



**PATIENT PRESENTING CLINICAL SIGNS**

Miley Salem Intermittent vomiting and diarrhea; previous chronic pancreatitis; AUS revealed a mass at the gastroesophageal junction- FNA of site consistent with a smooth muscle neoplasm.  
Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound report pending.

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Yorkshire Terrier Thorax

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

**SEX** 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.

Spayed Female

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

**AGE** The intrathoracic segment of the trachea is moderately dorsoventrally flattened.

11 Years, 3 Months

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.

**INTERPRETED BY** Accentuated in the caudodorsal aspects of the lung multiple irregular thickened interstitial bands are seen.

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

**REFERRING VET** A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. Both kidneys present variable sized, roundish, well-defined parenchymal filling defects throughout the renal parenchyma.

Meaux

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 and homogeneous contrast enhancement, unremarkable.

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In the right ventral aspect of the right medial liver lobe, a mild hypoattenuating, in the arterial phase strong contrast enhancing and in the delayed phase isoattenuating lesion is seen, measuring 3.3 x 2.5 x 3.6 cm.

**DATE**

4-11-23

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



**PATIENT** Miley Salem  
 Protruding cranially from the region of the cardia of the stomach, an eccentric, irregular shaped, soft tissue attenuating mass with interspersed mineralization is seen; presenting a heterogeneous contrast enhancement pattern. The mass is measuring 3.6 x 2.1 x 3.2 cm and is distorting the dorsal aspect of the left hepatic lobes at the same level. The caudate process of the caudate liver lobe presents a parenchymal filling defect with small (<2 mm) peripheral mineralization.

**SPECIES** Canine  
 The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Intramural eccentric growing gastric mass, region of cardia – with small dystrophic mineralization
- Hepatic intraparenchymal mass with strong contrast enhancement in the arterial phase
- Multiple irregular thickened interstitial pulmonary bands – partially with nodular character
- Tracheal collapse
- Hepatic cyst
- Renal cysts
- Nephrolithiasis without signs of mechanical obstruction

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of an eccentric growing gastric mass in the region of the cardia – regarding cystology results leiomyoma or -sarcoma are the top differentials. Due to the position of the mass level with the gastroesophageal junction, complete surgical excision appears not feasible.

The hepatic mass in combination with the contrast enhancement pattern is most suggestive for regeneration nodule formation.

The thickened interstitial pulmonary bands are most consistent with chronic interstitial pneumonitis ± pulmonary fibrosis. However, regarding the nodular character granulomatous or metastatic disease are considerations, although the odds are considered lower.

**AGE**

11 Years, 3 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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**REFERRING VET**

