



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Maggie Lemons

**SPECIES**  
Canine

**BREED**  
Poodle Mix

**SEX**  
Female Spayed

**AGE**  
10 Years

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**  
Wilson Veterinary Hospital

**REFERRING VET**  
Dr. Burge

**INVOICE**  
52565

**DATE**  
6-22-22

Pet presented 6/5/22 for acute swelling on the left hip, in house cytology at the time was only consistent with peripheral blood. Blood work showed mild anemia (mildly regenerative), mild thrombocytopenia, and elevated ALT. Pet went home on pain meds (gabapentin) and empirical antibiotic therapy. Recheck 1 week later 6/15- swelling nearly resolved, mild dependent edema in the stifle and hock. Swelling on the hip smaller but persistent and more of a defined mass. Multiple aspirates yielded only adipocytes and scant blood on 1 of 3 aspirates. Blood work showed mild progression of all previous abnormalities (see below). Recheck 6/22 (day of CT) - Pet is clinically still showing steady improvement but the blood work has not improved, growing concern for neoplasia/metastatic disease. Pursuing CT of the abdomen and the left hip for mass margins in case surgery is pursued.

Abnormal PE/Chem/CBC/UA Results: Blood values listed in order of visit day (6/9, 6/15, 6/22)  
ALT - 605, 651, 640 Hct - 37%, 34%, 33% Reticulocytes - 169, 296, 302 Platelets - 101k, 86k, 81k

**COMPUTED TOMOGRAPHY OF THE ABDOMEN AND HIND LIMBS**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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.

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

The caudal extremity of the spleen presents with a spherical, uniform soft tissue attenuating and post contrast mild hypoattenuating mass, bulging beyond the splenic surface; measuring 2.8 cm in diameter. There is a prominent splenic lymph node visible.

Originating from the caudate process of the caudate liver lobe, a multinodular, heterogeneous contrast enhancing mass, measuring 12.9 x 8.6 x 9.2 cm in size is appreciated. The duodenum and the pancreas are displaced ventrally by the mass effect.

At the cranioproximal aspect of the left femur, an ill-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing roundish mass measuring 7.3 x 5.5 x 9.6 cm in size is appreciated; the mass is extending dorsally up into the gluteal musculature. Multifocal throughout the thigh musculature and gluteal musculature bilaterally, post contrast strong contrast enhancing irregular roundish lesions of variable size are appreciated. The epaxial musculature presents with multiple strong contrast enhancing ill-defined lesions.

The right medial iliac lymph node is moderately enlarged and rounded and presents an irregular contrast enhancement pattern.

The pictured parts of the lung parenchyma present with innumerable amount of mild ill-defined and well-defined, soft tissue attenuating nodular lesions, measuring up to 6.5 mm in diameter.



