



PATIENT PRESENTING CLINICAL SIGNS

Cookie Ravi-Kumar

Right inguinal sebaceous epithelioma -- but cannot completely rule out a carcinoma. First noted in January 2022 General condition: Appetite/eating habit: 100%, normal - Raw diet (lamb) in the morning, and veggies (sweet potato beans carrots and leafy greens) in the evening, eggs twice a week Drinking: Normal. Energy: Sleeps a lot during the day - seems normal for her age Urination: Incontinent - no bladder control when she sleeps - 3 years. Defecation: Normal Background history: Vestibular disease Jan 2021, right sided head tilt present since. blind after bilateral enucleation due to glaucoma, soft heart murmur, otitis externa. hx of chronic UTI's Previous diagnostics: February 1, 2022 Cytology: Ventral thoracic mass: Lipoma Left inguinal mass: Mammary tumour Right popliteal lymph node: Reactive lymph node - no evidence of metastatic disease February 6, 2022 Thoracic radiographs: No evidence of metastasis February 16, 2022 Histopathology of right inguinal subcutaneous mass: Epitheliomatous neoplasm with sebaceous differentiation. These findings are most compatible with a sebaceous epithelioma, although an epitheliomatous sebaceous carcinoma cannot be completely ruled out Margin: Incisional sample Worked up heart murmur by Cardiology department before CT June 14th 2022: Degenerative mitral valve disease - moderate and compensated (ACVIM stage B2). Degenerative tricuspid valve disease - mild and compensated.

SPECIES

Canine

BREED

Cocker Spaniel

SEX

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AGE

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INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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Thorax

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.

REFERRING VET

Dr. Jeffery Biskup

The left axillary lymph node is prominent.

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

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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.

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.

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Abdomen

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



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Both kidneys present mild irregular margins. After contrast administration small roundish parenchymal filling defects are seen multifocal throughout the renal cortex.

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

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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver presents mild irregular margins with small convex shaped protrusions of the surface. Post contrast administration, the hepatic parenchyma presents a heterogeneous contrast enhancement pattern with roundish mild hypoattenuating lesions.

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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.

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In the left inguinal region – level with the left inguinal lymph node – a well-defined ovoid shaped, soft tissue attenuating mass with mild speckled mineralization is appreciated, measuring 3.3 x.48 6.8 cm in size.

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The left medial iliac lymph node is moderately enlarged and rounded. The right medial iliac lymph node is prominent. Ventral to L5/L6, a prominent and rounded aortic lymph node is appreciated.

The vertebral endplates T13/L1 to L7/S1 present mild to moderate spondylosis formation. The intervertebral discs L6/L7 and L7/S1 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left inguinal soft tissue mass, suspect enlarged left inguinal lymph node
- Lymphadenopathy left medial iliac lymph node and one aortic lymph node
- Hepatopathy with roundish intraparenchymal lesions
- Possible lymphadenopathy right medial iliac lymph node
- Chronic nephropathy with small renal cysts
- Intervertebral disc protrusion L6/L7 and L7/S1 with possible dynamic compression of the cauda equina fibers
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The left inguinal mass is suggestive for enlarged left inguinal lymph node and lymphadenopathy of multiple hypogastric lymph nodes and the left axillary lymph node. The findings are suggestive for metastatic disease to multiple lymph nodes (history of carcinoma). FNA sampling of the enlarged lymph nodes can be used as minimally invasive diagnostic test.

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The changes of the hepatic parenchyma are most suggestive for hepatic disease – with metabolic/steroid induced hepatopathy or hepatitis being most likely – and regeneration nodular formation. However, metastatic disease is a consideration as well and ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool to screen for malignant infiltration.



