



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Kelsee Nelson

SPECIES
Canine

BREED
Lab Mix

Presented for left forelimb lameness. Limping started yesterday. Owner also notes patient leaking from rectum. Drastic weight loss over past few months (has previously been 80#) but normal appetite/thirst and no other concerns/changes noted. Owner concerned about cancer.

Abnormal PE/Chem/CBC/UA Results: PE: Ambulates gingerly, limping on LF, painful on flexion of L carpus CBC: Neutrophilia, lymphopenia, minimal thrombocytopenia COMP: minimal hyperphosphatemia, mild increase ALT, mild to moderate increase ALP, increased GGT EPOC: minimally decreased pCO2 CPLi: Normal Radiographs: No definite cause for left thoracic limb lameness is seen in this study. Hepatomegaly is a nonspecific finding and is likely secondary to a metabolic hepatopathy, however, infiltrative hepatic disease cannot be completely ruled out. Possible cranial abdominal peritonitis. The location could indicate pancreatitis though this is a subtle and nonspecific finding. PCV/TS: 40%, 7g/dL

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

SEX
FS

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

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. A small amount of soft tissue material is seen in the medial aspect of the external ear canals bilaterally.

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.

The osseous and soft tissue structures of the neck are within normal limits.

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine.

A lipoma is seen in the right axillary region.

The sternal and tracheobronchial lymph nodes are prominent.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

In the left caudal lung lobe, level with the 9th intercostal space, a well-defined uniform soft tissue attenuating nodule, measuring 4 mm in diameter is appreciated.

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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 mild fat-stranding, accentuated in the cranial abdomen.

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.

AGE

11.5 Years

The hepatic volume is moderately increased, and the liver has mild undulating margins. Post contrast administration, variable sized, ill-defined, hypoattenuating roundish lesions are seen throughout the hepatic parenchyma – partially presenting a hyperattenuating center ('target lesion'). The hepatic lymph nodes and the pancreaticoduodenal lymph node are enlarged and rounded.

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The body of the pancreas is prominent with rounded margins and presents mild amorphous mineralization.

Multiple small soft tissue attenuating nodules are seen throughout the peritoneal cavity of the right cranial abdomen.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Nodular lesions disseminated throughout the hepatic parenchyma
- Suspect pancreatic mass with dystrophic mineralization
- Lymphadenopathy hepatic lymph nodes, pancreaticoduodenal lymph node, sternal & tracheobronchial lymph nodes
- Peritoneal nodular lesions cranial abdomen
- Mild peritonitis
- Solitary pulmonary soft tissue nodule
- Lipoma right axillary region
- Spondylosis deformans

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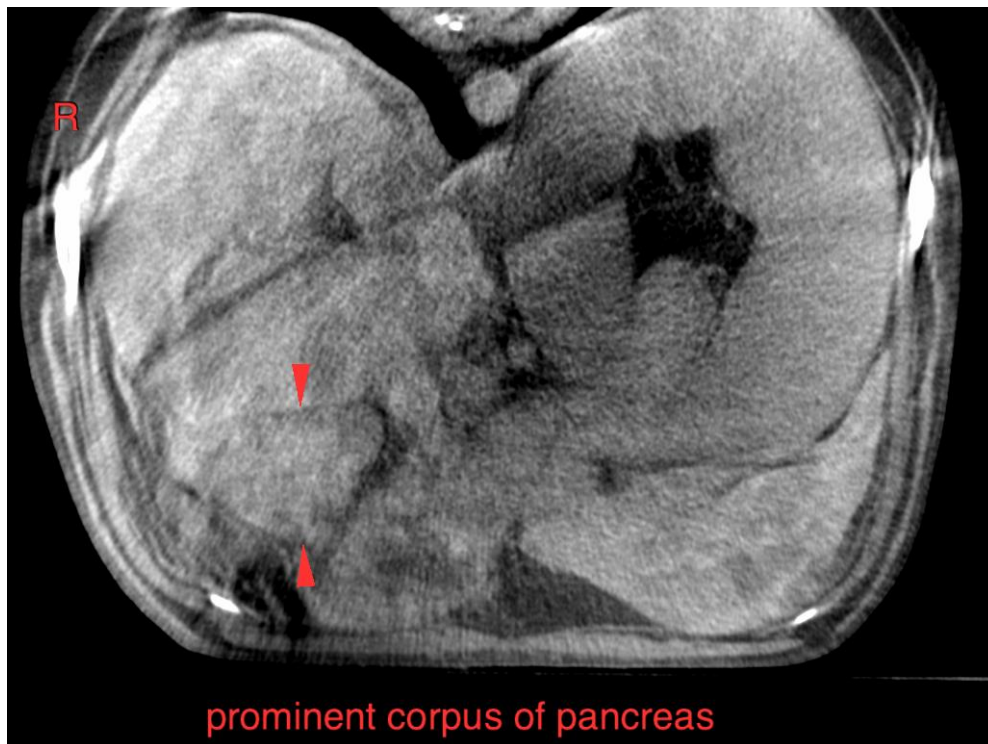
Dr. Schwanebeck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal findings are compatible with disseminated neoplastic disease, such as carcinomatosis – possible originating from the pancreas. The enlarged regional and thoracic lymph nodes are suggestive for metastatic disease. Also the solitary pulmonary nodule in combination with the abdominal findings is highly suggestive for metastasis – potentials for the solitary pulmonary nodule include granuloma, mucus impaction/round pneumonia, cyst.

