



PATIENT PRESENTING CLINICAL SIGNS

Louie Pelikan

Louie is an 11 yr old MN Labradoodle that presented for having intermittent epistaxis, and some nasal discharge on the L nasal cavity since about April. Louie was seen originally on 05/6/22 for having a nose bleed and was with a babysitter and the sitter brought Louie to VMC LWR. Louie was then prescribed Amoxicillin, Metronidazole, Prednisone, and Trazodone. Louie at the time was having some loose stool and was prescribed the Metronidazole. Louie had an episode like this in April. Owner stated Louie had a course of Amoxicillin and Prednisone as well during that time and seemed to do well for about a week. Owner stated after about 1 week off of the antibiotics and steroids the symptoms would come back. Owner has also stated that Louie has also had a very decreased appetite as well and medicating him has been hard. Louie has been eating some goats milk and treats. The Radiographs that were taken prior to CT were read and they said the following FINDINGS: The cardiac silhouette is normal in size and shape. The pulmonary arteries and veins are normal and symmetrical. The aorta and caudal vena cava are normal in size. The trachea is normal in diameter and course along its length. There is a mild, diffuse bronchointerstitial pulmonary pattern, which may not be excessive for the age of the patient. No focal lung lesions are seen. A small soft tissue opacity is suspected dorsal to the second sternal segment. This may be fat in the cranial mediastinum, but mild sternal lymphadenopathy is not excluded. No abnormalities of the pleural space are observed. The liver is elongated and smoothly margined. The splenic head and tail are normal in contour and size. On the left lateral views, there is a rounded area of increased soft tissue opacity immediately caudal to the stomach. This could represent summation of normal structures including the spleen, but a splenic mass is also possible. There is mild caudal displacement of the small intestine in this region. The stomach contains a small amount of gas and heterogeneous soft tissue material. On the left lateral and ventrodorsal views, a relatively formed soft tissue opaque structure is noted in the pyloric antrum, surrounded by gas. The small intestine is mostly gas filled. No segmental dilation of the intestine is noted. The cecum and colon are moderately gas distended. A small amount of amorphous fecal material is seen in the colon. The urinary bladder is normal in size and opacity. The kidneys are partially obscured by overlying structures, but they appear normal in size and contour. Peritoneal serosal detail is adequate. There are TPLO implants in the proximal aspect of 1 tibia, presumably the right. Report provided by: re: LOUIE PELIKAN (35143) CONCLUSIONS: 1. There is a questionable soft tissue mass in the midabdomen, seen primarily on the left lateral views. Although this could be summation of normal structures, a splenic body mass is not excluded. 2. There is possible foreign material in the stomach, particularly in the region of the pyloric antrum. Although no overt gastric obstruction is seen, intermittent or partial pyloric obstruction is not excluded. 3. There is no evidence of pulmonary neoplasia. The lung pattern is likely due to age-related pulmonary mild pooling in the absence of respiratory clinical signs. No cause for epistaxis is identified. 4. There is questionable sternal lymphadenopathy. Although this could be fat in the mediastinal reflection, reactive hyperplasia or metastatic neoplasia from cranial abdominal pathology is not excluded. RECOMMENDATIONS: Abdominal ultrasound examination should be considered for further evaluation, with particular attention to the pyloric outflow tract in the cranial abdomen/spleen region. CT of the head would be very helpful for further investigation and intermittent epistaxis.

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

REFERRING VET

Dr. Young

INVOICE

52270

DATE

6-2-22

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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



PATIENT **COMPUTED TOMOGRAPHIC FINDINGS**

Louie Pelikan

Skull

The tooth elements 107 and 207 are absent.

SPECIES

Canine

The caudal two thirds of the left nasal cavity are occupied by a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen. Destruction of the associated nasal conchal & turbinate structures is seen. The perpendicular plate of the left palatine bone presents aggressive osteolytic lesions, and the nasal mass is bulging into the left orbit. The left ocular bulb is displaced mildly rostrally by the mass effect. Osteolytic lesions of the cribriform plate are noted, and the rostral cranial fossa is perforated. The presphenoid bone forming the left sphenoid recess presents with permeative osteolytic lesions.

BREED

Labradoodle

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

SEX

MN

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

AGE

11

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

In the subcutaneous tissue at the lateral aspect of C1/C2, a lipoma is seen.

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine.