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**DATE**

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**PATIENT**

Miley Salem

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

11 Years, 3 Months

**INTERPRETED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

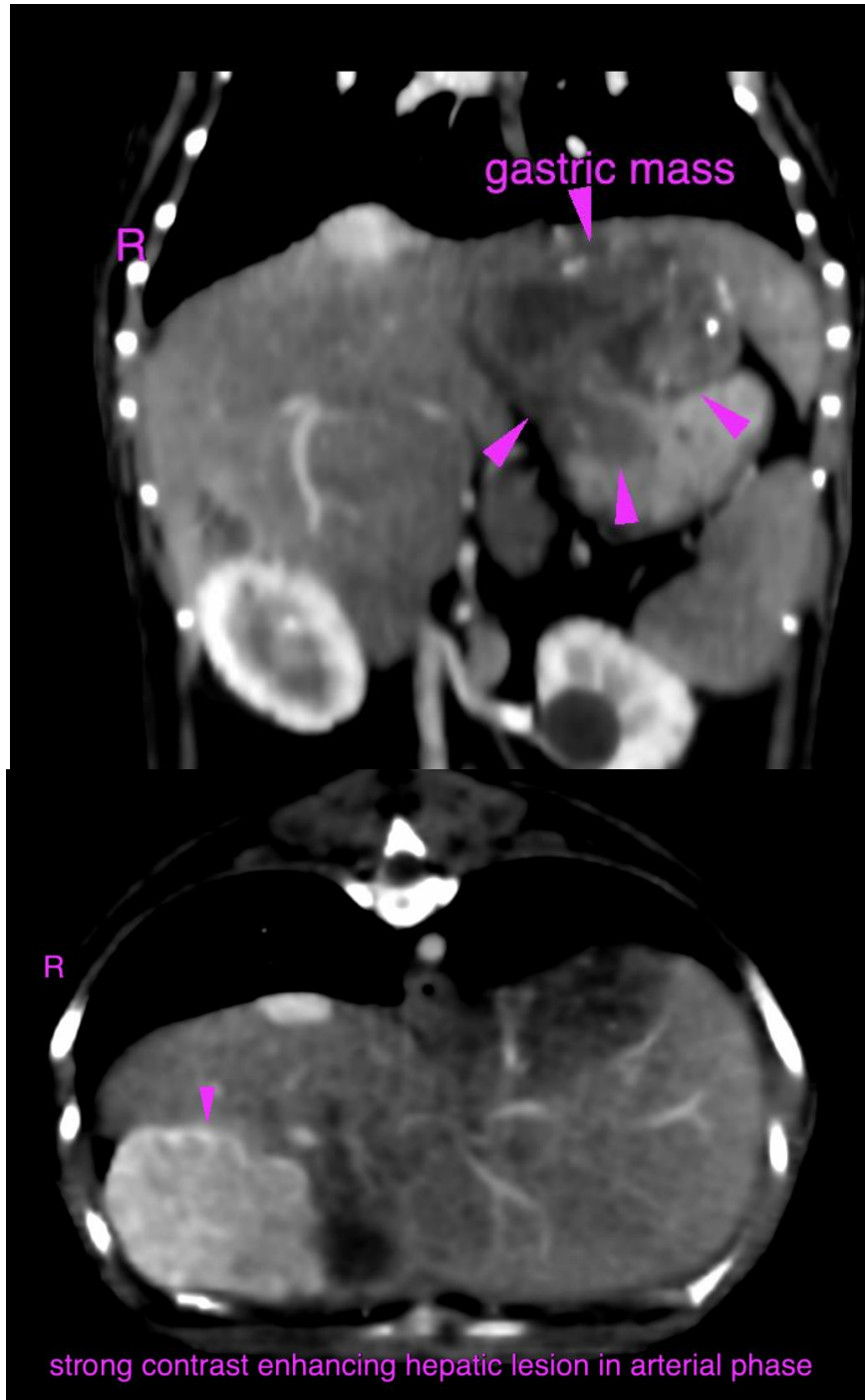
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**PATIENT**

Miley Salem

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

11 Years, 3 Months

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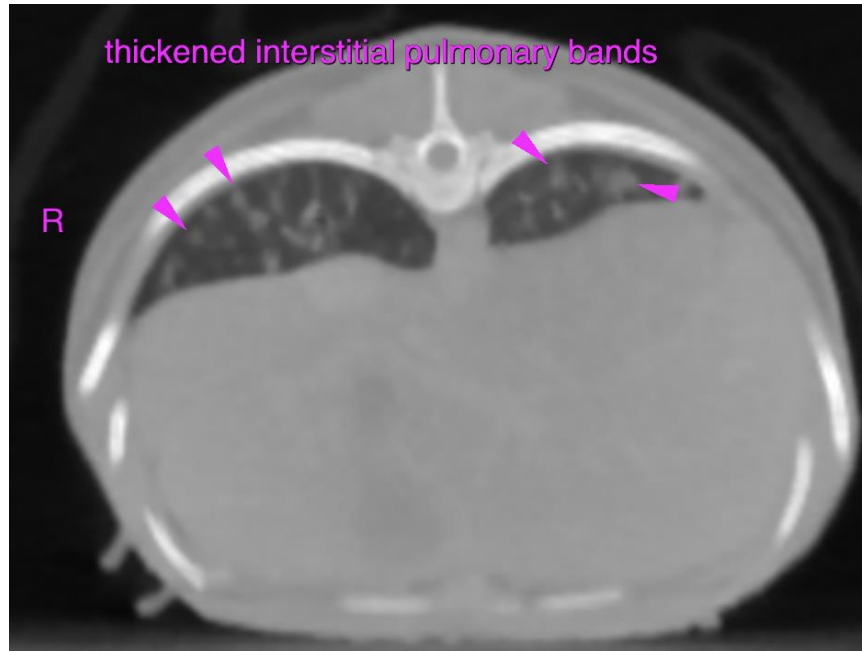
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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