Ultrasound guided FNA sampling of the liver and pancreas can be used as advanced diagnostic tools to confirm the diagnosis. If confirmed, the chances of palliative treatment options can be discussed with oncologist. The prognosis is considered very guarded to poor.

No abnormality can be specified, explaining the front limb lameness.

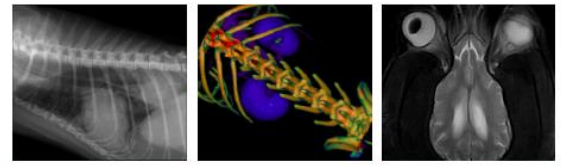


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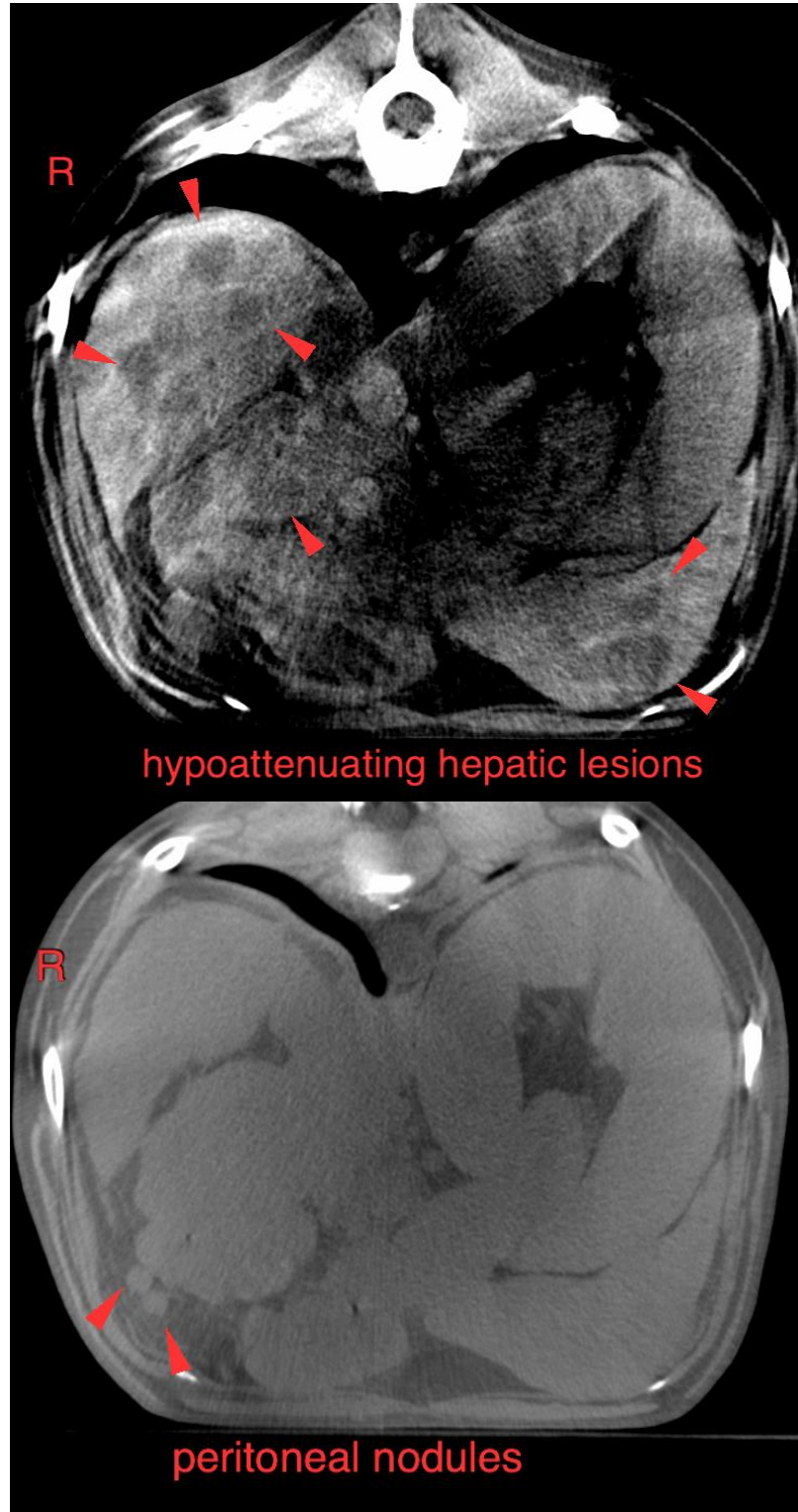
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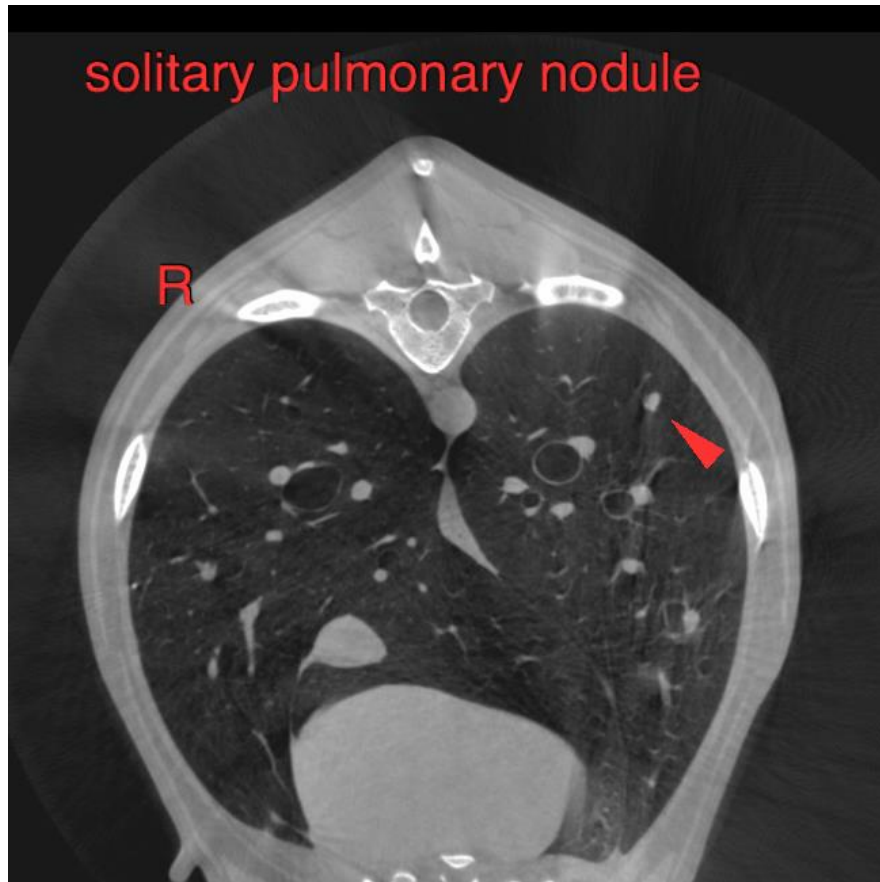
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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