



PATIENT PRESENTING CLINICAL SIGNS

Monroe White 3.5 week history of reduced appetite, lethargy, vomiting and diarrhoea. Examination revealed abdominal effusion; fluid analysis revealed low protein transudate. In-house CBC and biochemistry revealed anaemia, leukocytosis, hypoproteinaemia (17), elevation in ALP, amylase and lipase. Recheck 2 weeks later revealed bicavity effusion (abdominal effusion and possibly mild pleural effusion/pericardial effusion, no temponade noted). Thoracic and abdominal CT performed.

Canine Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

Border Collie

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Thorax

Female Spayed

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

AGE

In the pleural cavity, a moderate amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the lung parenchyma are visible.

10 Years

The sternal lymph nodes are prominent. A contrast enhancing nodule is appreciated in the cranial mediastinum.

INTERPRETED BY

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Abdomen

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In the peritoneal cavity, a moderate amount of fluid attenuating material is seen. The peritoneal fat presents moderate fat-stranding.

REFERRING VET

Both kidneys present within normal limits for size and organ architecture. After contrast administration the left kidney presents a hypoattenuating wedge shaped zone with concomitant mild concave depression of the renal surface.

Daisy Fung

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

INVOICE

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma; post contrast administration, two hypoattenuating nodules are appreciated in the splenic parenchyma measuring < 8 mm in diameter.

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Multifocal throughout the hepatic parenchyma, variable sized, uniform soft tissue attenuating and post contrast hypoattenuating lesions are seen, partially protruding beyond the hepatic surface.

DATE

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

3-9-23



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

Monroe White

S1 is not fused with S2 and is articulating with the left sacroiliac joint and presents a transverse process at the right aspect.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Canine

- Multiple intraparenchymal hepatic mass lesions
- Pleural & peritoneal effusion
- Contrast enhancing mediastinal nodule
- Splenic nodules
- Lymphadenopathy sternal lymph nodes
- Left chronic renal infarct
- No evidence of pulmonary metastatic disease

BREED

Border Collie

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue masses are consistent with primary hepatic neoplasia and paraneoplastic bicavitary effusion – such as hepatocellular carcinoma, hemangiosarcoma, round cell tumor. The splenic nodules are equivocal for metastatic disease or nodular hyperplasia. The prominent sternal lymph nodes can present secondary reactive hyperplasia or metastatic disease, as they drain parts of the cranial abdomen. The contrast enhancing nodule of the cranial mediastinum can present a prominent cranial mediastinal lymph node or pleural metastasis.

AGE

10 Years

INTERPRETED BY

Ultrasound guided FNA sampling of the liver can be used as advanced minimally invasive diagnostic tool. Surgery is no option here, as the hepatic masses are appreciated throughout all liver lobes.

