



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Mookie Schiavo Presented to the hospital 1/30/23 for 1-2+ weeks of coughing, sneezing, vomiting and diarrhea. Vomits food and bile, has liquid diarrhea, has a decreased appetite, has been coughing and congested. Radiographs taken 2/1/23- The bilateral ventral alveolar pulmonary pattern is consistent with worsening of bronchopneumonia, aspiration pneumonia, or less likely pulmonary hemorrhage. The dilation of multiple bronchi on the current exam is consistent with bronchiectasis which indicates chronic bronchitis due to infection, allergies, or environmental irritants. Bronchiectasis predisposes the patient to pneumonia and may make it difficult to resolve this condition. 2. The soft tissue opaque band overlying the trachea may be due to incidental superimposition of the esophagus or a redundant tracheal membrane. Respiratory abnormalities associated with the patient's breed cannot be excluded and could be exacerbating the respiratory difficulty. Has been hospitalized on IV fluids/Oxygen Support/Antibiotics and GI support since Monday 1/30/23. Not eating. Unable to take out of oxygen support.

SPECIES Canine

BREED English Bulldog

SEX Male Neutered

Abnormal PE/Chem/CBC/UA Results: CBC Chem Run 1/30/23- TP 9.0, GLOB 6.1, AMY 374, RBC 5.51, Hematocrit 35.4, Hemoglobin 12.1, Neutrophils 11.76, Monocytes 1.31, Platelets 496, Plateletcrit 0.61 2/2/23- PCV 25%, TS 8.0gm/dL, electrolytes normal 2/1/23- GI Panel sent- Cobalamin 248, Folate 4.4

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

AGE 9 Years
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

Thorax

Multiple hemivertebra and multifocal spondylosis formation is seen along the thoracic spine. The mediastinum is moderately widened by fat.

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.

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

In the cervical tracheal segment, gravity dependent, foamy material is seen. 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.

The ventral dependent aspects of the lung parenchyma present zones with pulmonary consolidation and a decreased volume.

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.

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Dr. Daniela Carbone

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56532

DATE

2-2-23



PATIENT

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

Mookie Schiavo

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

SPECIES

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

Canine

In the left caudal abdomen, a distended small intestinal segment is appreciated, presenting an intraluminal, homogeneous soft tissue attenuating and heterogeneous contrast enhancing mass; measuring approximately 7.0 x 2.2 x 3.7 cm in size. The medial iliac and inguinal lymph nodes bilaterally are prominent and rounded.

BREED

English Bulldog

The intervertebral discs L1/L2 to L3/L4 are mildly bulging into the vertebral canal, distorting the ventral epidural space. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. Both coxofemoral joints present mild to moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow and the center of the femoral heads is lateral to the dorsal acetabular rim.

SEX

Male Neutered

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intraluminal mural small intestinal soft tissue mass
- Lymphadenopathy medial iliac and inguinal lymph nodes
- Exudate in trachea
- Ventrally distributed alveolar lung pattern with decreased volume
- Intervertebral disc protrusion L1/L2 to L3/L4 with possible dynamic myelocompression
- Multiple hemivertebra along the thoracic spine
- Degenerative osteoarthritis coxofemoral joints bilaterally due to hip dysplasia
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The main finding is the small intestinal mural soft tissue mass, consistent with primary jejunal neoplasia – such as adenocarcinoma, leiomyosarcoma, gastrointestinal stromal cell tumor, round cell tumor. The finding is a plausible explanation for the presenting gastrointestinal clinical signs. Surgical excision by enterectomy is the therapy of choice.

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Prior to potential surgical intervention, ultrasound guided FNA sampling of the prominent medial iliac & inguinal lymph nodes is recommended to check for metastatic disease.

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The lung is negative for pulmonary metastasis. The ventral alveolar pattern in combination with the decreased volume is suggestive for dystelectasis and is considered more likely – accentuated by the fat depositions within the mediastinum. However, the exudate in the trachea and the history of cough can also support the diagnosis of pneumonia – correlate with blood work if inflammatory changes are present.

