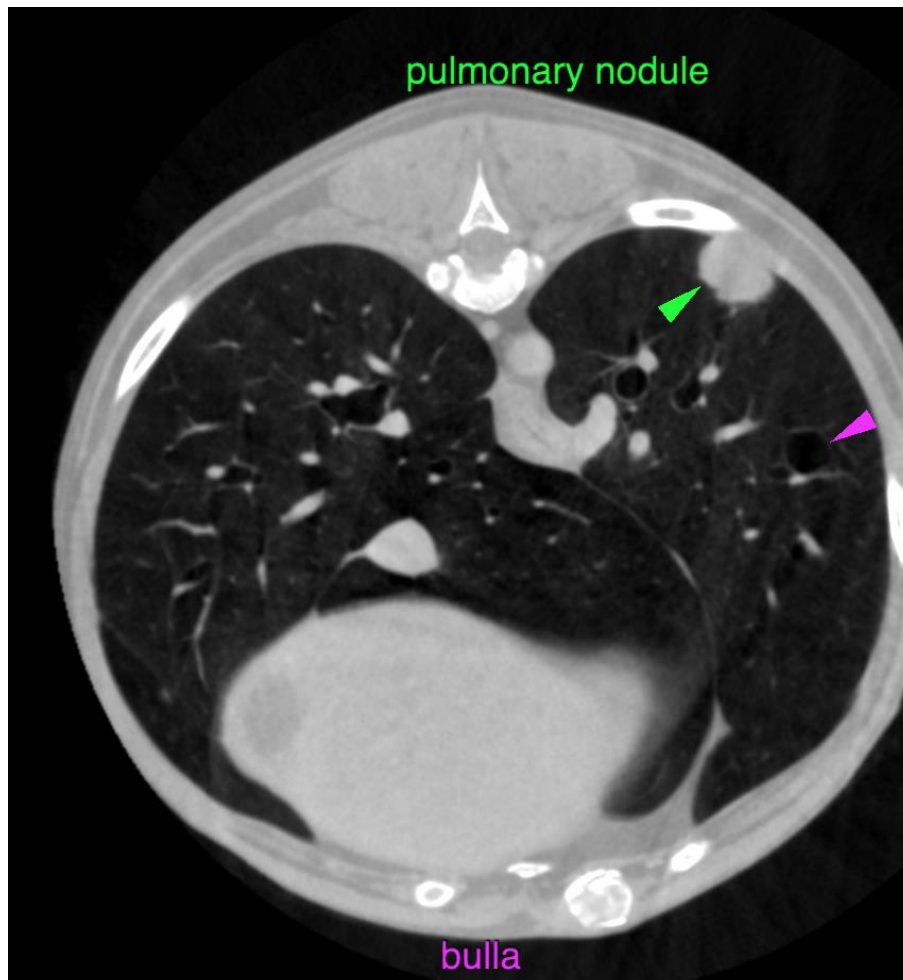
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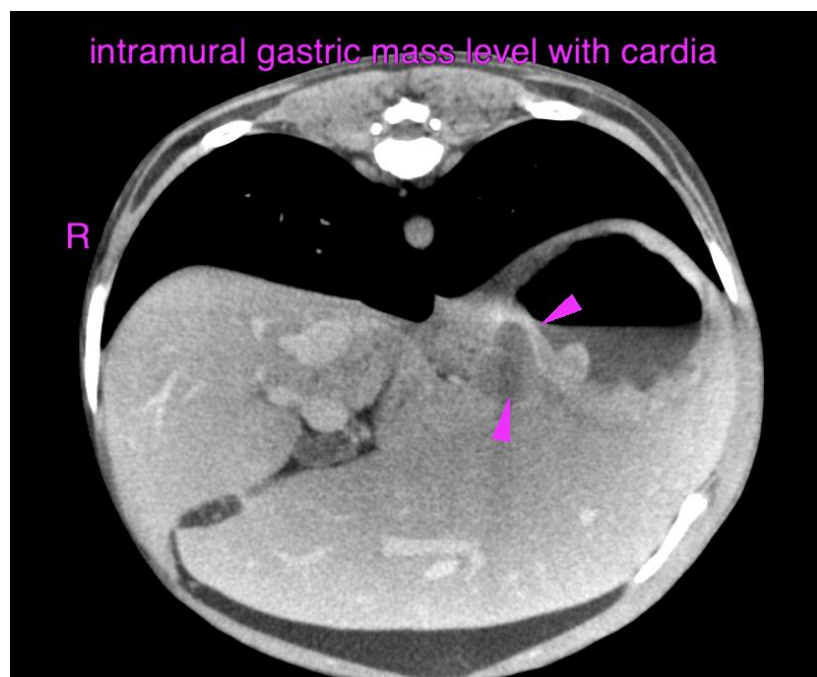
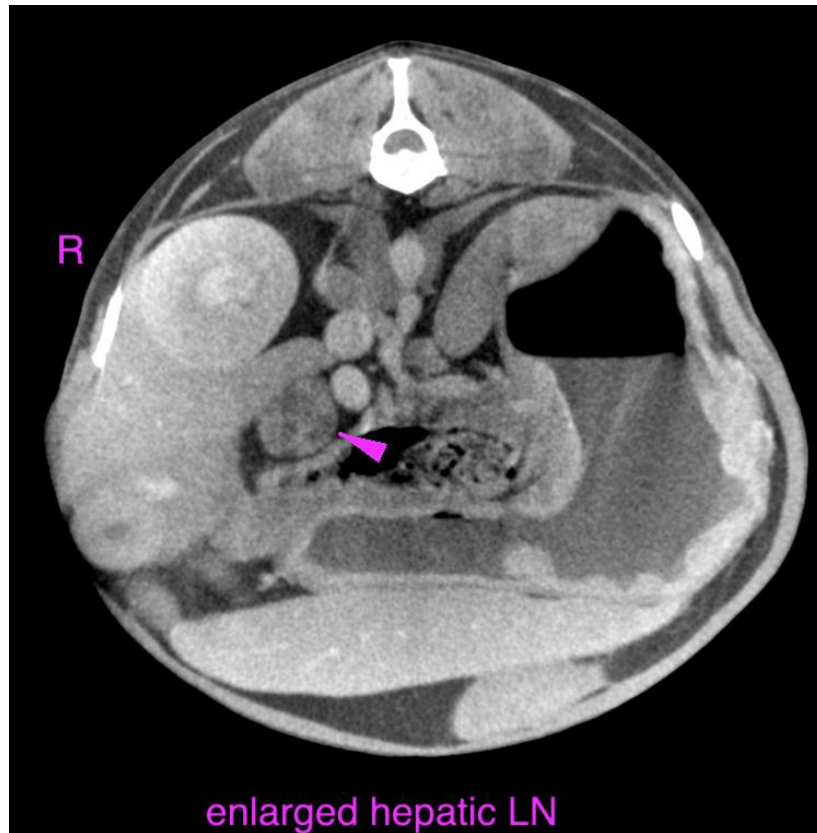
