



PATIENT PRESENTING CLINICAL SIGNS

Mishka Lowe History of vomiting bile at home, more frequently over the last 7 days. Owner notes decreased appetite, 12 pound weight loss over the last 10 days.

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED Thorax

Husky The intervertebral disc space T4/T5 is moderately narrowed and the respective vertebral endplates present moderate sclerosis of the subchondral bone and ventral spondylosis formation. The sternum presents multiple degenerative changes.

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 pattern is uniform.

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

AGE

11 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.

INTERPRETED BY

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Abdomen

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Catskill Veterinary Services, PLLC

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

The cranial pole of the right kidney presents with a well-defined, roundish parenchymal filling defect, measuring 17 mm in diameter, mildly bulging beyond the renal surface. After contrast administration a bilaterally symmetric pyelogram is noted.

REFERRING VET

Dr. Joseph D'Abbraccio

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

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

INVOICE

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The common bile duct is dilated, measuring 3.1 mm in diameter.

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

DATE

3-22-23

The cranial wall of the fundus is diffusely thickened, measuring approximately up to 17 mm in width and local loss of the gastric rugal folds and normal wall layering. The cardia is located within the thickened segment of the gastric wall. The associated peritoneal fat along the cranial aspect of the stomach presents significant fat-stranding.



PATIENT The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

Mishka Lowe The right ala of the sacrum presents a geographic osteolytic lesion in the craniodorsal aspect with a hypoattenuating center.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Canine
 - Mural gastric mass – affecting the entire cranial wall of the fundus
 - Simple cortical renal cyst, right kidney
 - Chronic discopathy T4/T5
 - Dilated common bile duct without signs of mechanical obstruction
- BREED
 - Spondylosis deformans
 - Suspect fatty bone marrow replacement right ala of the sacrum
- Husky
 - Pulmonary osteomas
 - No evidence of pulmonary metastatic disease

SEX

Male Neutered

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural gastric mass is consistent with primary gastric neoplasia – such as adenocarcinoma, lymphosarcoma. The gastric mass is affecting major parts of the cranial aspect of the fundus including the cardia. Either ultrasound guided FNA sampling or gastroscopy including biopsy can be used as advanced diagnostic tools. Complete surgical excision of the mass is considered not feasible.

INTERPRETED BY

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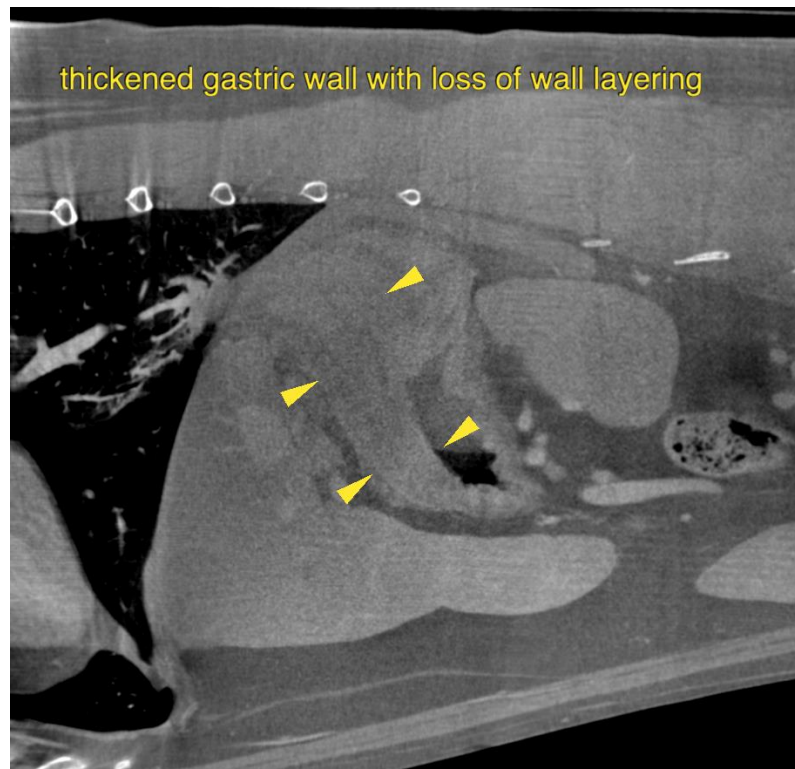
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PATIENT

Mishka Lowe

SPECIES

Canine

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Husky

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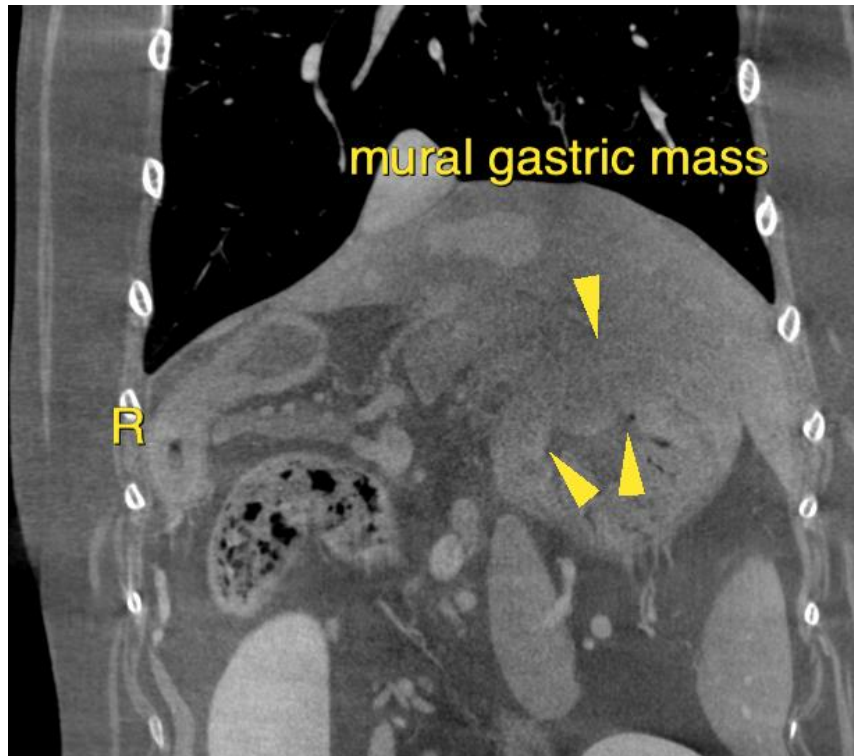
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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