



PATIENT

Gunther Leal

SPECIES

K9

BREED

Boxer

SEX

MN

AGE

4 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Ravi Seshadri

PRESENTING CLINICAL SIGNS

Presenting Complaint: Gunther presents to SOVSC acute swelling of RPL 3 weeks post TPLO and bruising. No known trauma. Was healing overall ok until last night had what seemed like a small abrasion on medial thigh and this morning entire leg was swollen and bruised. Has only been on a leash. Significant PE Findings: Amb x3 with NWB lameness, dragging RPL on dorsal paw and will not place, moderate to severe swelling RPL from mid femur to tarsus with diffuse ecchymosis from tarsus to inguinal area that extends around caudal thigh Coccygeal muscles smooth/symmetrical. No LS pain or masses, anal tone present, urethra smooth. Decreased pain sensation noted. absent CP

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

The retroperitoneal fat bilaterally presents moderate fat-stranding and is swollen.

Starting cranially level with L4/L5 up to the level of the femoral head, the right iliopsoas muscle is significantly swollen and is consolidated with loss of the normal fatty striation.

The right medial iliac lymph node and right inguinal lymph node are prominent and rounded.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a well-defined parenchymal filling defect is seen in the parenchyma of the left kidney. A urinary catheter is appreciated in the urinary bladder and the bladder is empty.

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

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

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

The subcutaneous tissue along the right ventrolateral abdominal wall, extending caudally along the inguinal up along the right thigh.

Moderate spondylosis formation is seen along the vertebral endplates of the thoracolumbar junction.

The periarticular bones of both stifle joints present moderate osteophyte new bone formation. A TPLO implant is appreciated at the medioproximal aspect of the tibia bilaterally.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

56658

DATE

2-9-23

- Significant swelling right iliopsoas muscle
- Lymphadenopathy right medial iliac and right inguinal lymph node
- Moderate retroperitoneal effusion
- Subcutaneous edematous swelling along the right lateroventral abdominal wall and right thigh
- History of bilateral surgical management of pathology of the cranial cruciate ligament by TPLO
- Degenerative osteoarthritis stifle joints bilaterally
- Spondylosis deformans



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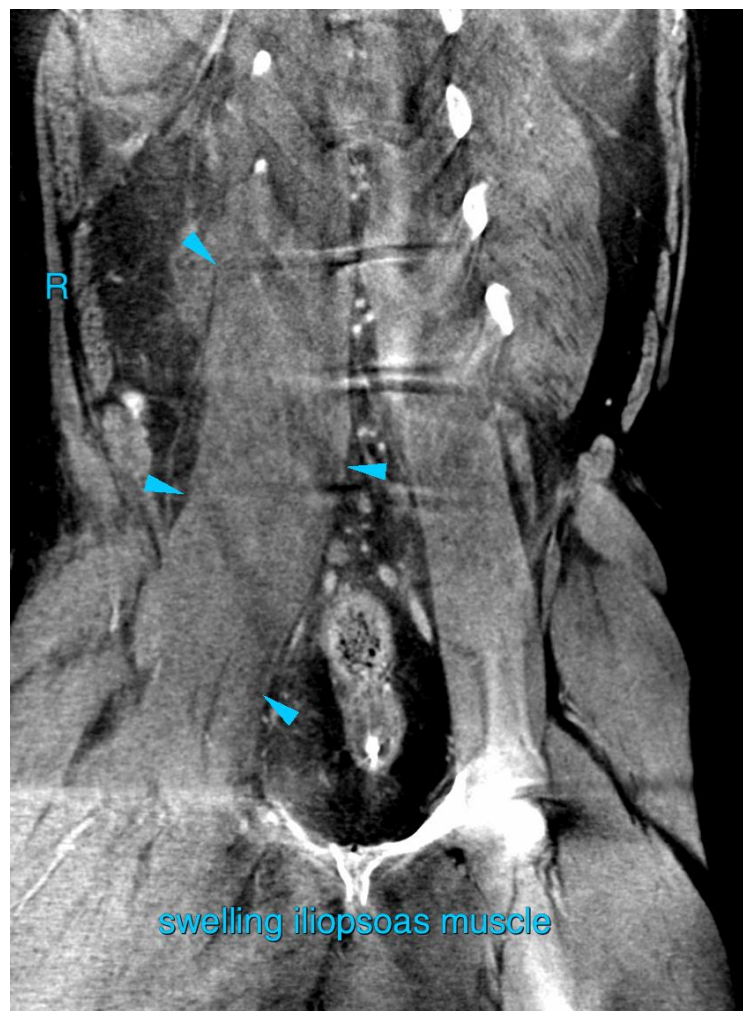
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The swelling of the right iliopsoas muscle is concerning for neoplastic infiltration (e.g. hemangiosarcoma, round cell tumor) with secondary retroperitoneal effusion. Potentials can include hematoma formation due to underlying coagulopathy (e.g. Angiostrongylus infection, coagulation factor deficiency) or marked myositis (e.g. Hepatozoon, ischemia, I do not see evidence of abscess formation). Secondary metastatic spread to the right medial iliac lymph node versus reactive hyperplasia.

