



PATIENT PRESENTING CLINICAL SIGNS

Jethro Whitmire Presented for not eating, weight loss and episodes of vomiting. Ultrasound shows several hypochoic masses in cranial abdomen.
Abnormal PE/Chem/CBC/UA Results: Normal

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

Mix 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.

MN

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

AGE 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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INTERPRETED BY The lung parenchyma presents the expected architecture and attenuation behavior with multifocal punctuate mineralization of the lung parenchyma.

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

Northeast Veterinary
Referral Hospital

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. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Dr. Runde

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

INVOICE At the medial aspect of the stomach, in the region of the minor curvature, a multilobulated, soft tissue attenuating and homogeneous mild contrast enhancing mass is seen, merging with the fundic region of the stomach and extending caudally and laterally along the course of the splenic vein. The mass is measuring approximately 11.0 x 12.6 x 7.8 cm in size. The left lobe of the pancreas cannot be delineated from the mass. The dorsal aspect of the fundus of the stomach presents with a multilobulated intramural mass, presenting the same attenuation and contrast enhancement pattern like the mass at the medial aspect of the stomach.

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5-5-22

The bony and surrounding soft tissue structures reveal no abnormalities.



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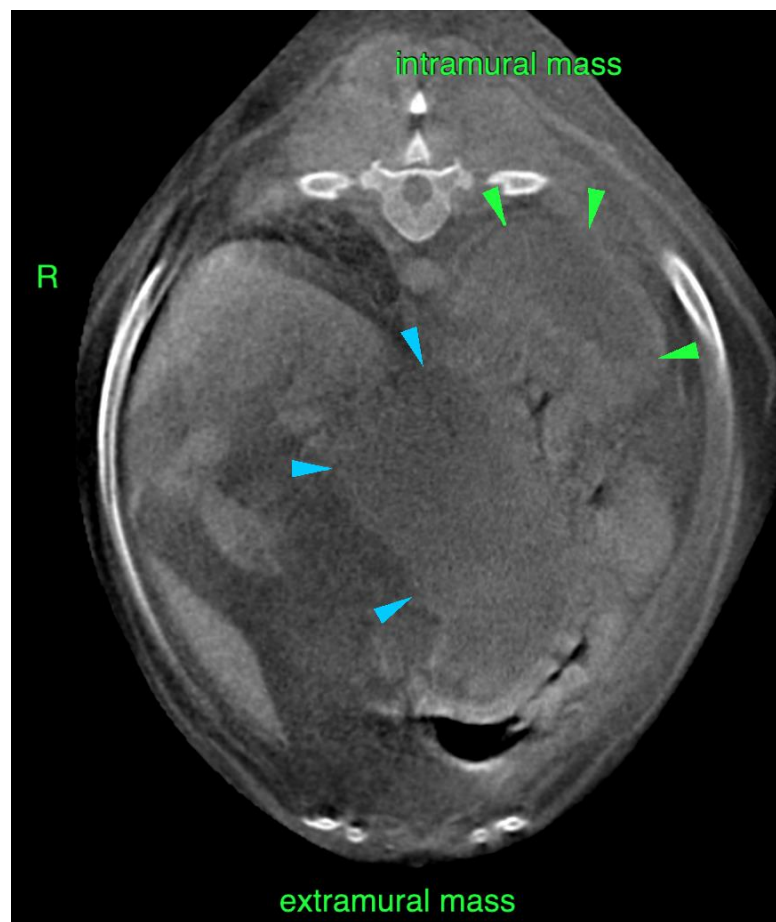
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intra- and extramural gastric mass/left cranial abdominal mass
- Structural normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with neoplastic disease – possibly primarily originating from the gastric wall or pancreas and metastatic spread to the regional lymph nodes such as round cell tumor or carcinomatosis. The masses appear to merge to one large conglomerate and it is unclear if there is peritoneal spread or involvement of the local lymph nodes. If not done so yet, recommend FNA sampling ± TruCut biopsy for further definition.

Based on the extend of the mass, surgery is considered not feasible in this case and potential palliative treatment options can be discussed with oncologist, based on results of the advanced diagnostic tests.





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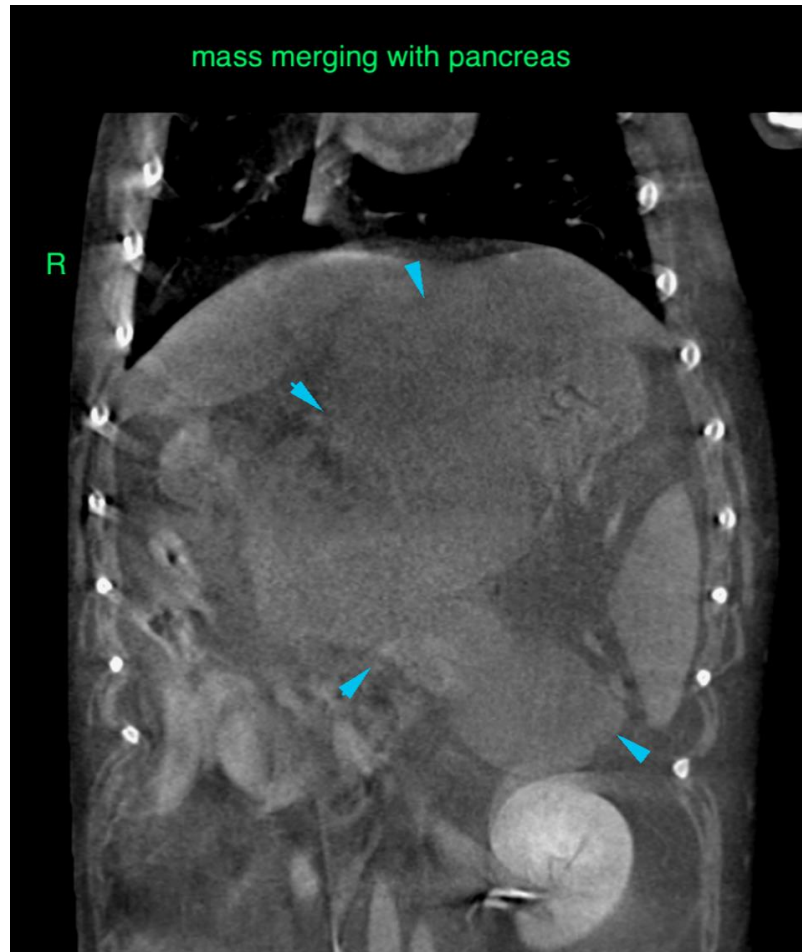
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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