



PATIENT PRESENTING CLINICAL SIGNS

Jerry Garcia Weight loss, elevated liver enzymes, Ultrasound revealed concerning changes in the intestine for neoplastic infiltration.

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL, 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

Yorkshire Terrier Skull

The tooth elements 101, 102, 105, 106, 201, 202, 204-207, 210, 301-303, 305-307, 311, 401-403, 405 and 411 are absent. The remaining teeth present evidence of mild periodontal disease.

SEX

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

AGE

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDDI

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 pituitary gland is within normal limits and restricted to the level of the pituitary fossa. The ventricular system is non-dilated and symmetric.

HOSPITAL NAME

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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.

Thorax

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A lipoma is seen at the medial aspect of the right scapula, measuring 15 x 9 x 22 mm in size.
The sternal and one cranial mediastinal lymph node are prominent
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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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.

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



PATIENT Abdomen

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

SPECIES Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration in the renal cortex bilaterally, multiple variable sized parenchymal filling defects are seen.
Canine

BREED The cranial pole of the left adrenal gland is moderately nodular enlarged, measuring up to 11 mm in diameter; the contrast enhancement pattern of the enlarged cranial pole of the left adrenal gland is heterogeneous.

Yorkshire Terrier In the cranial pole of the right adrenal gland, a post contrast hypoattenuating nodule, measuring 5 mm in diameter is seen.

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

AGE In the craniodorsal aspect of the right lateral liver lobe, a post contrast peripheral accentuated contrast enhancing intraparenchymal lesion, measuring 12 mm in diameter is visible.

11 Years Level with the cardia of the stomach, an intramural post contrast hypoattenuating roundish mass, measuring 10 mm in diameter is visible.

INTERPRETED BY The level with the cranial duodenal flexure, segmental (approximately 2.7 cm in length) eccentric thickening of the duodenal wall with interspersed granular mineralization and loss of the wall layering and a heterogeneous contrast enhancement pattern is seen, measuring up to 12 mm in width. The common bile duct is moderately dilated, measuring up to 4.7 mm in diameter; the distal segment of the common bile duct is embedded within the mural duodenal mass.
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME The hepatic lymph nodes, right renal lymph node and jejunal lymph nodes are prominent and present a heterogenous contrast enhancement pattern.
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Lateral to the greater trochanter of the right femur, in the fascial plane medial to the right biceps femoris muscle, a well defined, spindle shaped lipoma is visible, measuring 34 x 14 x 30 mm in size.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

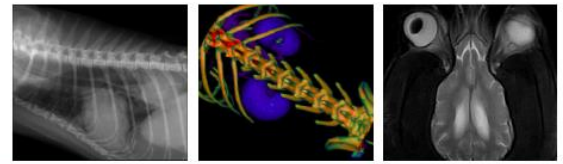
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- Intramural soft tissue mass proximal duodenum with dystrophic mineralization
- Dilated common bile duct with signs for secondary mechanical obstruction by the duodenal intramural mass
- Intramural region of the cardia of the stomach
- Lymphadenopathy hepatic, jejunal, right renal, sternal and cranial mediastinal lymph nodes
- Intraparenchyma heterogeneous contrast enhancing hepatic lesion, right lateral liver lobe
- Nodular enlargement adrenal glands bilaterally with heterogeneous contrast enhancement pattern
- Generalized periodontal disease
- Multiple absent teeth
- Renal cortical cysts



- PATIENT**
- Multiple lipomas along the trunk
 - No evidence of pulmonary metastatic disease

Jerry Garcia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The findings are consistent with primary neoplasia originating from the proximal duodenum – level with the major duodenal papilla and secondary outflow obstruction of the common bile duct. Potentials include adenocarcinoma, leiomyosarcoma, round cell tumor, other. Due to the association with the major duodenal papilla and possibly the minor duodenal papilla (main drainage of the pancreatic duct in the dog), surgical resection is considered not feasible.

BREED

Yorkshire Terrier

The enlarged lymph nodes and the hepatic intraparenchymal lesion are highly concerning for metastatic spread.

The intramural mass in the region of the cardia represents likely a second entity – such as leiomyoma.

SEX

Neutered Male

Potentials for the adrenal masses include (non)functional macronodular hyperplasia or neoplastic transformation (adenoma, adenocarcinoma, pheochromocytoma). There are no signs for vascular invasion.