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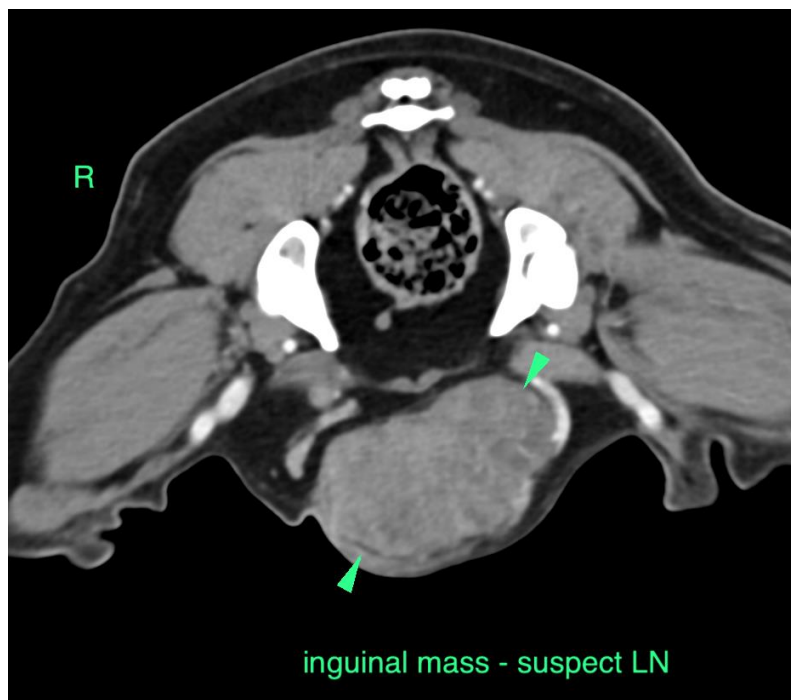
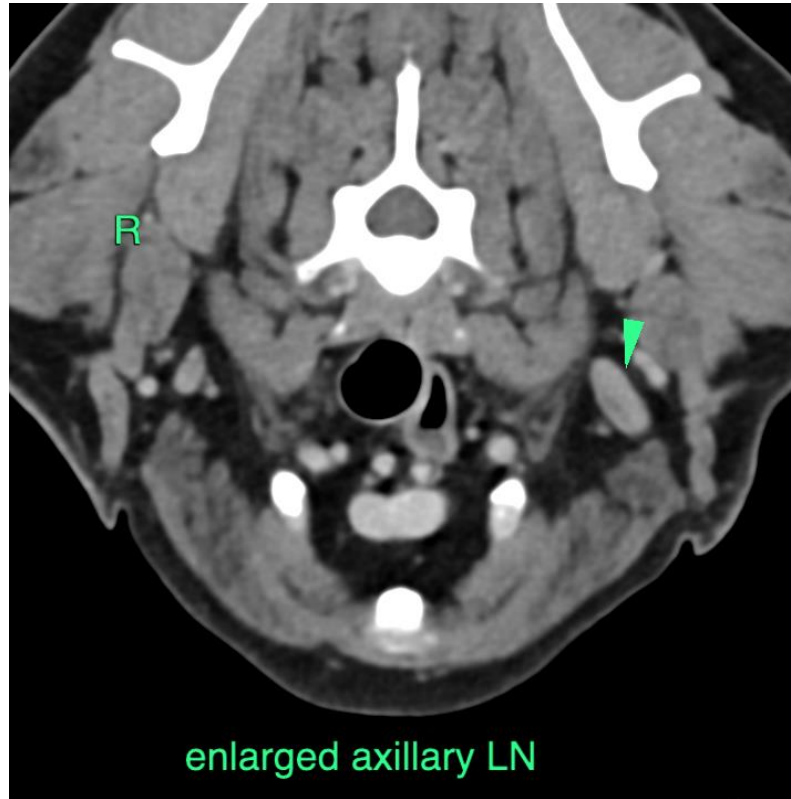
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