



PATIENT PRESENTING CLINICAL SIGNS

King McKendricks suspected left adrenal mass vs other

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

SPECIES

Canine

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED

Boxer

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine.

SEX

Neutered Male

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.

AGE

7 Years

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 lung parenchyma presents the expected architecture and attenuation behavior with multifocal interspersed punctuate mineralization.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

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Abdomen

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

REFERRING VET

Meaux

At the medial aspect of the spleen, caudal to the stomach, an irregular shaped, uniform soft tissue attenuating and mild heterogeneous contrast enhancing mass, measuring approximately 6.7 x 6.6 x 5.7 cm in size is visible. The mass is in contact with the left lobe of the pancreas, that is deviated ventrally.

Level with the gastric lymph node, a roundish, uniform soft tissue attenuating and mild heterogeneous contrast enhancing mass, measuring 4.9 cm in diameter is visible.

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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.

DATE

3-22-22

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



PATIENT King McKendricks The hepatic parenchyma is mildly irregular contrast enhancing. The caudate process of the caudate liver lobe presents mild nodular intraparenchymal lesions, mildly protruding beyond the hepatic surface.

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

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

BREED Boxer The vertebral endplates L3/L4 present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

Boxer

- Suspect lymphadenopathy splenic lymph nodes and gastric lymph node
- Heterogeneous contrast enhancement pattern of the liver with mild undulating margins
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic spread

SEX

Neutered Male

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

7 Years The odds for the abdominal mass originating from the splenic & gastric lymph nodes are high and round cell tumor is the top differential. As the mass is in contact with the left lobe of the pancreas, a pancreatic mass is a consideration, but the odds are considered lower (e.g. adenocarcinoma).

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The hepatic changes can represent neoplastic infiltration or chronic hepatitis ± regeneration nodules.

If not done so yet, recommend FNA sampling of cranial abdominal masses, the liver and spleen. Based on the results of the advanced diagnostic tests, the chances of palliative treatment options can be discussed with oncologist. I consider this as a non-surgical patient.