AGE

11 Years

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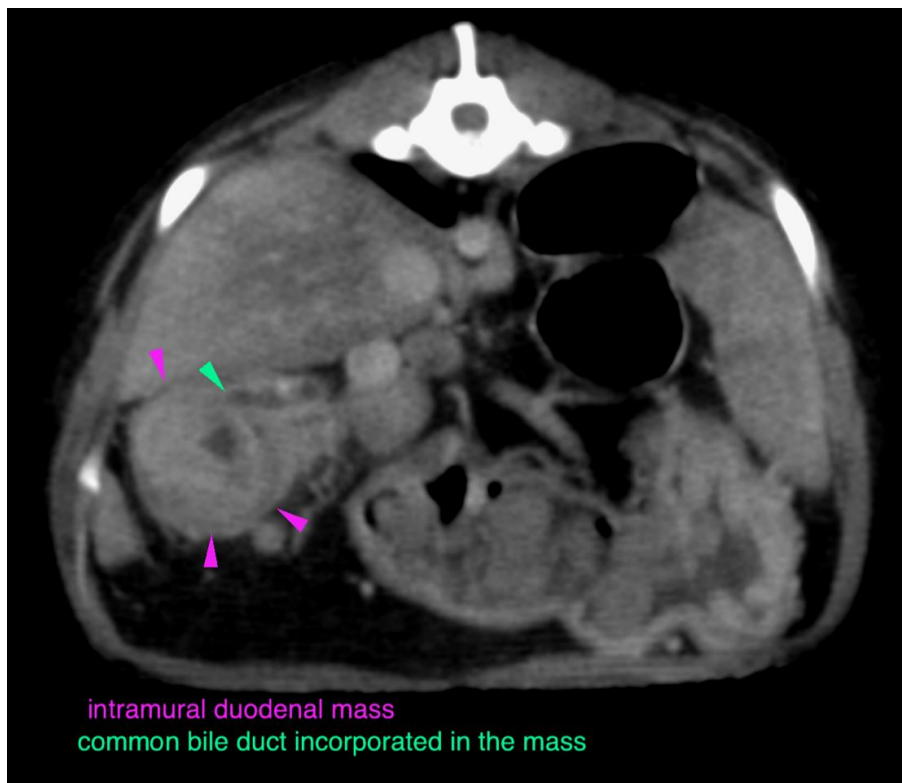
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SPECIES

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BREED

Yorkshire Terrier

SEX

Neutered Male

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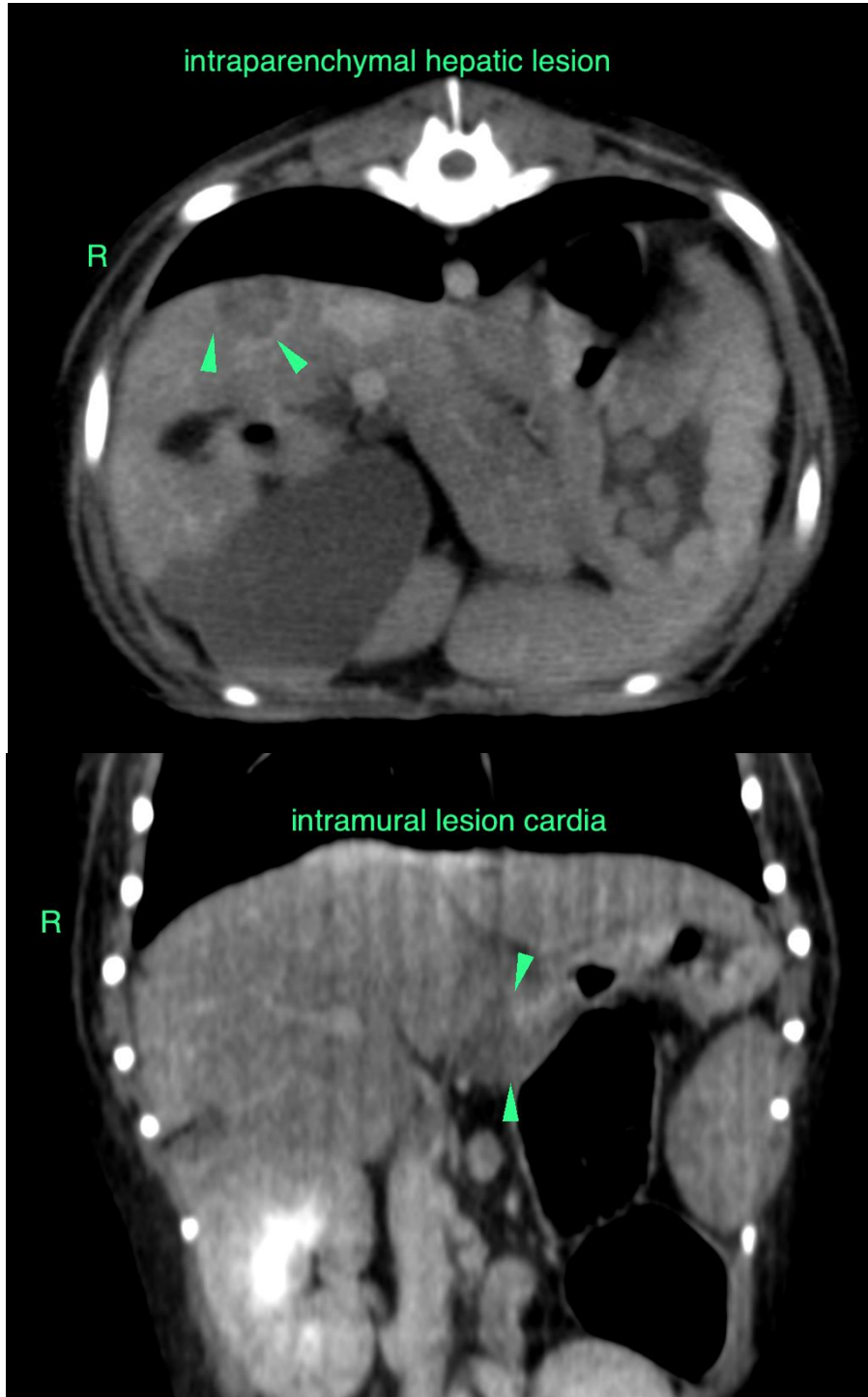
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SPECIES

