



PATIENT

Willow Otto

PRESENTING CLINICAL SIGNS

Willow presented as a referral from Dr. Ward for CT imaging. Diagnostic ultrasound performed by Dr. Ward revealed a mass effect in the right cranial abdomen. The liver and gallbladder appeared normal. Willow vomited once but not in recent days. She is eating but only small amounts.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Labradoodle

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

SEX

The cranial mediastinal lymph nodes are prominent.

FS

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

AGE

10 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Abdomen

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

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.

REFERRING VET

Dr. Young

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

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

INVOICE

52394

A small intestinal segment measuring approximately 6 cm in length, in the left middle abdomen presents an intramural, circumferential, eccentric, soft tissue attenuating mass, measuring up to 5.5 cm in width. Post contrast administration the intramural mass presents a heterogeneous contrast enhancement pattern. Small intestinal segment oral to the mural intramural mass is moderately distended by foamy material. The aboral segment of the small intestinal tract presents with normal diameter. The peritoneal fat surrounding the mass presents mild to moderate fat-stranding.

DATE

6-9-22

The mesenteric lymph nodes appear normal.



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The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal and distorting the ventral epidural space at the same.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

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- Small intestinal intramural mass with evidence of partial mechanical small intestinal obstruction and surrounding peritonitis
- Equivocal lymphadenopathy mediastinal lymph nodes
- Degenerative lumbosacral stenosis with possible dynamic compression of the caudal equina fibers
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

The mural mass of a small intestinal segment is consistent with primary jejunal neoplasia, differentials include adenocarcinoma, sarcoma, leiomyosarcoma, gastrointestinal stroma cell tumor (unusual location), round cell tumor. Ultrasound guided FNA sampling might be used as advanced diagnostic test. The therapy of choice is enterectomy.

AGE

10 Years

The mediastinal lymph nodes are prominent, but without signs of malignancy and I consider the odds for reactive hyperplasia high. However, metastatic disease cannot be ruled out entirely - but I would expect affection of the sternal lymph nodes as well.

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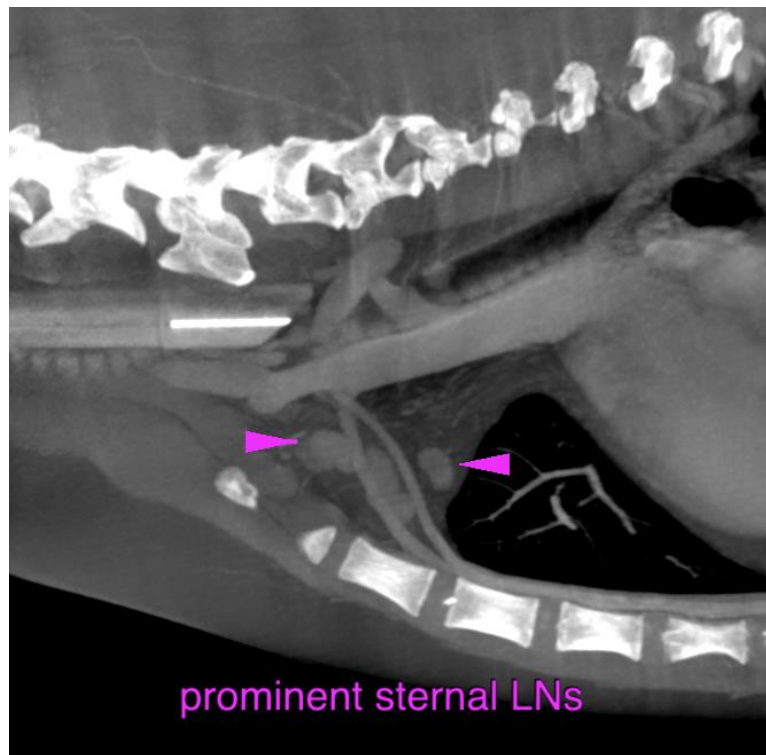
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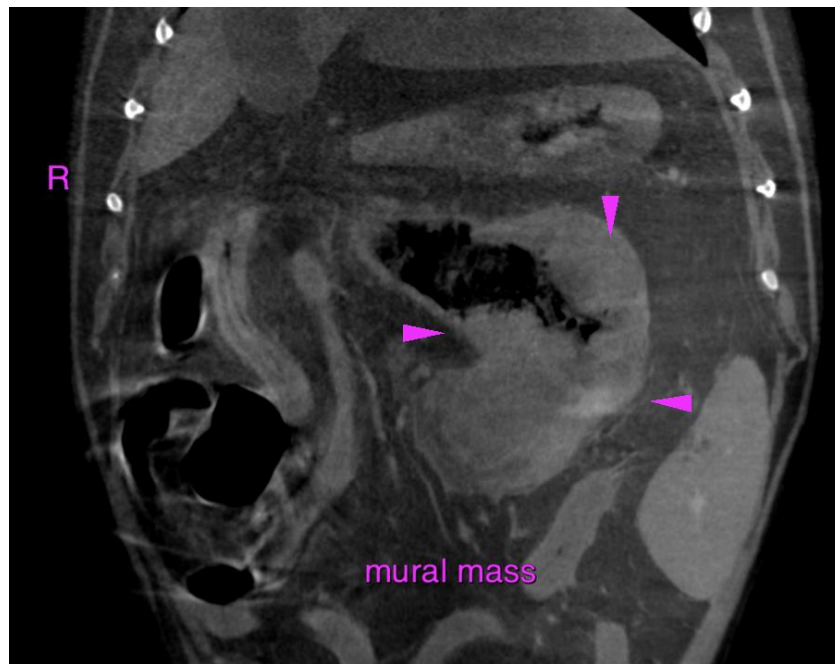
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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