



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Edward Ashcroft
SPECIES Canine
BREED Labrador Retriever

History: Edward presented with a 2-3 month history of progressive gagging. The owner reports he acts like something is stuck in his throat. No coughing. He was started on omeprazole and Pepcid. Radiographs taken 3 weeks ago show a mass in the left caudal lung lobe. CT was recommended and biopsy if possible. Edward will also eat grass and throw it up. Previous diagnosis: Arthritis in back hips Purpose of CT scan: Staging/diagnostic Location of CT scan: Chest/Abdomen Current medication: Omeprazole, Pepcid, Adequan injections. Current signs: gagging Appetite and activity level: Both good.

BREED Labrador Retriever
 Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Blood work is dated 3/15/22. CBC - PCV = 55%, WBC = 8400, neutrophils = 5712, lymphocytes = 1764, monocytes = 504. Platelets = 255,000. Chemistry - normal. T4 = 1.2. Urinalysis - USG = 1.031, pH = 9.0, 1+ protein, WBC = 0, RBC = 0-1/hpf, no bacteria, fat droplets = 4-10/hpf.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

AGE COMPUTED TOMOGRAPHIC FINDINGS

AGE 10 Years
Thorax

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI
 The proximal segment of the right and left scapula and the spinous process of T4 present permeative osteolytic lesions with advanced destruction of the normal osseous architecture and amorphous periosteal new bone formation.

The vertebral endplates T10/T11 present moderate spondylosis formation.

HOSPITAL NAME VetMed Consultants
 The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform and considered within normal limits.

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

REFERRING VET Dr. Nate Cox
 Multifocal throughout the lung parenchyma, randomly distributed, well-defined, soft tissue attenuating nodular lesions, measuring up to 13 mm in diameter are seen. In the ventral aspect of the right middle lung lobe, a well-defined, spherical soft tissue attenuating mass, measuring 4.1 cm is seen.

INVOICE 16024
Abdomen
 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

DATE

6/9/22



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

Edward Ashcroft

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.

SPECIES

Canine

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

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

BREED

Labrador Retriever

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SEX

Neutered Male

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

AGE

10 Years

Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesions scapula bilaterally and spinous process T5
- Structured nodular interstitial lung pattern and solitary pulmonary mass right middle lung lobe
- Advanced degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Spondylosis deformans
- Normal abdomen

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

VetMed Consultants

The CT study is consistent with osseous and pulmonary metastatic disease. In combination with the pulmonary mass of the right middle lung lobe, primary pulmonary neoplasia – such as bronchogenic carcinoma/adenocarcinoma – is a potential here. Ultrasound guided FNA sampling of the pulmonary mass by the 7th right intercostal space and the osseous lesion of the right proximal scapula can be used as advanced minimally invasive diagnostic tool. Treatment options are limited to palliative management.

REFERRING VET

Dr. Nate Cox

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PATIENT

Edward Ashcroft

SPECIES

Canine

BREED

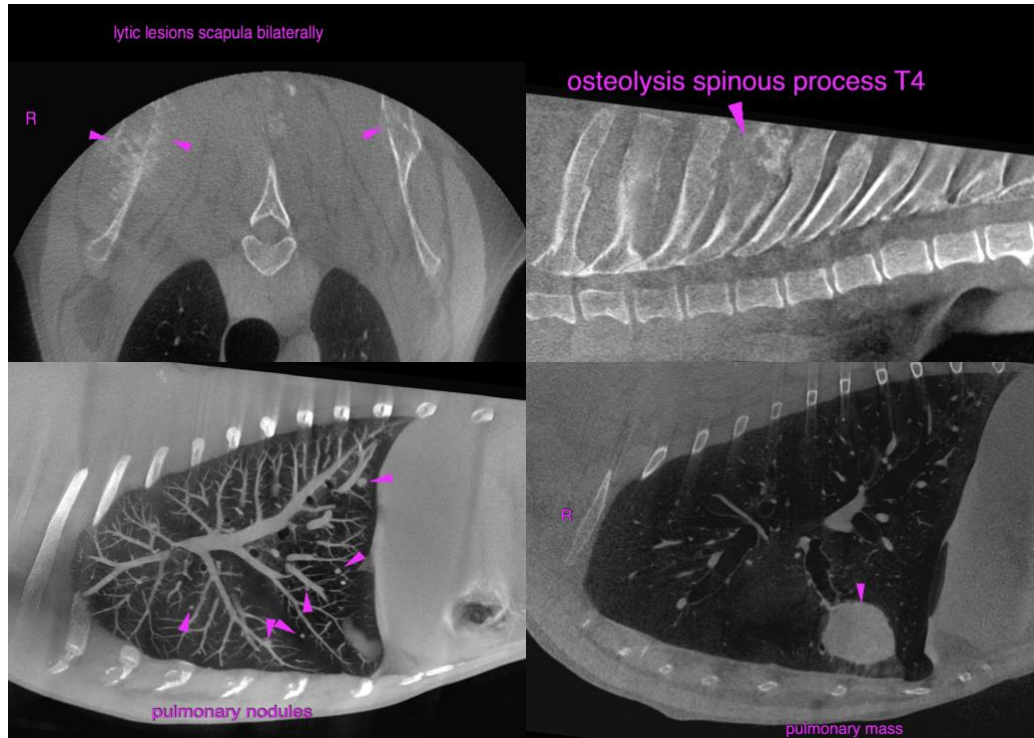
Labrador Retriever

SEX

Neutered Male

AGE

10 Years



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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

VetMed Consultants

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REFERRING VET

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