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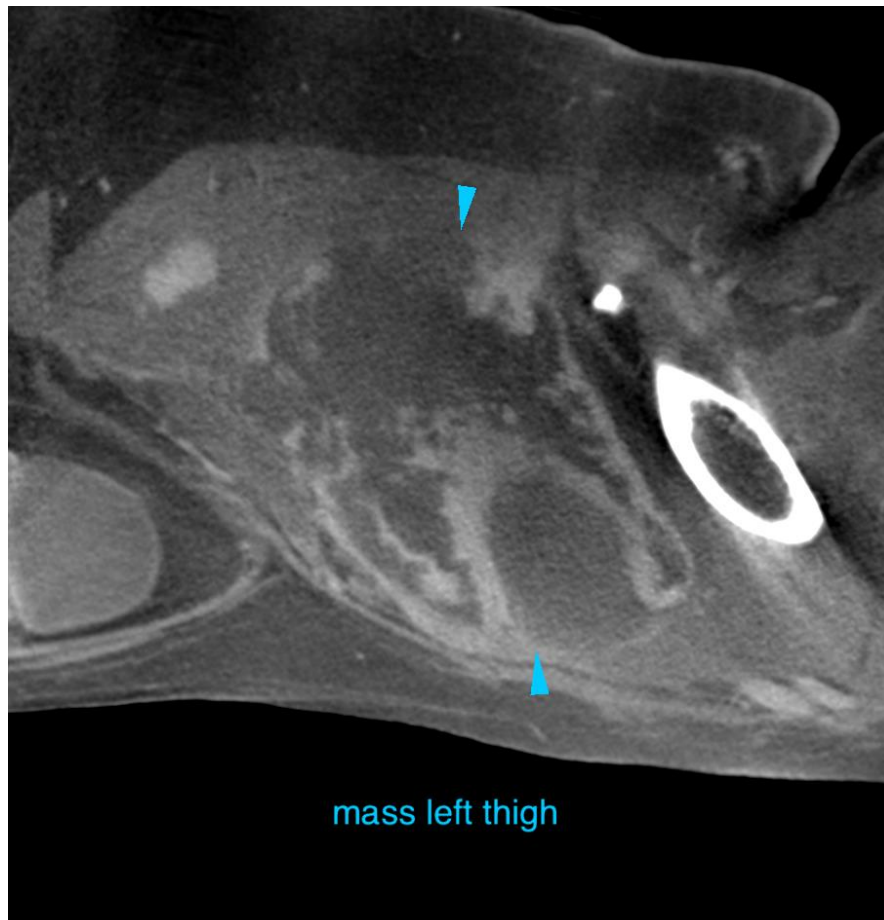
6-22-22

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Heterogeneous contrast enhancing mass cranioproximal aspect left femur/gluteal region
- Disseminated muscular contrast enhancing lesions throughout along the appendicular and axial skeletal musculature
- Hepatic multinodular soft tissue mass
- Splenic soft tissue mass
- Lymphadenopathy right medial iliac lymph node and splenic lymph node

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with disseminated neoplastic disease with hemangiosarcoma being high on the list. Carcinomatosis is a potential as well. Repeating FNA sampling of the swelling of the left thigh, hepatic lesion and splenic lesion might be considered as advanced diagnostic tests. Unfortunately, there are no curative treatment options and management of the patient is limited to palliative measurements.





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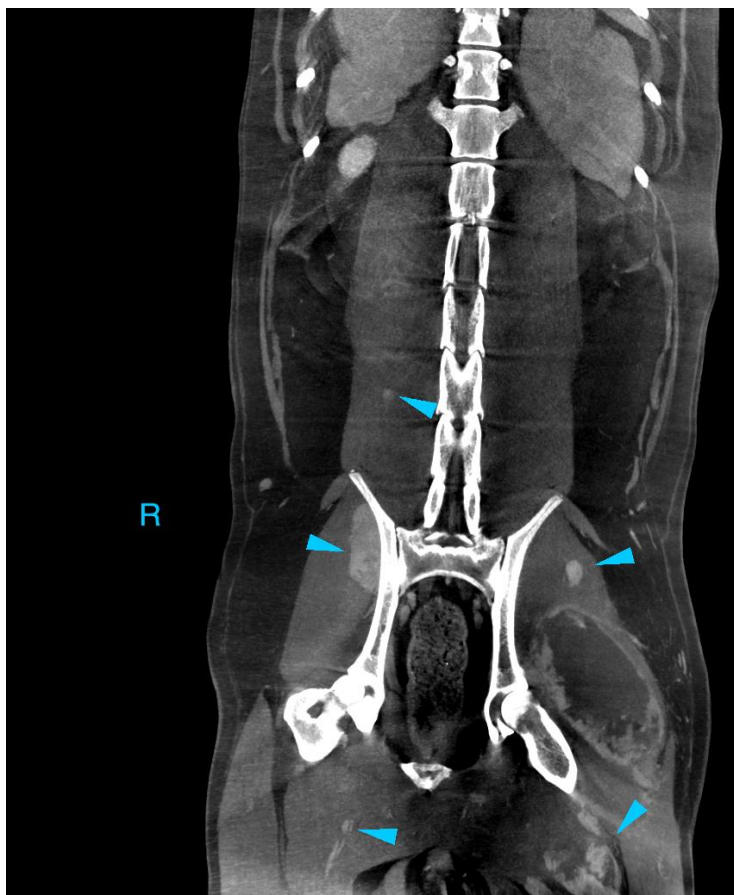
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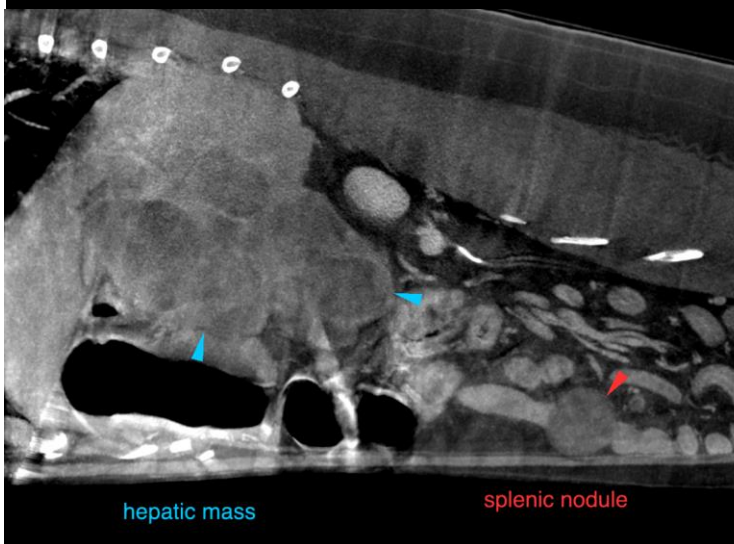
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contrast enhancing muscular lesions