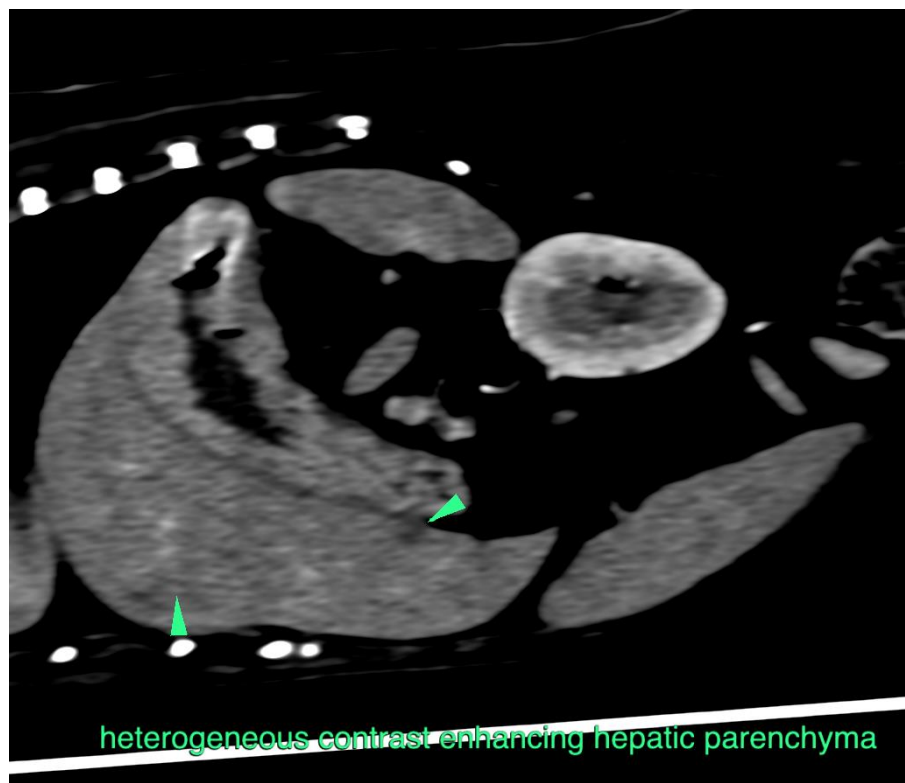
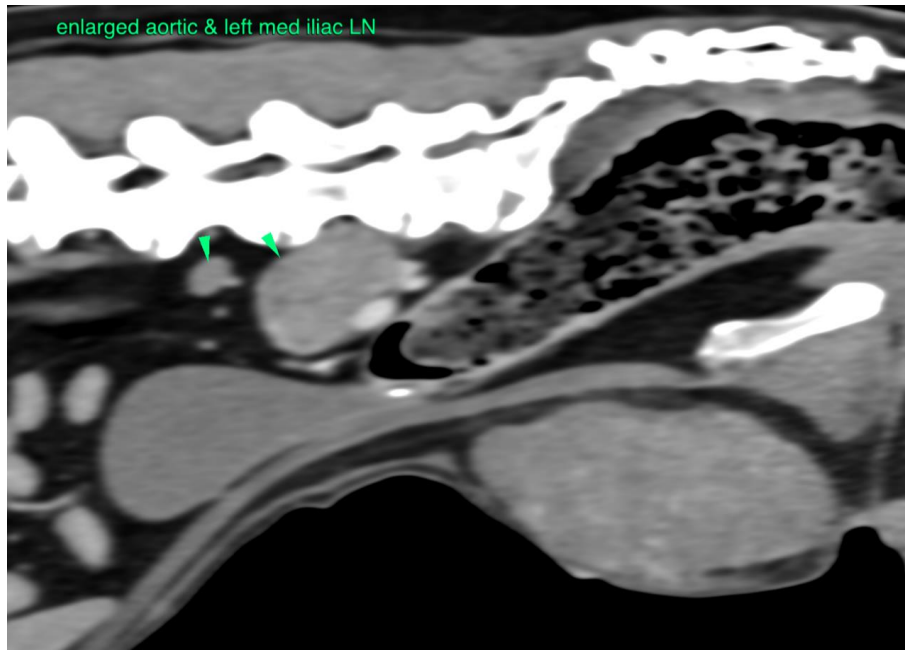
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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