



PATIENT PRESENTING CLINICAL SIGNS

Milo Klein Holding up left front leg and when tries to put weight on it- shaking leg. Has neck pain, especially when turning to left. Hx of FHO after previous CT. Elevated pancreatic and liver enzymes.
Abnormal PE/Chem/CBC/UA Results: ALT 196, ALKP 212, Amy 1462, Prec PSL 1282

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Goldendoodle Skull & Neck

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

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

AGE Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

9 Years 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.

INTERPRETED BY 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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME 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.

Mobile Pet Imaging The left lamina of C6 – including the pedicle and parts of the vertebral body of C6 – present with an expansile osteolytic lesion; post contrast administration a large soft tissue component is seen, protruding into the vertebral canal – occupying approximately 85% of the cross-sectional area of the vertebral canal at the same level.

REFERRING VET

Meaux Thorax

INVOICE Multifocal mild spondylosis formation is seen along the thoracic spine. The spinous process of T4 and the vertebral body of T11 present with an ill-defined small geographic osteolytic lesion respectively.

50963 Both elbow joints present very mild osteophyte new bone formation. The medial coronoid process of the left elbow joint presents a heterogeneous density and mild irregular margins.

DATE The osseous and soft tissue structures of the carpal joints are within normal limits.

3-16-22



PATIENT Milo Klein
 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.

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

SPECIES Canine
 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.

BREED Goldendoodle
 The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

SEX Abdomen

Neutered Male
 The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

AGE 9 Years
 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.

INTERPRETED BY Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI
 Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

HOSPITAL NAME Mobile Pet Imaging
 The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multifocal moderate spondylosis formation is seen along the lumbar spine. The right femoral head is absent. The right acetabular groove is filled with moderate contrast enhancing soft tissue material. The right acetabulum presents with permeative osteolytic lesions.

REFERRING VET Meaux
COMPUTED TOMOGRAPHIC DIAGNOSIS

- INVOICE** 50963
DATE 3-16-22
- Likely polyostotic aggressive osteolytic lesion C6 and right acetabular groove & possibly spinous process T4 and vertebral body T11
 - History of right sided femoral head ostectomy
 - Coronoid disease left elbow joint
 - Very mild degenerative osteoarthritis elbow joints bilaterally
 - Pulmonary osteomas
 - Spondylosis deformans
 - Normal carpal joints
 - No evidence of pulmonary metastatic disease



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Milo Klein

The main lesion in this case is the expansile osteolytic lesion of the left lamina of C6 – the compression of the respective nerve roots is explaining the described clinical signs. The right acetabular groove presents with evidence of osteolysis as well with a heterogeneous soft tissue component, concerning for neoplastic transformation as well. Differentials include round cell tumor (e.g. histiocytic sarcoma, myeloma/plasma cell tumor), sarcoma. FNA sampling of the expansile mass of C6 can be used for further definition. Unfortunately, there are no feasible curative treatment options but palliative management. The long term prognosis is considered infaust.

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

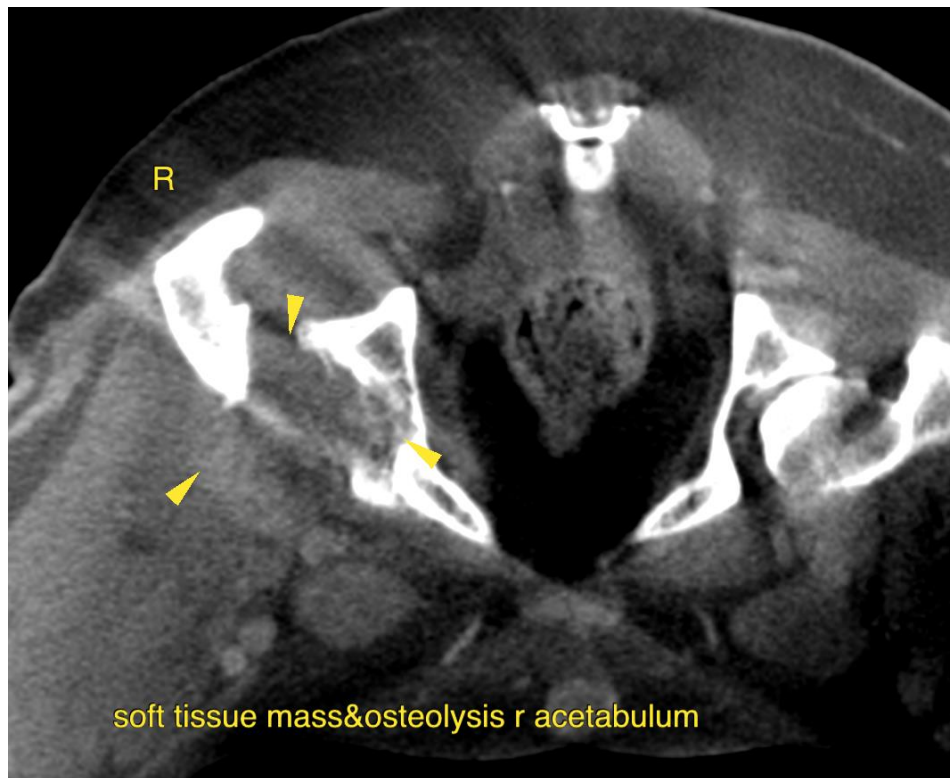
Meaux

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PATIENT

Milo Klein

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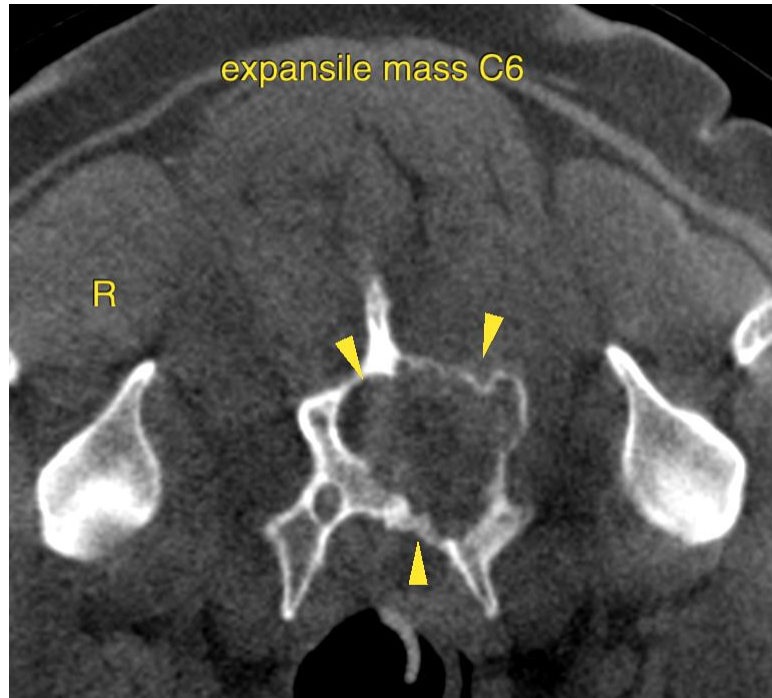
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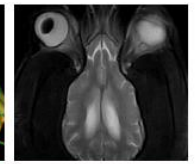
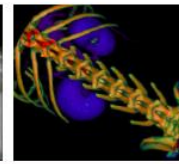
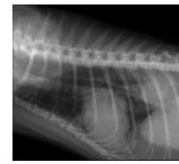
expansile mass C6

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expansile mass

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PATIENT

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SPECIES

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AGE

9 Years



INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Mobile Pet Imaging

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
sebast.schaub@gmail.com

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Meaux

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