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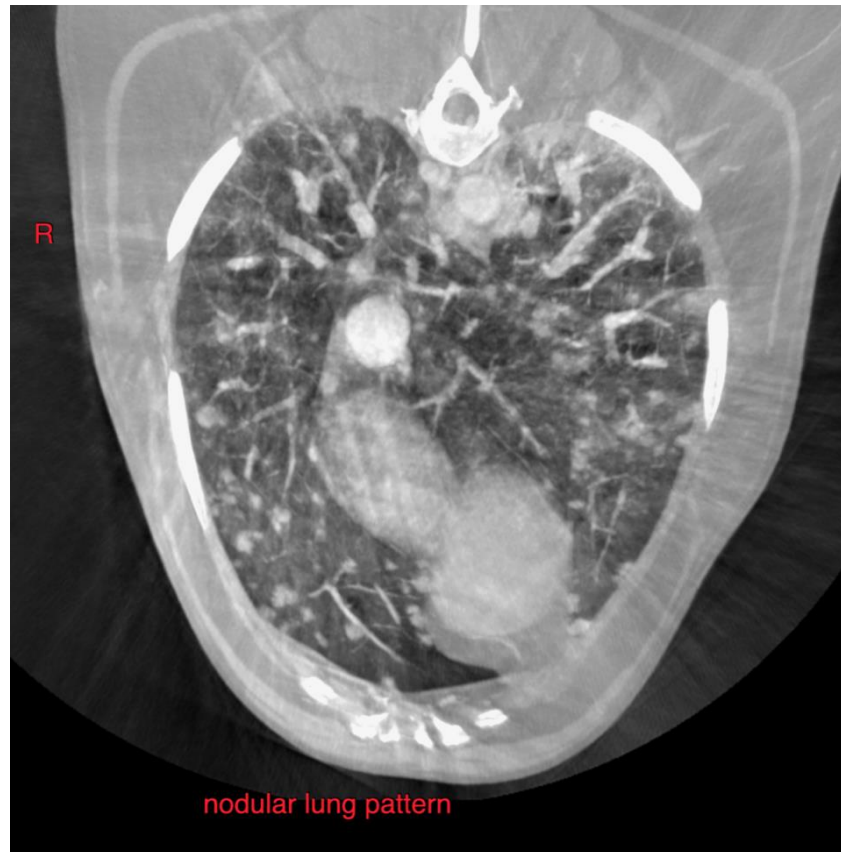
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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