



PATIENT PRESENTING CLINICAL SIGNS

Chase Horn Multiple splenic nodules seen on ultrasound, CT for surgery consult/ met check. First seen on u/s 1/12/22, nodules have grown since.

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Canine 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.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Havanese Thorax

Small (<1 mm) mineralized bodies are seen at the caudal aspect of the glenoid cavity bilaterally.

SEX

Male Neutered

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.

AGE

11 Years, 10 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 right lung lobes present regions of dystelectasis. The lung parenchyma presents the expected architecture and attenuation behavior.

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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.

REFERRING VET

Dr Langhofer

A separate left & right caudal vena cava of the pre-renal segment is seen.

INVOICE

50135

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple, well-defined, parenchymal filling defects are seen throughout the renal parenchyma bilaterally. In the caudal pole of the right kidney, a central fluid attenuating lesion, measuring 8 mm in diameter is protruding beyond the renal surface.

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

DATE

2-7-22

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

The spleen presents with at least three uniform soft tissue attenuating and mild contrast enhancing nodular lesions, protruding beyond the splenic surface, measuring approximately 2.2



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cm in diameter. In the hilar region of spleen, multiple irregular shaped fat-attenuating regions are visible as well as a heterogeneous fat and soft tissue attenuating nodular lesion level with the cranial extremity of the spleen.

SPECIES

Canine

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

BREED

Havanese

The bony and surrounding soft tissue structures reveal no abnormalities.

SEX

Male Neutered

- Multiple splenic soft tissue nodules and myelolipomas
- Intramural nodular lesion of the gastric wall, region of the cardia
- Regions of compression atelectasis of the lung, due to general anesthesia
- Isolated ossification centers caudal aspect glenoid cavity bilaterally
- Double caudal vena cava – pre-renal segment
- Renal cortical cysts
- No evidence of pulmonary metastatic disease

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular lesions of the spleen might be benign in origin, such as nodular hyperplasia and myelolipomas. Other potentials include hemangioma, hemangiosarcoma, round cell tumor. Ultrasound guided FNA sampling can be performed as advanced diagnostic test. However, as the lesions are bulging beyond the splenic surface, both benign & malignant splenic lesions can rupture and cause abdominal hemorrhage and splenectomy is considered as the therapy of choice.

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There is a nodular intramural lesion of the gastric wall in the region of the cardia, the top differential is leiomyoma. Consider FNA sampling/excision biopsy if laparotomy is performed.