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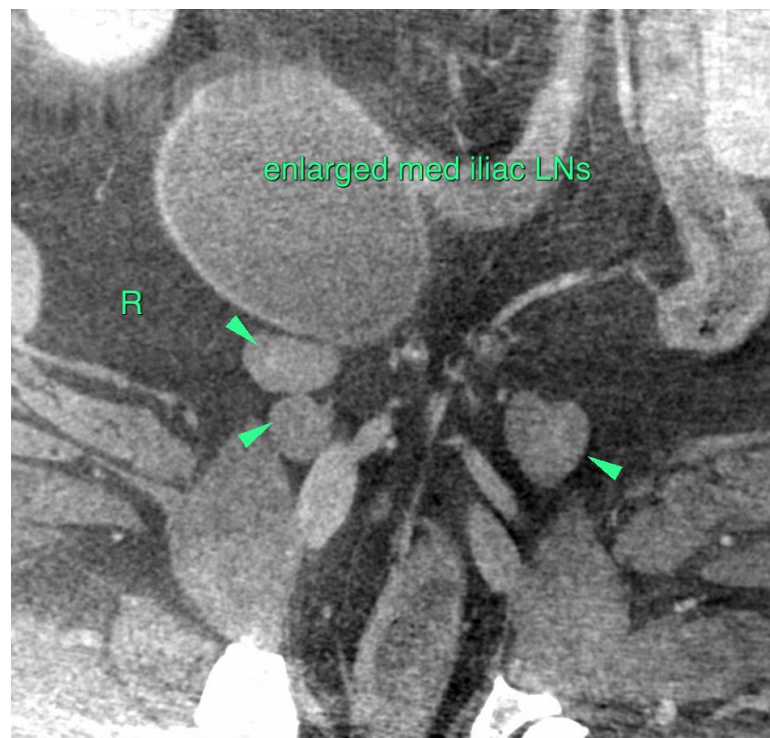
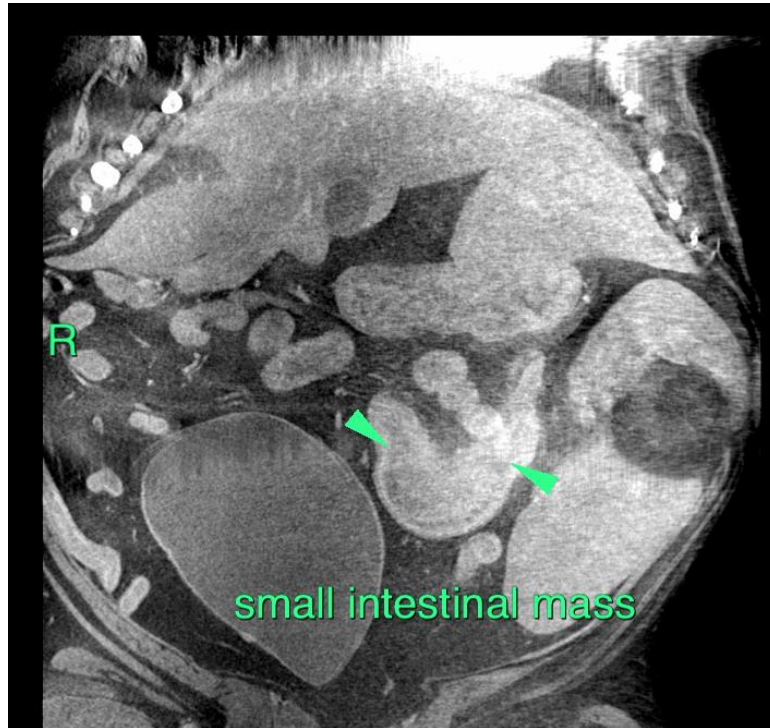
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