



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Blu Henry
SPECIES Canine
BREED Bernedoodle

Front left limb amputated 1/19/2022: Left front limb: Excision of histiocytic sarcoma is complete with remnant sarcoma observed, fibrosis, locally extensive, chronic (scar tissue), suture granulomas and trichogranulomas, soft tissue, normal tissue to excision margins Mitotic count: 2 per 10 high-power fields Angiolymphatic invasion: Not observed Excision is complete with limb removal. Chemotherapy performed following amputation with Lomustine. Screening rads revealed suspicious lung mass in right lung lobe 2/22/23. Coughed once at home per owner Abnormal PE/Chem/CBC/UA Results: Aspirate samples taken following CT today

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX Thorax

Male Neutered The vertebral endplates T9/T10 present moderate ventral spondylosis formation.

The left scapula and front limb are absent.

AGE The left axillary lymph node is prominent.

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

HOSPITAL NAME

Catskill Veterinary Services, PLLC

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.

In the ventral aspect of the right middle lung lobe, a zone with peribronchial consolidation of the lung parenchyma is seen with air-bronchograms. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

REFERRING VET

Dr. Joseph D'Abbraccio

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.

INVOICE

56974

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.

DATE

2-27-23

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



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

Blu Henry

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

SPECIES

Canine

Multifocal moderate spondylosis formation is seen along the lumbar spine. The intervertebral L1/L2 to L3/L4 are mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level. The lumbosacral intervertebral disc is bulging into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

BREED

Bernedoodle

Both coxofemoral joints present moderate osteophyte new bone formation.

In the subcutaneous tissue of the left flank, two well-defined, soft tissue attenuating nodules, measuring 9 mm in diameter, are seen.

SEX

Male Neutered

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of amputation & scapulectomy left front limb
- Mild lymphadenopathy left axillary lymph node
- Focal alveolar pattern right middle lung lobe
- Degenerative osteoarthritis coxofemoral joints bilaterally
- Degenerative lumbosacral stenosis with likely dynamic compression of the caudal equina fibers
- Intervertebral disc protrusion L1/L2 to L3/L4 with possible dynamic myelocompression
- Non-specific subcutaneous nodules left flank
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent left axillary lymph node is equivocal for reactive hyperplasia or metastatic disease – recommend FNA sampling for further differentiation.

The focal alveolar pattern of right middle lung lobe can present a zone with pneumonia, however the well-defined margins and in combination with the history of histiocytic sarcoma of the left front limb neoplastic infiltration is a likely differential.

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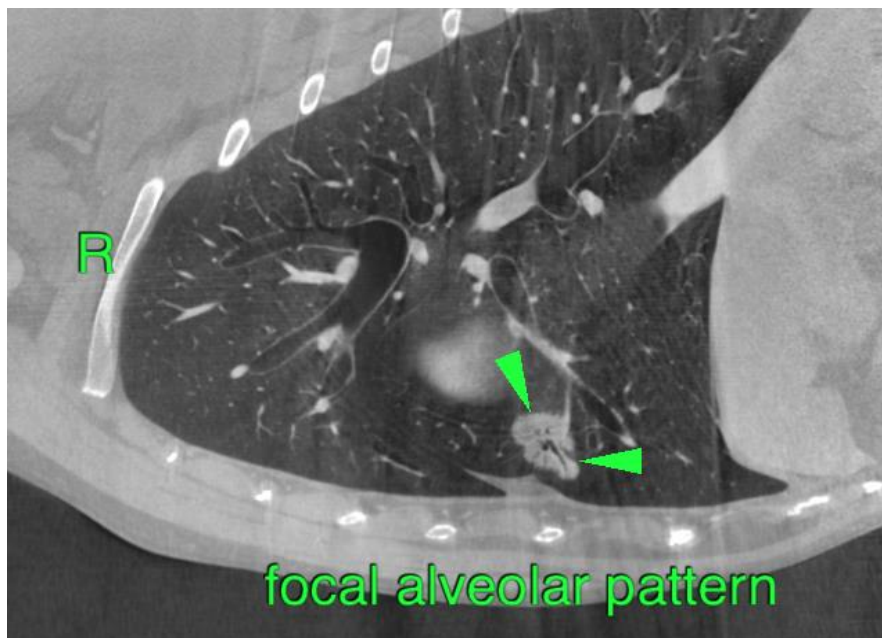
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prominent axillary LN



focal alveolar pattern



PATIENT

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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.

SPECIES

Canine

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SEX

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