



PATIENT

Nikolas Pacheco

PRESENTING CLINICAL SIGNS

Evaluation for constant seizures being on meds (Keppra, gabapentin and prednisone).
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- ALT, GGT increased, TBIL severe increased, GLU mild decreased Insulin/Glucose Test: Insulin 12.0 and Glucose 26

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED

Shih Tzu

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

SEX

The right ocular bulb is absent.

NM

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

14 Years

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

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Veterinary Image Center

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.

Thorax

The first left rib presents evidence of a chronic fracture of the mid segment with smooth callus formation.

REFERRING VET

Dr. J. Fernandez,
DVM

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.

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

INVOICE

52568

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.

DATE

6-23-22

The left caudal lung lobe presents with a well-defined gas filled, spherical lesion, demarcated by a thin soft tissue capsule. The left cranial lung lobe presents a ventrally distributed consolidated region with air-bronchograms, the volume is maintained.. Multifocal punctuate mineralization of the lung parenchyma is appreciated.



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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

In the pictured parts of the cranial abdomen, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is originating from the left division of the liver, measuring approximately 7.1 x 5.9 x 6.3 cm in size.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass
- Multiple absent teeth
- History of enucleation right ocular bulb
- Pulmonary osteomas
- Bulla left caudal lung lobe
- Chronic fracture left first rib – the fracture is in the remodeling phase

BREED

Shih Tzu

SEX

NM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the brain presents without macromorphological abnormalities, explaining the seizure activity. However, the history of hypoglycemia is a plausible source for seizure activity as well and both insulinoma or the appreciated hepatic neoplasm (suspect carcinoma) can produce insulin like substances causing hypoglycemia– in the latter case resection of the hepatic mass would be curative if hypoglycemia can be confirmed as source for seizure activity and insulinoma can be ruled out entirely.

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Center

REFERRING VET

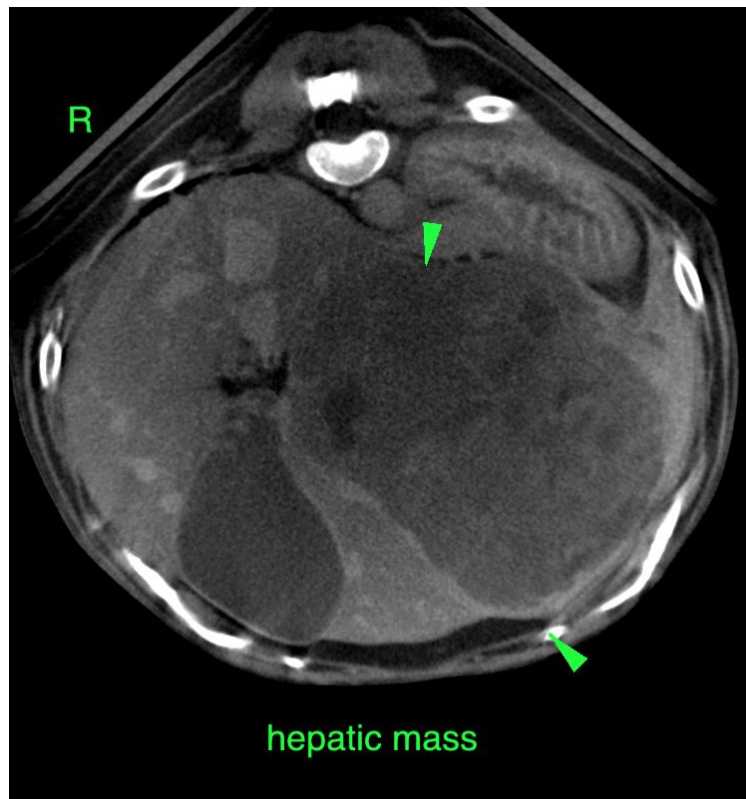
Dr. J. Fernandez,
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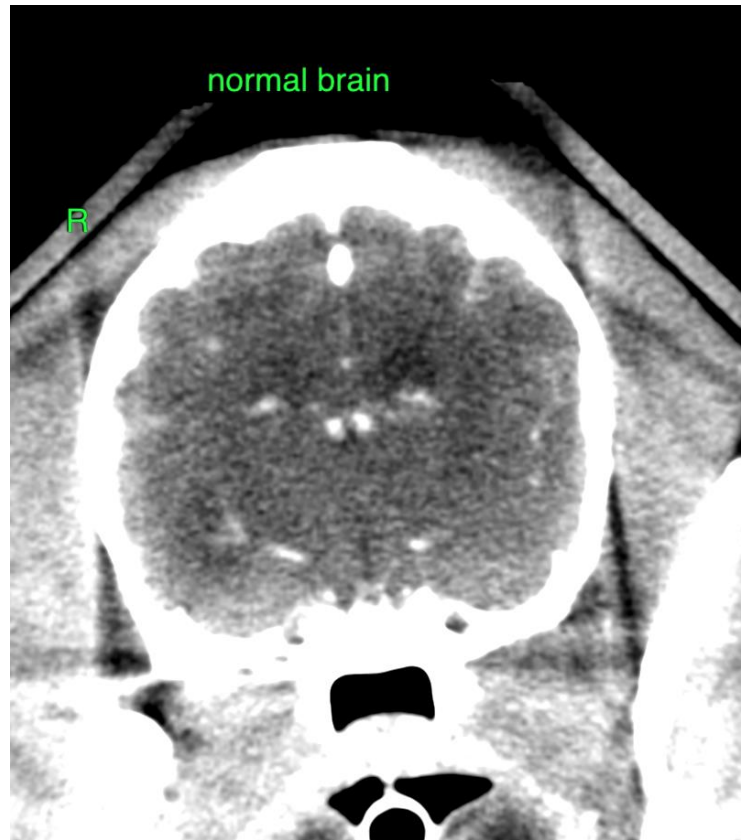
NM

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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