



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Max Patulski
SPECIES Canine
BREED Golden Retriever
SEX Neutered Male
AGE 11 Years

History: Patient presents for lameness of the front right leg. Owner states that this started 3 or 4 years ago. Owner states that he holds his leg up, this started yesterday. Owner gives Gabapentin and Carprofen. He lost interest in food yesterday. Patient has a hx of cancer removed from eye and from front paw.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine. The intervertebral discs T12/T13 and T13/L1 are mildly protruding into the vertebral canal, distorting the ventral epidural space.

The distal segment of the right scapula presents an ill-defined zone with permeative osteolytic lesions. The periosteum at the same level is elevated and immature periosteal new bone formation is seen. Post contrast administration the osteolytic lesion of the distal scapula is encompassed by an ill-defined irregular contrast enhancing soft tissue component.

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

The periarticular bones of both shoulder & elbow joints present moderate osteophyte new bone formation. The medial coronoid process of both elbow joints is irregular with a heterogenous density. 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.

HOSPITAL NAME Critical Vet Care/Suncoast Veterinary

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

REFERRING VET Dr. Young

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

Abdomen

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

DATE

3/30/22



PATIENT Both kidneys present irregular margins and a mild to moderately decreased volume with a mild heterogeneous nephrogram.

Max Patulski

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

SPECIES The cranial extremity of the spleen presents with heterogeneous contrast enhancing nodular lesion, protruding from the parietal surface of the spleen, measuring 2.2 cm in size. The caudal extremity of the spleen is prominent, measuring up to 4.3 cm in height. The splenic parenchyma is uniform contrast enhancing.

Canine

BREED Protruding from the dorsal surface of the caudate process of the caudate liver lobe, a mild heterogeneous contrast enhancing nodule, measuring 1.1 cm in size is visible.

Golden Retriever

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

SEX

Neutered Male

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

AGE

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Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow and the center of the femoral heads is lateral to the dorsal acetabular rim.

At the right ventral abdominal wall, a well-defined, ovoid shaped lipoma, measuring 8.7 x 4.7 x 14.2 cm in size. A second fat attenuating mass is present at the right lateral abdominal wall, measuring 8.9 x 4.1 x 9.6 cm in size.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

A lipoma is seen in the caudoproximal aspect of the left thigh musculature.

COMPUTED TOMOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

- Monostotic aggressive osteolytic lesion right scapula
- Splenic nodular lesion and prominent caudal extremity of the spleen
- Solitary hepatic nodule caudate process of the caudate liver lobe
- Chronic nephropathy bilaterally
- Degenerative osteoarthritis shoulder joints bilaterally
- Degenerative osteoarthritis elbow joints bilaterally
- Degenerative osteoarthritis coxofemoral joints due to hip dysplasia
- Large subcutaneous lipomas right abdominal wall
- Mild intervertebral disc protrusion T12/T13 and T13/L1
- Intramuscular lipoma caudoproximal aspect left thigh
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

REFERRING VET

Dr. Young

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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PATIENT

Max Patulski

The osteolytic lesion of the right scapula is compatible with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, fibrosarcoma – or osseous metastasis. FNA sampling and/or bone biopsy can be performed as advanced diagnostic test.

SPECIES

Canine

The splenic and hepatic nodule can present metastatic disease or present benign lesions such as nodular hyperplasia/regeneration nodule. Ultrasound guided FNA sampling can be used as advanced minimally invasive test.

BREED

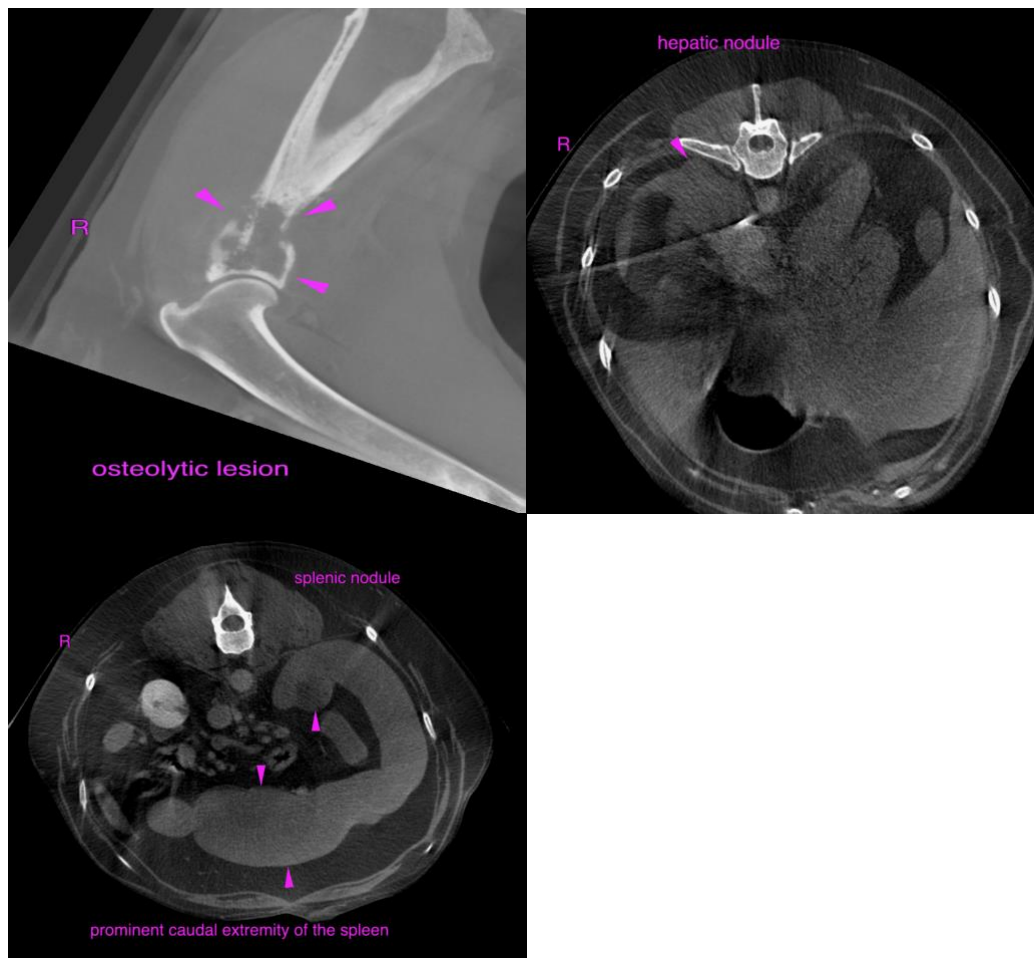
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REFERRING VET

Dr. Young

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.

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