



PATIENT PRESENTING CLINICAL SIGNS

Teddy Chang Recurrent elevated liver enzymes (increased ALT) and presumptive bacterial cholangiohepatitis. PE noted persistent grade I heart murmur, arrhythmia. AUS showed bladder wall is irregular specifically in the ventrocranial aspect. BRAF: Detected the BRAF mutation. CT scan for surgical planning and staging.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: On PE 0.5cm x 0.5cm firm, cutaneous mass left cranial-lateral thorax. 3x4cm well demarcated, subcutaneous mass right hip.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

Maltese X

A pre- and post-contrast CT study of the thorax and in a bone, lung and soft tissue reconstruction provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Thorax

MN

The bony and surrounding soft tissue structures are within normal limits.

AGE

10 Years

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.

INTERPRETED BY

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

REFERRING VET

Jerome Gagnon

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

Both kidneys present within normal limits for size, shape and organ architecture. Post contrast administration, a well-defined roundish parenchymal filling defect is seen in the parenchyma of the left kidney, measuring 4.3 mm in diameter.

INVOICE

57563

The cranioventral urinary bladder wall presents an area with focal plaque like mural thickening of the wall and mild irregular surface protruding into the urinary bladder, measuring up to 3.3 mm in width and 14 x 11 mm in length and width.

DATE

3-30-23

The left adrenal gland is within normal limits for size, shape and organ architecture.

The right adrenal gland presents an intraparenchymal, soft tissue attenuating and mild irregular contrast enhancing nodular lesion with small central mineralization, measuring 13 x 9 x 12 mm in size.



PATIENT

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

SPECIES

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

The bony and surrounding soft tissue structures reveal no abnormalities.

Maltese X

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

- Mural mass cranioventral urinary bladder wall
- Right adrenal soft tissue nodule with dystrophic mineralization and without evidence of vascular invasion
- Solitary left renal cyst
- Structural normal thorax

MN

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass of the cranioventral urinary bladder wall in combination with the history of positive BRAF test is consistent with transitional cell carcinoma – complete surgical excision of the mass is feasible.

INTERPRETED BY

The nodular enlargement of the right adrenal gland is suggestive for (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis can be performed as advanced diagnostic tool.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

No abnormalities of the liver are appreciated, FNA sampling can be considered to screen for diffuse hepatic disease (e.g. hepatitis, metabolic hepatic disease).

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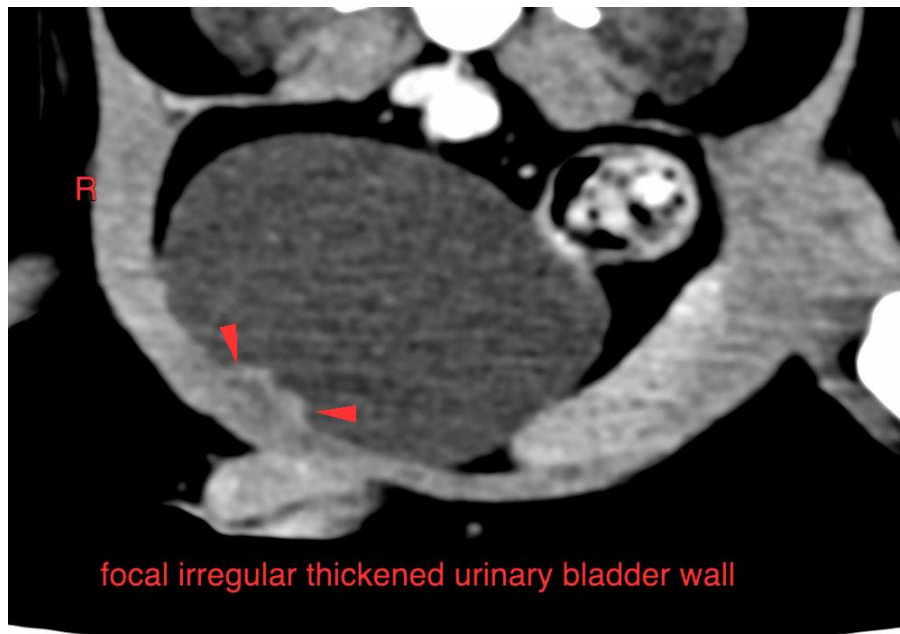
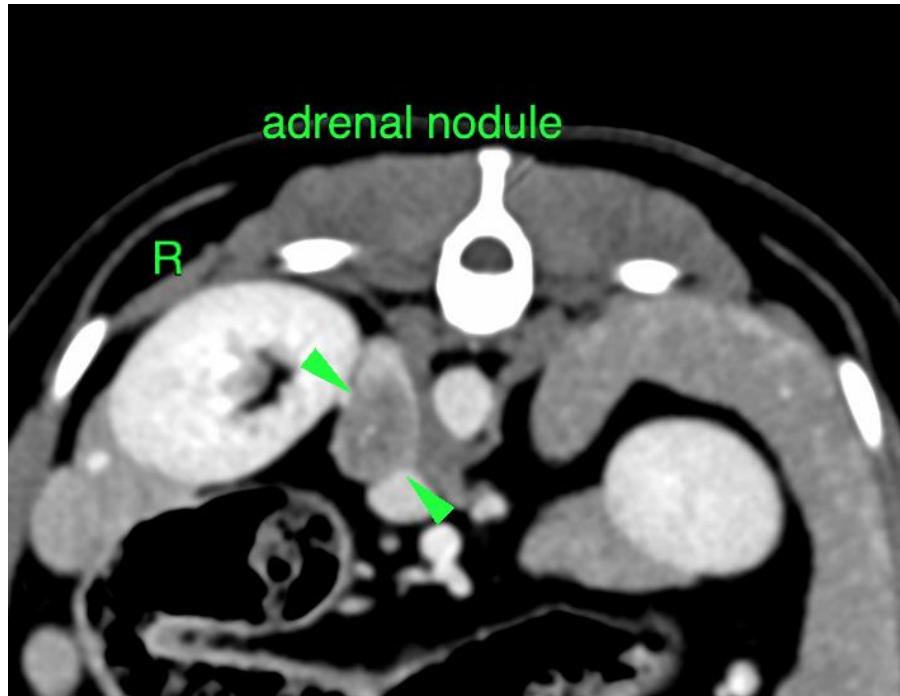
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PATIENT

Teddy Chang

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.

SPECIES

Canine

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
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