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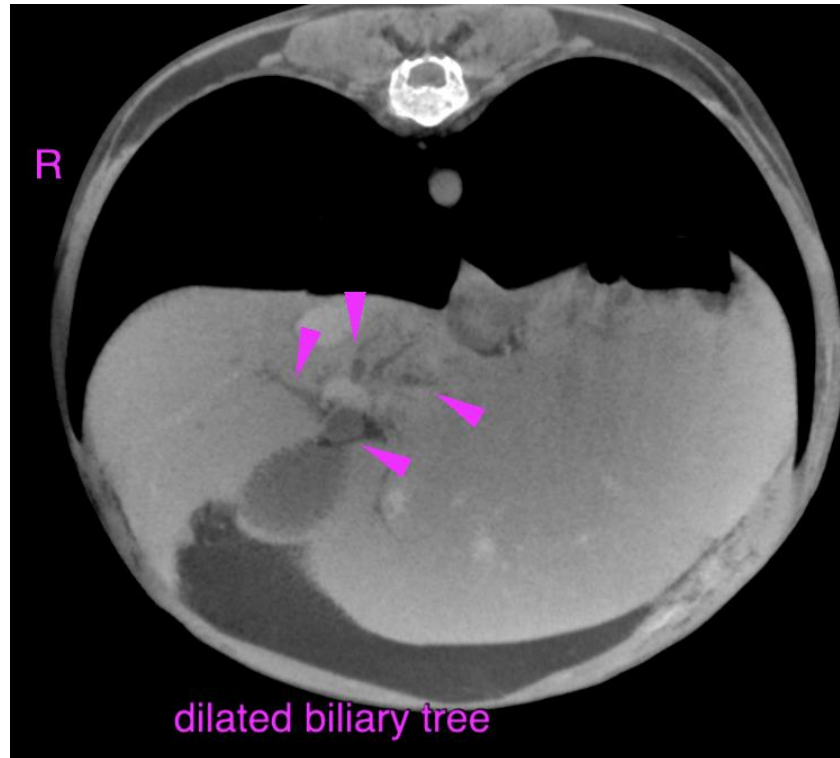
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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