The edematous swelling along the abdominal wall is considered as a secondary finding due to the muscular changes.

If not done so yet, FNA sampling ± TruCut biopsy of the right medial iliac lymph node and the swollen right iliopsoas muscle is mandatory for further workup.





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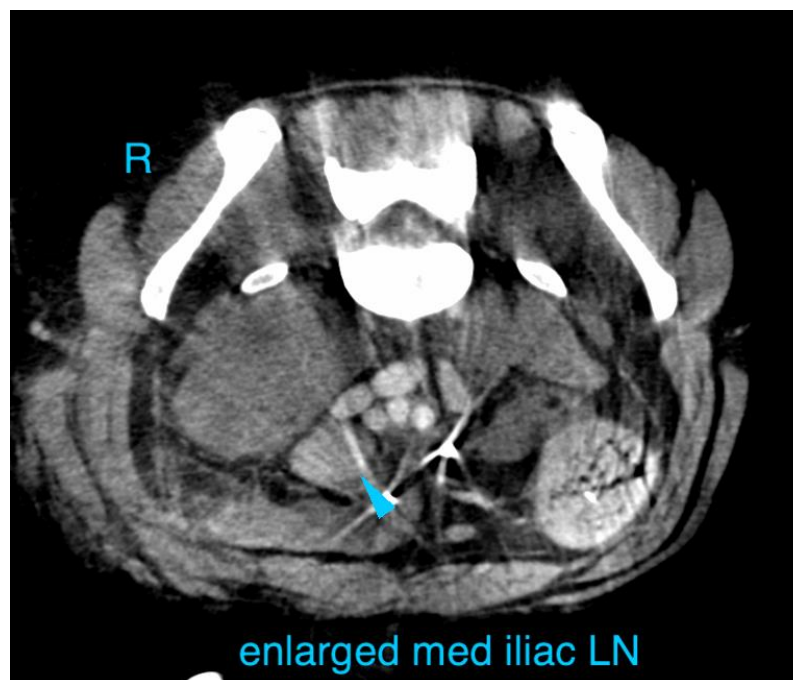
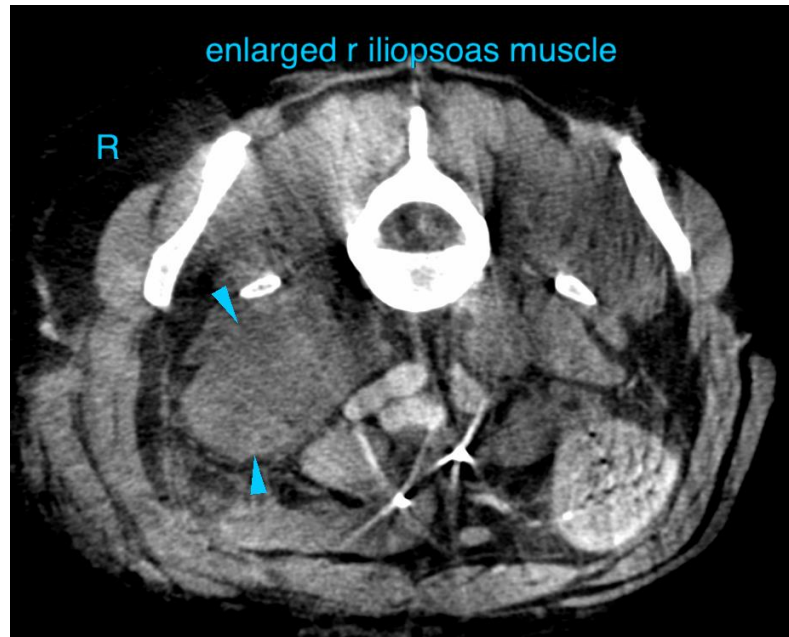
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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