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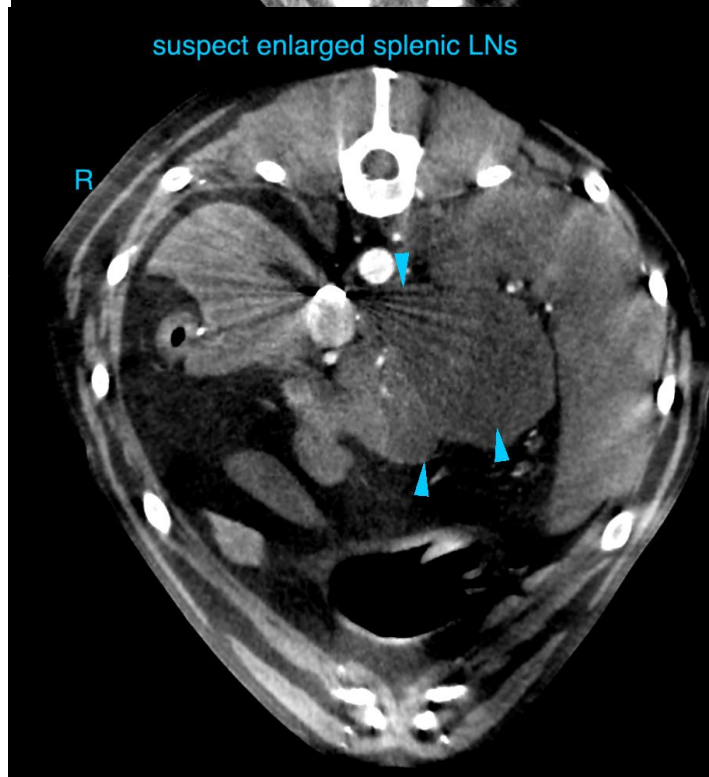
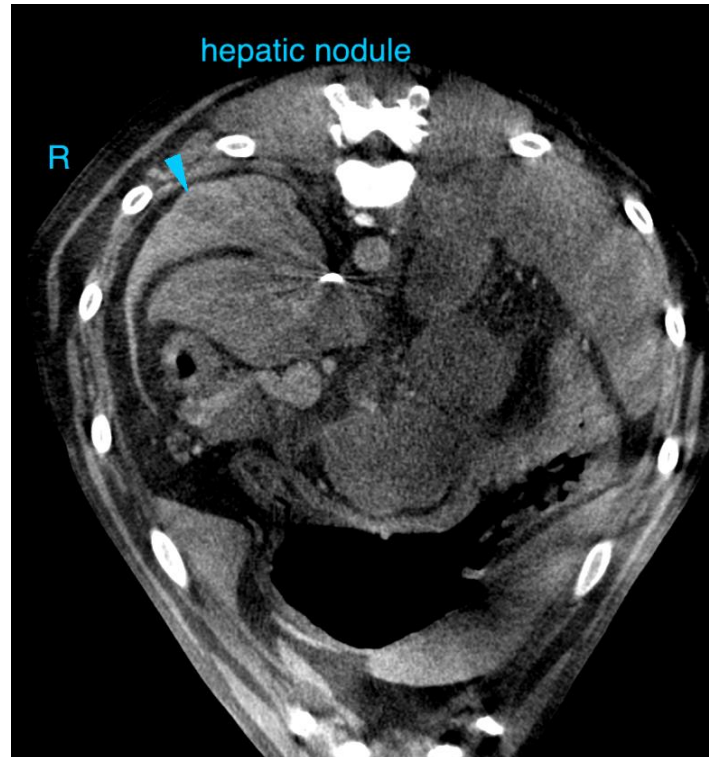
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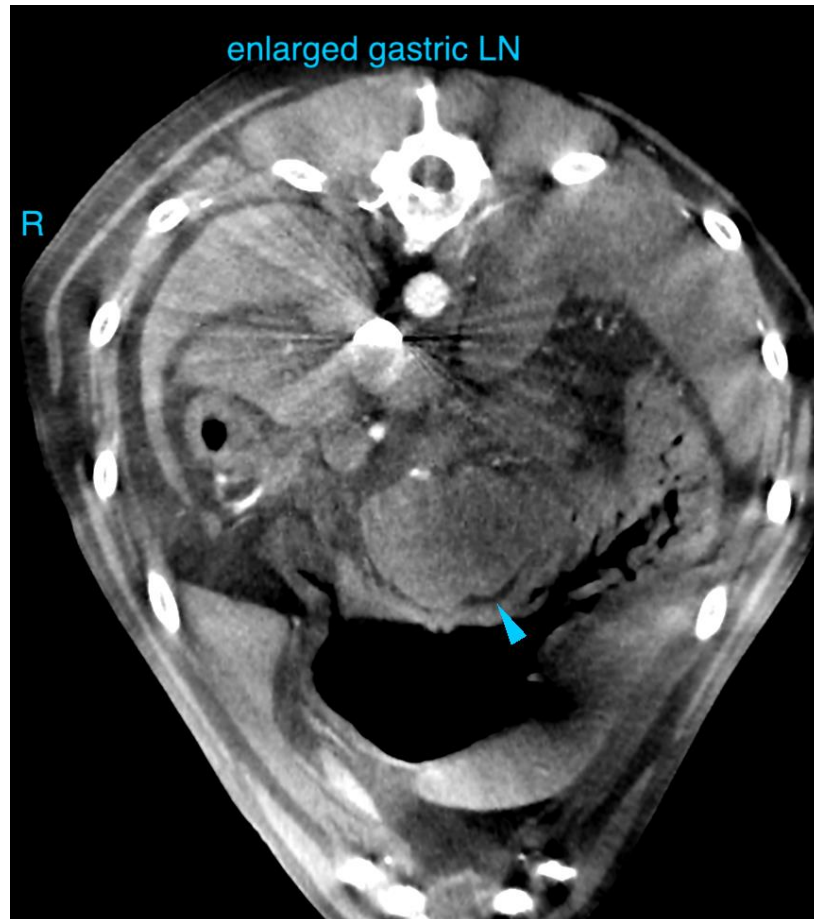
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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