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

In the axillary region bilaterally, multiple variable sized lipomas are appreciated – partially located within the pectoral musculature with feathered margins of the lipomas.

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. Young

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

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.

INVOICE

52270

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.

DATE

6-2-22

Abdomen

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



PATIENT

Louie Pelikan

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.

SPECIES

Canine

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

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The hepatic margins are mildly undulating.

BREED

Labradoodle

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.

SEX

MN

A lipoma is seen in the right flank.

The left coxofemoral joints presents with mild osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

11

- Left sided biologically aggressive nasal soft tissue neoplasia
- Secondary polyostotic aggressive osteolytic lesions with perforation of the cranial fossa
- Secondary mild left sided exophthalmos
- Hepatomegaly
- Lipomas axillary region bilaterally – some appear to present infiltrative growth
- Mild degenerative osteoarthritis left coxofemoral joint
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided nasal soft tissue mass is consistent with primary nasal neoplasia with secondary polyostotic aggressive osteolytic lesions of the associated osseous structures and perforation of the cranial fossa. Differentials include adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other. Rhinoscopy including FNA sampling can be used as advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of radiation therapy can be discussed with oncologist. The Adam tumor stage is T4.

REFERRING VET

Dr. Young

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

INVOICE

52270

DATE

6-2-22



PATIENT

Louie Pelikan

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

REFERRING VET

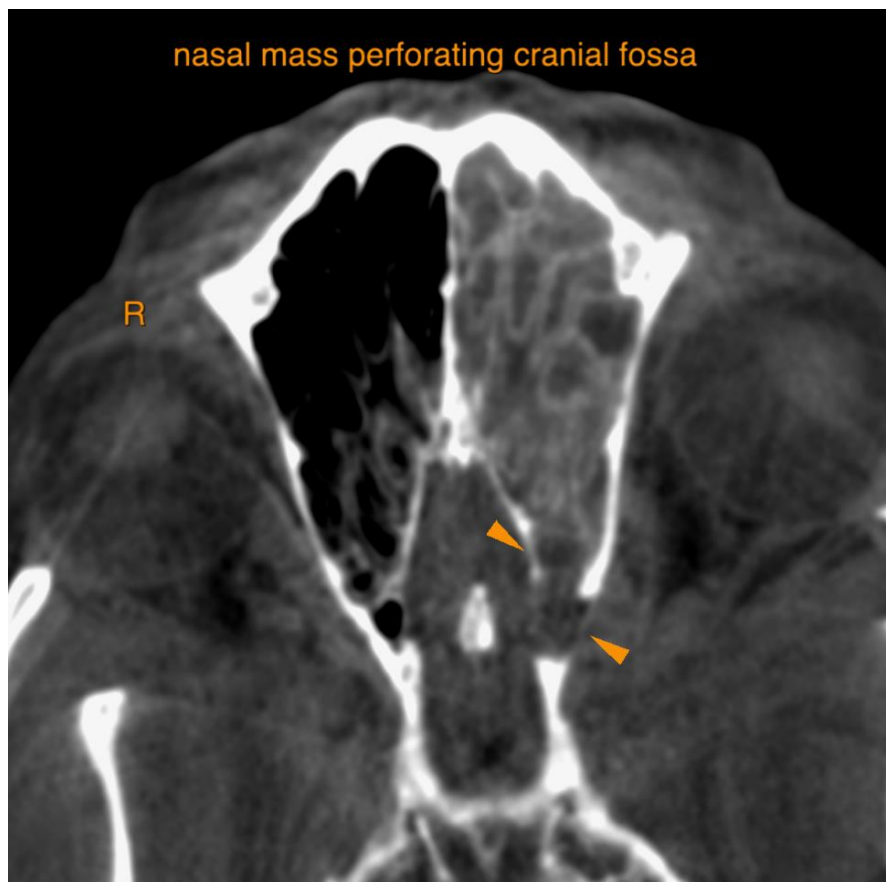
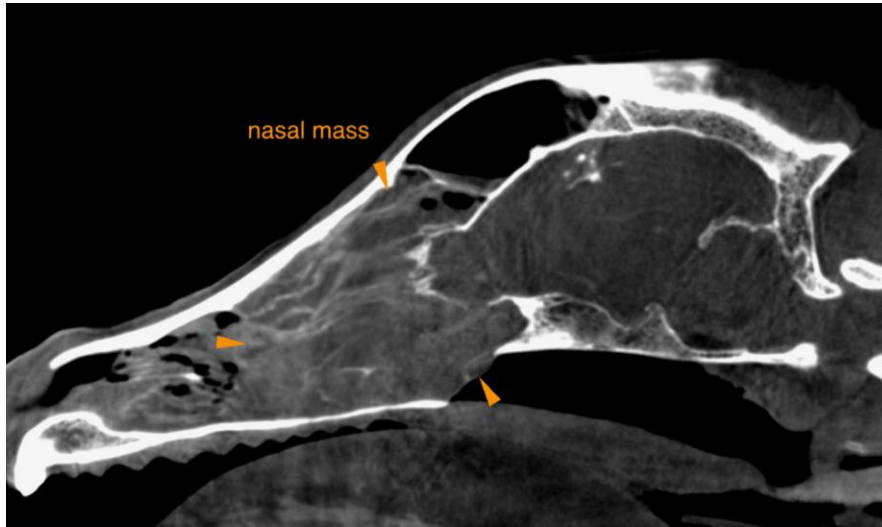
Dr. Young

