



PATIENT

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PRESENTING CLINICAL SIGNS

Marked hypercalcemia - open etiology. Ataxia and paresis - the neurologic exam localizes to L4-S3 or peripheral nerve
Urinary tract infection
Previous lymphangiectasia and IBD (on budesonide)
Hypernatremia
Abnormal PE/Chem/CBC/UA Results: Marked ionized hypercalcemia. PTH/PTHrp pending.
Rod bacteria in urine. Not azotemic. Mildly increased ALP. Mildly hypernatremic.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

BREED

Labrador X

COMPUTED TOMOGRAPHIC FINDINGS

All osseous structures of the axial and appendicular skeleton present with mild ill-defined, variable sized, geographic osteolytic lesions.

SEX

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Skull

Mild striated mineralization of the masticatory musculature is seen.

AGE

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present moderate shell-like mineralization.

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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.

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.

REFERRING VET

Dr. Ashley Gold

In the parenchyma of the left thyroid gland, a small, post mild contrast enhancing nodule, measuring 3.3 mm in diameter is seen.

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Thorax

The 7th left rib presents with an expansile osteolytic lesions in the mid segment with a large contrast enhancing soft tissue component. Multiple ribs present with transverse fractures.

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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.



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

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The lung parenchyma presents with a mild unstructured reticular pattern.

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

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Abdomen

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

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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.

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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic parenchyma presents with a heterogeneous contrast enhancement pattern with multiple mild hypoattenuating parenchymal lesions.

AGE

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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.

Multiple transverse processes of the lumbar spine present with expansile lesion with a contrast enhancing soft tissue component.

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Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Ashley Gold

- Polyostotic aggressive osteolytic lesions of all osseous structures of the axial and appendicular skeleton – partially with expansile soft tissue component (7th left rib and multiple transverse processes of the lumbar spine)
- Heterogeneous contrast enhancement pattern of the liver
- Pathological fracture of multiple ribs
- Small soft tissue nodule left thyroid gland – parathyroid (non)function adenoma or hyperplasia is possible, but considered as an incidental finding here
- Mild metastatic calcification of the masticatory musculature
- Degenerative osteoarthritis coxofemoral joints bilaterally
- Spondylosis deformans

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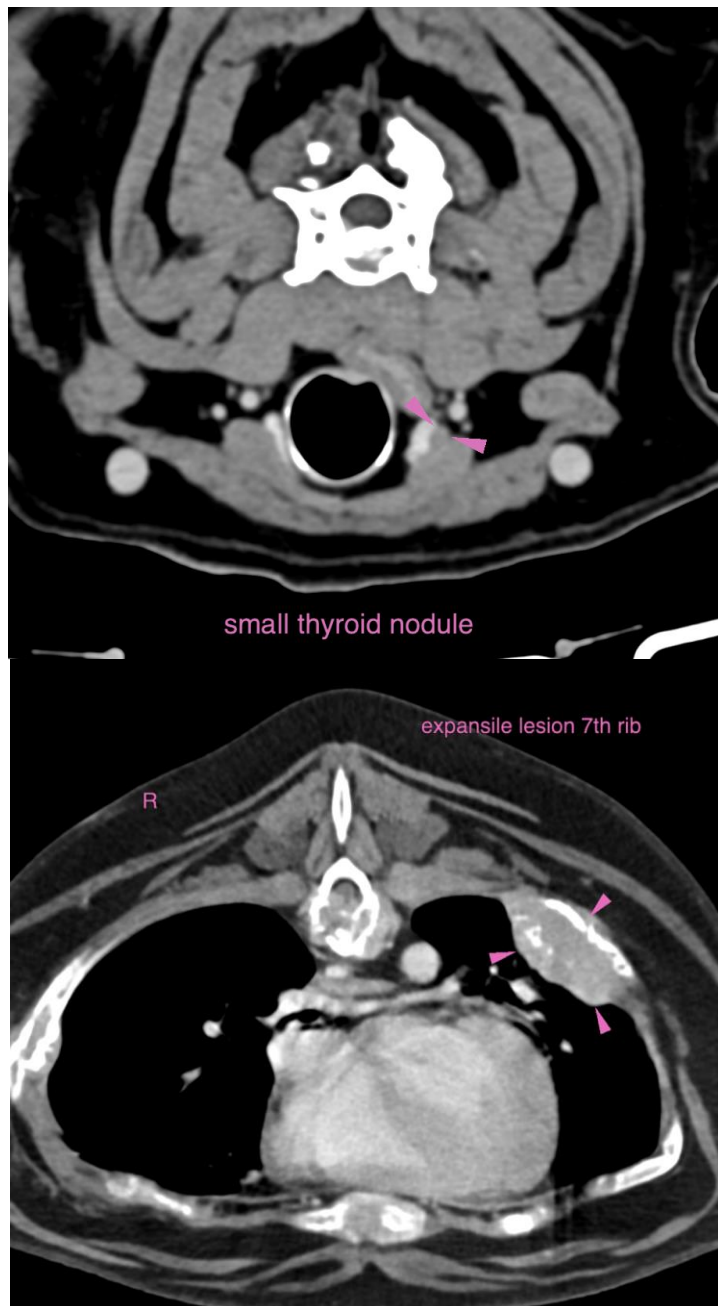
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with disseminated neoplastic disease and given the generalized affection of all osseous structures and multiple expansile osseous lesions, multiple myeloma is the top differential here. Lymphoma is a consideration as well but considered less likely. FNA sampling of the expansile costal lesion and the liver can be used to confirm the diagnosis. The prognosis is infaust.





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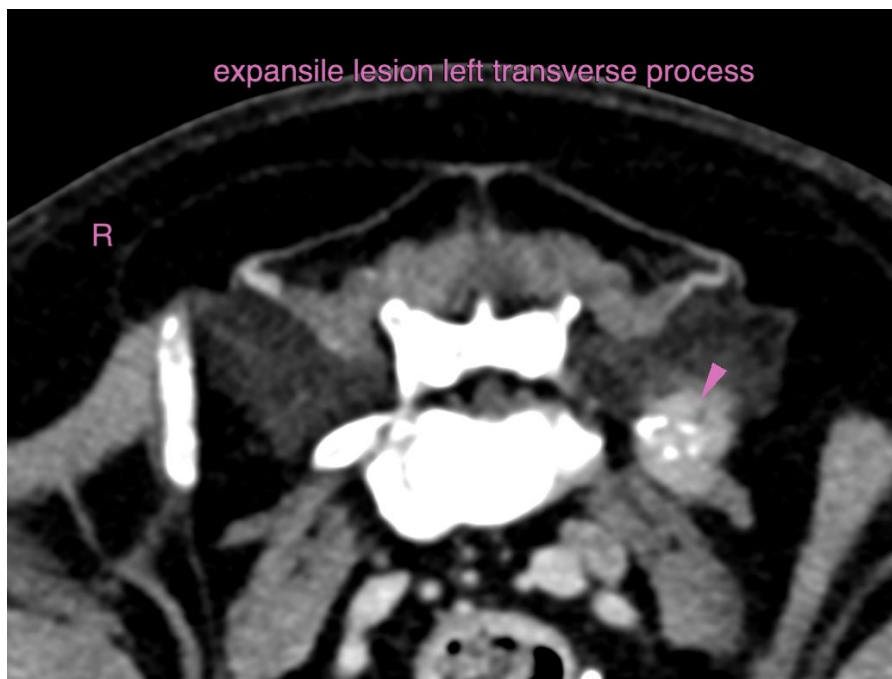
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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