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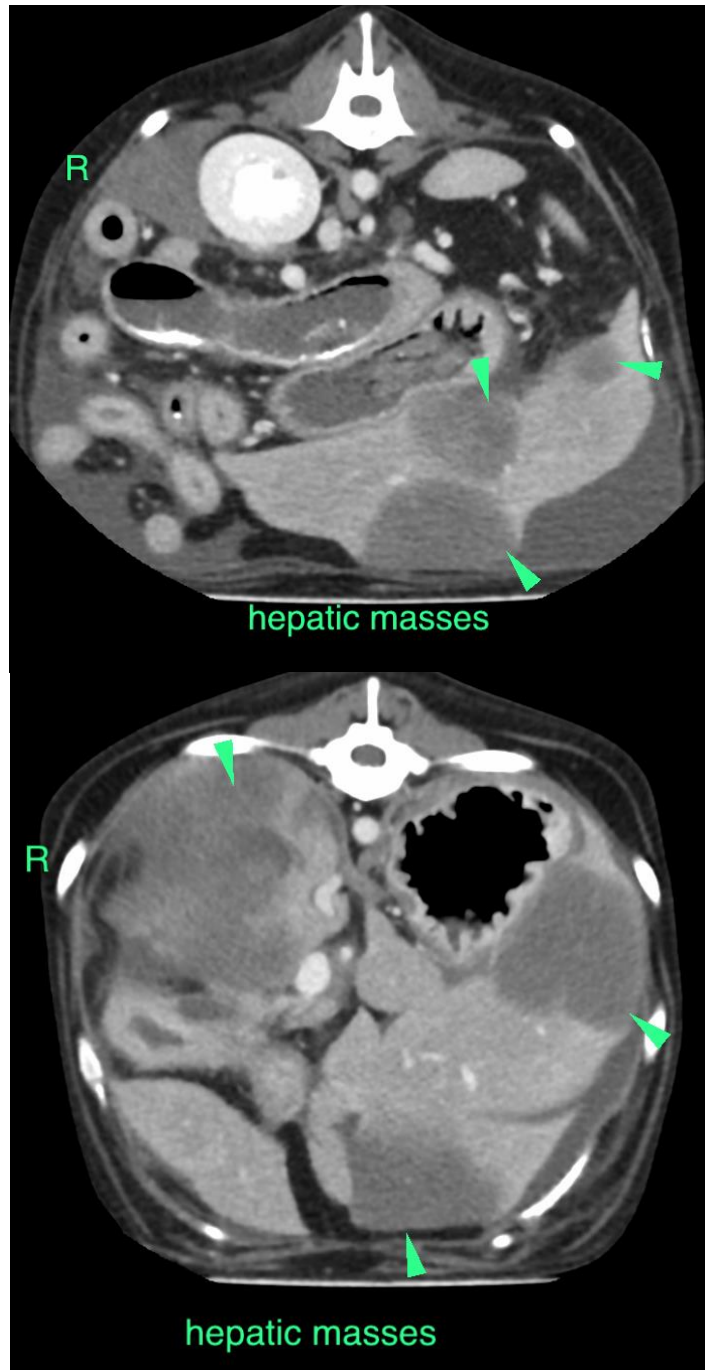
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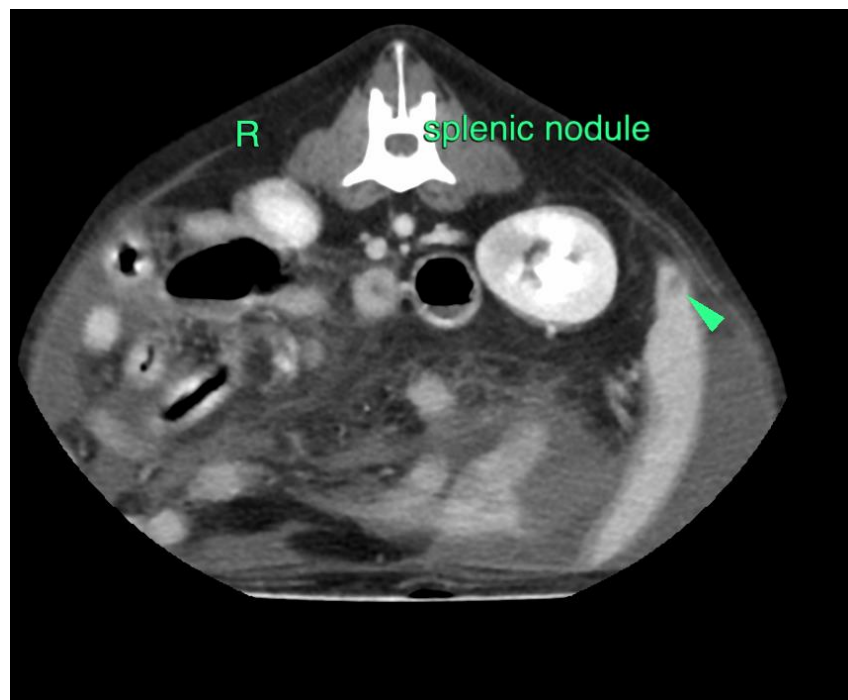
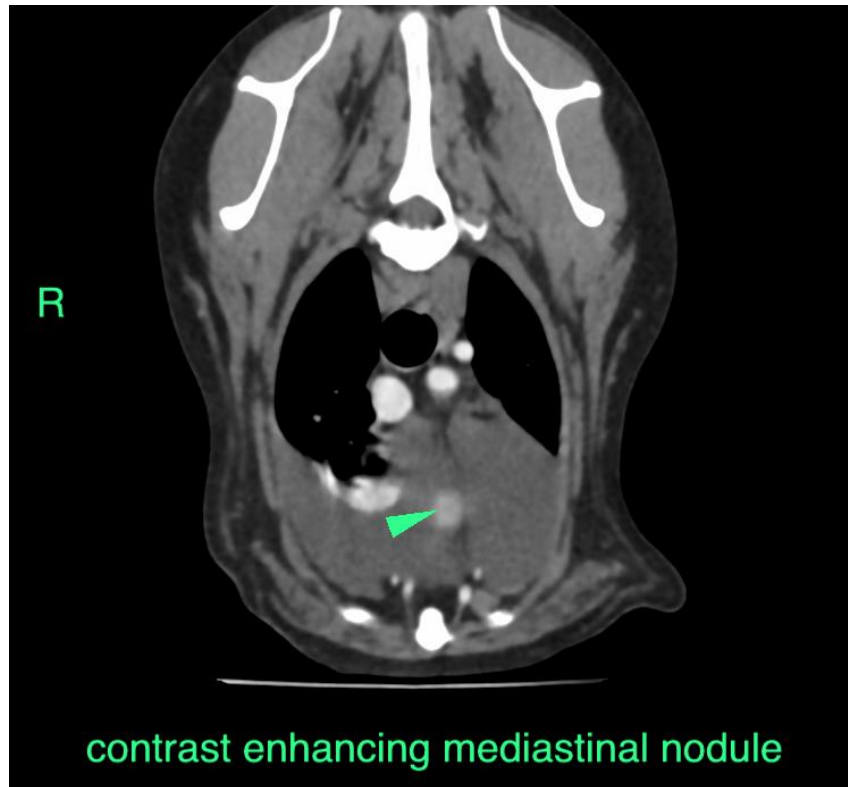
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PATIENT

Monroe White **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.

BREED

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