INVOICE

52270

DATE

6-2-22





PATIENT

Louie Pelikan

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

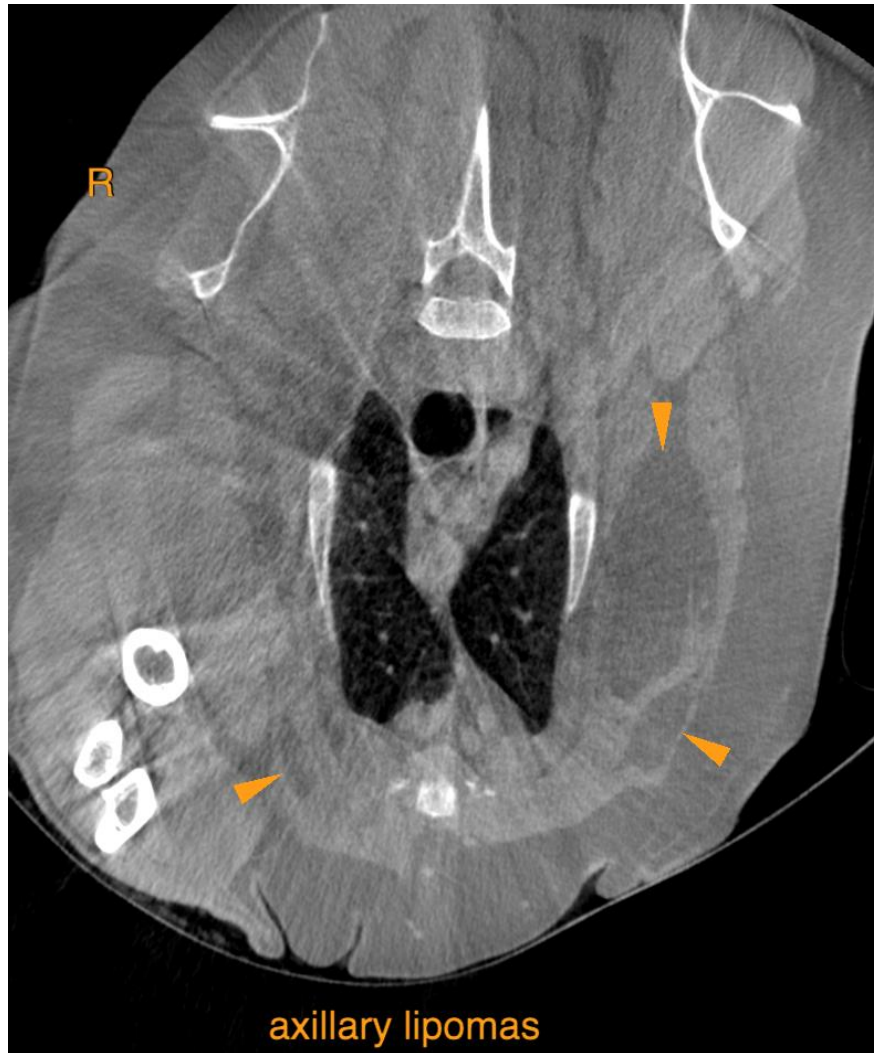
11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary



REFERRING VET

Dr. Young

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.

INVOICE

52270

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

DATE

6-2-22