



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Max Schuler

**SPECIES**  
Canine

**BREED**  
Golden Retriever

**SEX**  
MN

**AGE**  
10 Years, 7 Months

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**  
Casselton Vet Service

**REFERRING VET**  
Dr. Brad Bartholomay

**INVOICE**  
56884

**DATE**  
2-22-23

Patient presented for mass removal surgery on 01/03/2023; two mass removed from left elbow and one on the inside of the lip. Both masses were present for > 1 month prior to surgical removal. NDSU Histopath: 1st mass from the elbow - cyst, completely excised. 2nd mass from elbow - fibrosarcoma, grade 1, incompletely excised. Mass of left ventral medial lip - oral melanoma, incompletely excised, no intravascular invasion. Patient has been doing clinically well at home since surgery. They were referred to the University of Minnesota for an Oncology consult; they recommended diagnostic staging with CT of head, neck, and thorax prior to starting treatment as well as fine needle aspirates of mandibular lymph nodes. CT includes images of upper abdomen to evaluate the liver. FNA of mandubular lymph nodes was done at the time of CT: left - thicker debris off white in color, right - thicker hemorrhagic drbis. On initial microscopic exam cells did not appear consistant with neoplastic characteristics, primarily normal blood composition present. Slides were sent off to Iowa State Pathology Department for evaluation. Abnormal PE/Chem/CBC/UA Results: Presurgical CBC and chem 10 panel was WNL.

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

In the pictured parts of the dentition, multiple teeth are absent.

No abnormalities of the lips can be appreciated, but smaller lesions might be effaced due to silhouetting of the soft tissue structures along the lips.

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. The external ear canals are within normal limits.

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 present without abnormalities.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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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In the cranioventral mediastinum, a thymic remnant is seen.

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

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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The lung parenchyma presents the expected architecture and attenuation behavior, but zones of dystelectasis of the caudodorsal dependent aspects of the lung parenchyma and sporadic pinpoint mineralization of the lung parenchyma.

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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 caudal third of the abdomen is cropped by the field of view.

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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.

In the dorsal aspect of the left lateral liver lobe, a well-defined fluid attenuating spherical lesion is seen, mildly bulging beyond the hepatic margins; measuring 4.5 cm in diameter.

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

Level with the cardia, an intramural, post contrast hypoattenuating roundish lesion is seen, measuring 13 mm in size. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Intramural lesion region of cardia
- Solitary hepatic thin walled cavitory lesion
- Pulmonary osteomas
- Dystelectasis caudodorsal aspects of the lung
- History of excised oral melanoma

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intramural small mass in the region of the cardia of the stomach is suggestive for primary gastric neoplasia, I consider the odds for benign leiomyoma high. Other potentials can include leiomyosarcoma, carcinoma, round cell tumor, other.



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No additional clinically relevant abnormalities or signs of metastatic disease are appreciated.

The cavitory hepatic lesion is considered as an incidental simple hepatic cyst.

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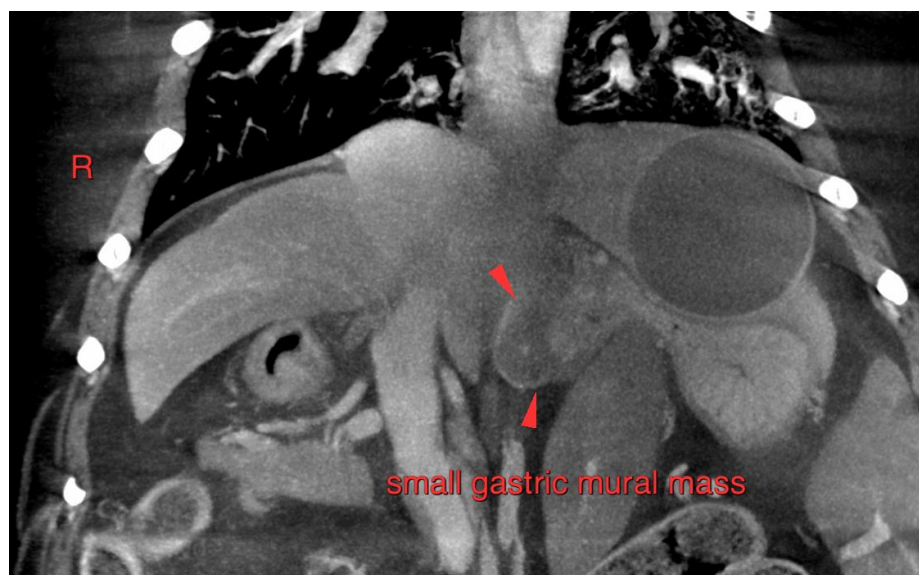
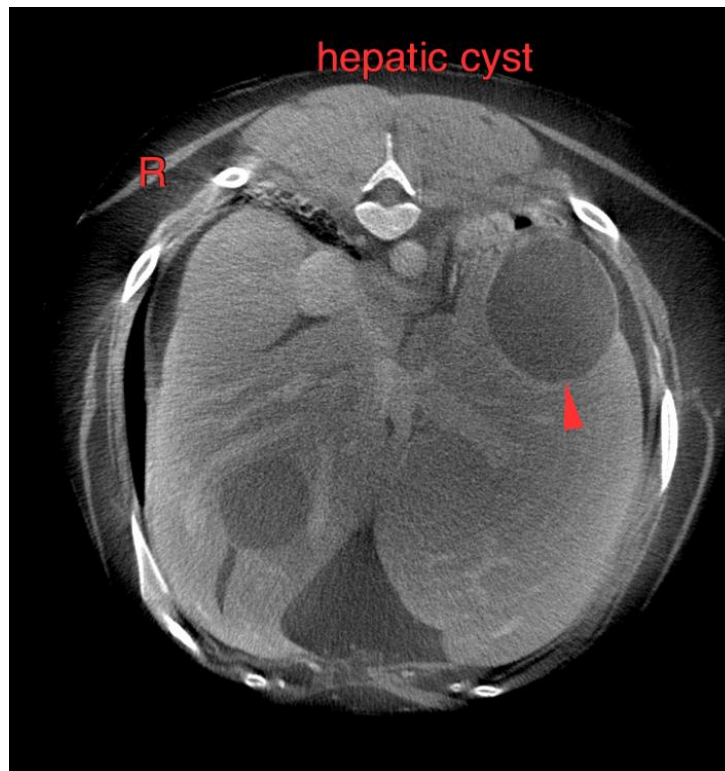
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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