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Neutered Male

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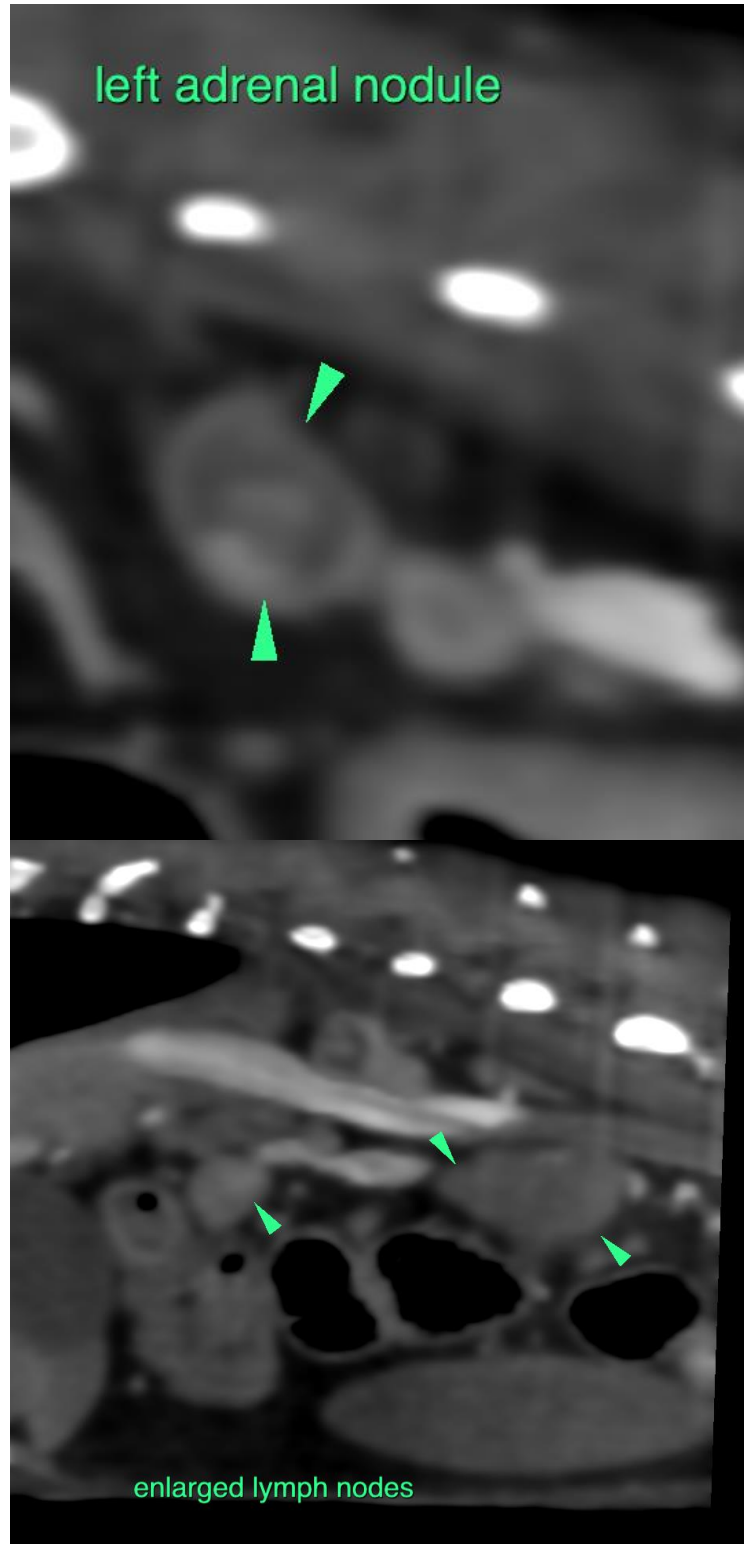
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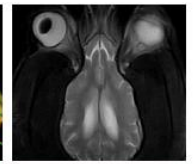
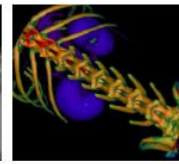
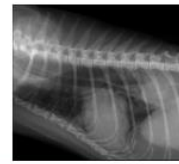
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**PATIENT**

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SPECIES

Canine

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.

BREED

Yorkshire Terrier

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SEX

Neutered Male

AGE

11 Years

INTERPRETED BYSebastian Schaub, DVM
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