



**PATIENT**

Lewis Gerdes #26730  
Yankee Hill

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

MN

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Gentle Doctor Animal  
Hospital

**REFERRING VET**

Pete Bashara, DVM

**INVOICE**

50828

**DATE**

3-9-22

**PRESENTING CLINICAL SIGNS**

Referral imaging of the abdomen with radiographs suggesting enlarged and more radio-opaque. 3/2021 with splenic mass noted and removed - histopath suggested fibrohistiocytic nodule. Imaging goal today is to define extent of disease as well as surgical planning if indicated  
Abnormal PE/Chem/CBC/UA Results: Persistent WBC increase (27,000) with primary neutrophillia (83%) non-responsive to broad-spectrum antibiotic therapy but maintains normal blood proteins as well as only minor increase in AlkPhos while taking PRN NSAID therapy over the last year - no bile acids or PT/PTT available.

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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

The hepatic, renal, medial iliac lymph nodes are significantly enlarged rounded, uniform soft tissue attenuating with a mild heterogeneous contrast enhancement pattern.

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.

The spleen is absent.

Originating from the right division of the liver – suspect right medial liver lobe, a large, uniform soft tissue attenuating and heterogeneous contrast enhancing, roundish mass is visible; measuring approximately. 10.7 x 10.2 x 10.5 cm in size. The mass is protruding caudally, causing caudal deviation of the pylorus of the stomach. The gallbladder is displaced to the left by the mass effect and distorted. Post contrast administration, a well-defined hypoattenuating spherical lesion is visible in the left lateral liver lobe, measuring 2.4 cm in diameter. The left liver lobes present a mild heterogeneous contrast enhancement pattern.

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

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

Multifocal moderate spondylosis formation is seen along the lumbar spine. Multiple intervertebral discs of the lumbar spine are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Right divisional large hepatic soft tissue mass – suspect origin in right medial liver lobe & intraparenchymal mass left lateral liver lobe



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- Lymphadenopathy of multiple abdominal lymph nodes
- History of splenectomy
- Mild intervertebral disc protrusion multifocal along the lumbar spine
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study is consistent with disseminated neoplastic disease with a large hepatic mass and small intraparenchymal lesion in a left hepatic lobe in combination with lymphadenopathy of multiple abdominal lymph nodes – primary tumor might be the splenic mass (possible stromal sarcoma?). FNA sampling of the hepatic mass and the enlarged lymph nodes can be performed for further definition.

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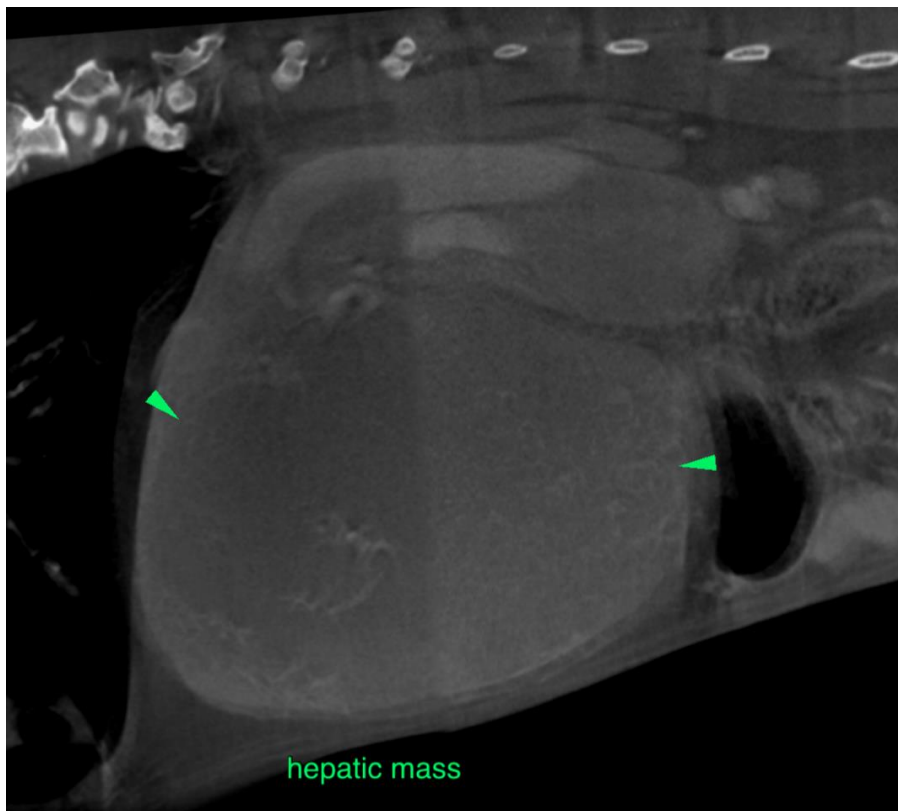
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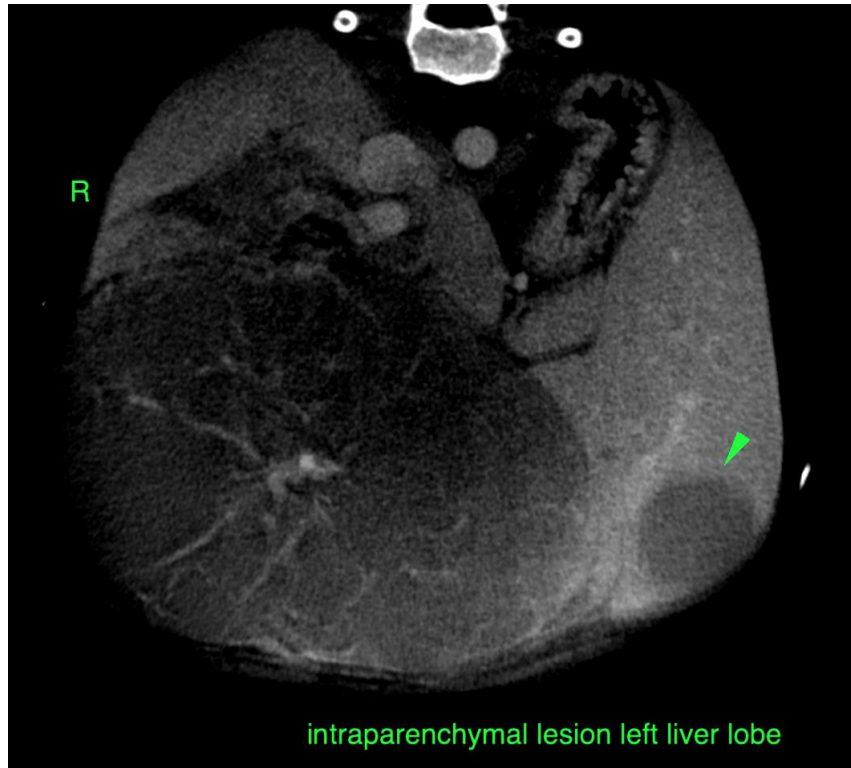
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com