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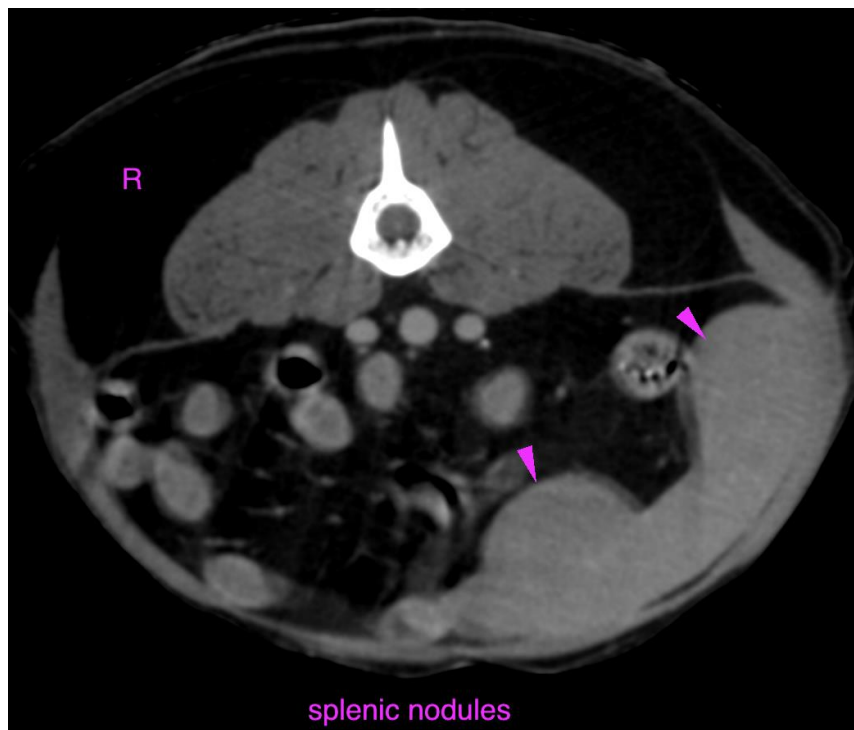
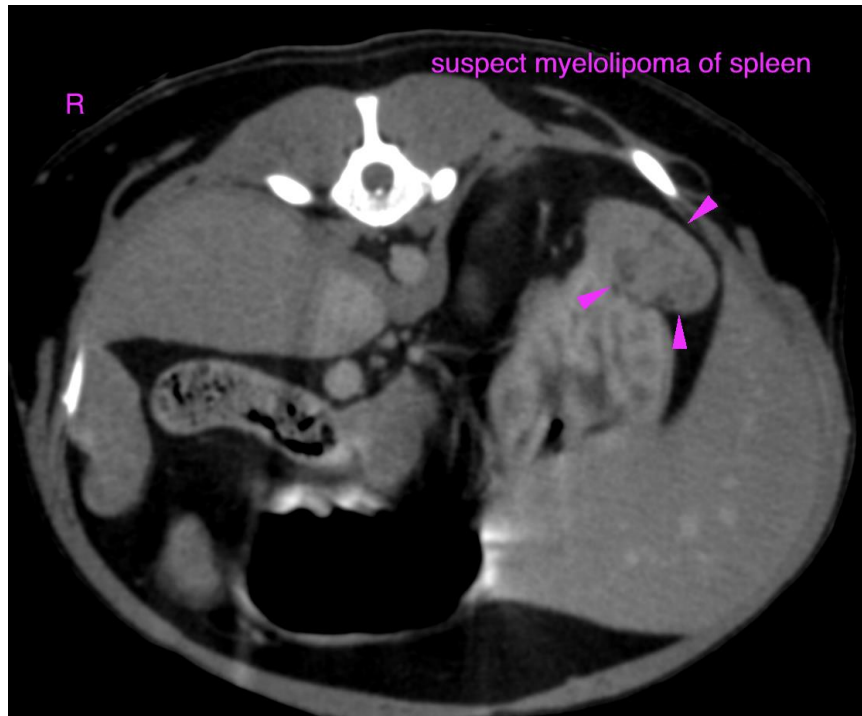
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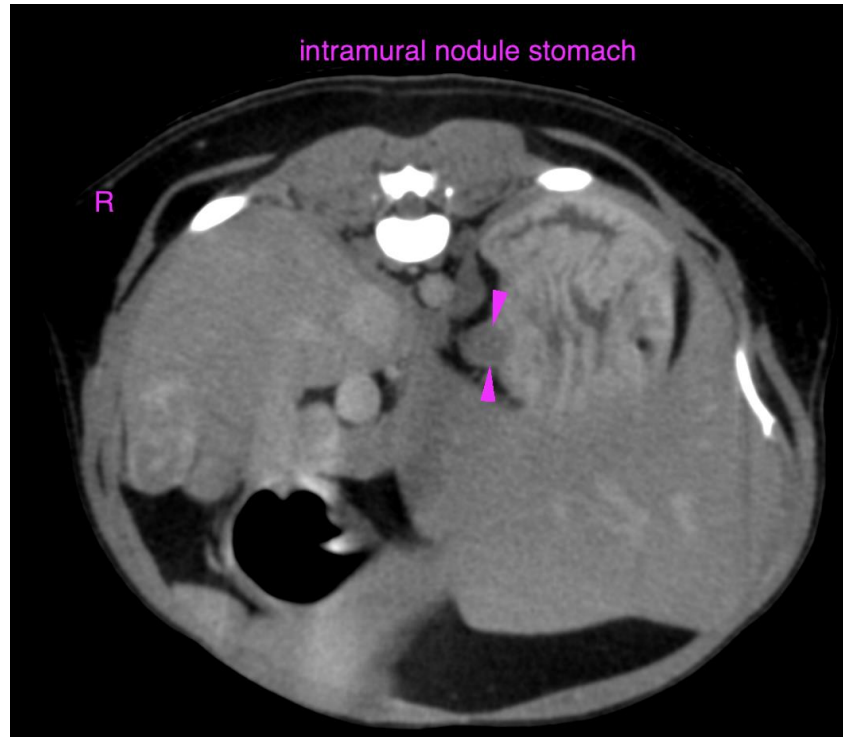
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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