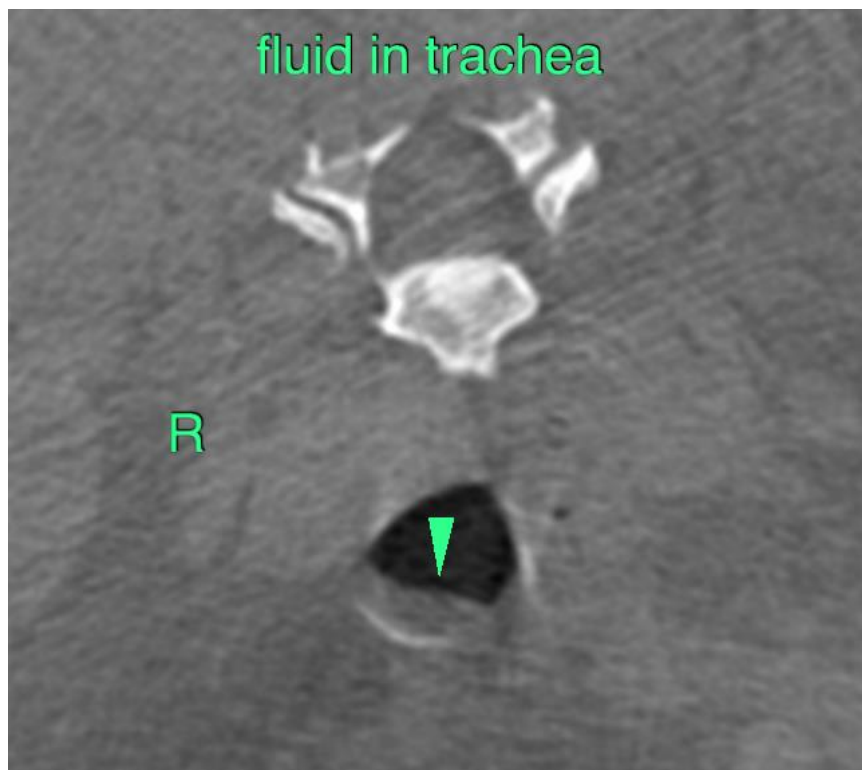
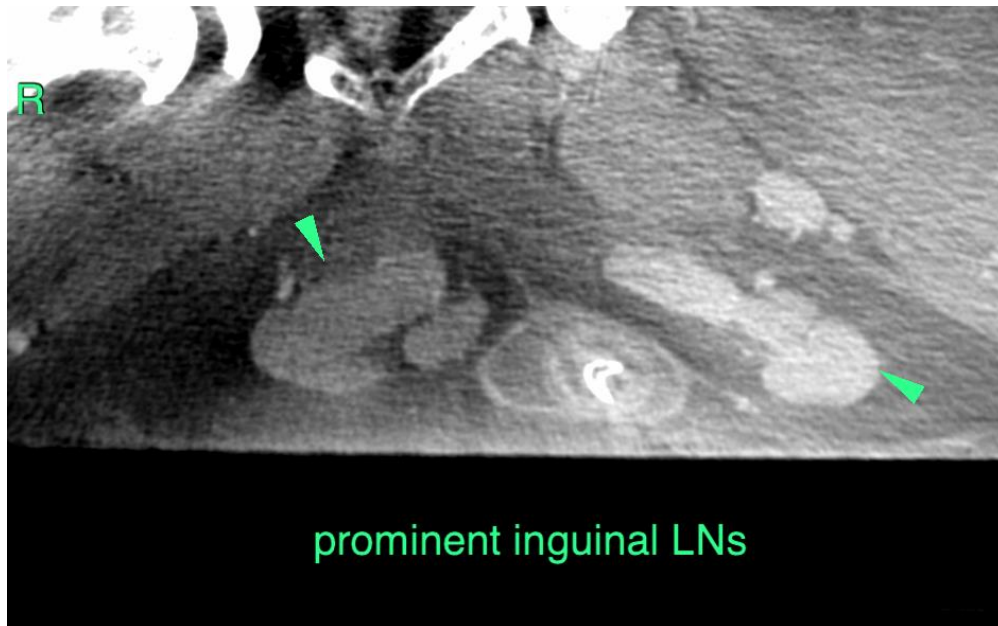
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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