



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Amico Paglia  
**SPECIES**  
Canine  
**BREED**  
Bichon X  
**SEX**  
MN  
**AGE**  
10 Years

Amico was assessed on June 08 at rDVM , On PE dark erythema along shaft of prepuce, and inner thigh. Now worsened, area around prepuce 3.5 cm by 7 cm long. Seemed to have responded to prednisone. Worsened as of June 30, right popliteal enlarged. Biopsy taken from right inner thigh lesions and right area of prepuce. Histopathology report revealed possible hemangiosarcoma but pattern of infiltration more consistent of lymphangiosarcoma. CT scan elected for staging.  
Abnormal PE/Chem/CBC/UA Results: On PE right popliteal lymph node 2.5 cm All other lymph node normal in size and consistency. Palpable superficial mass: 9.5 x 3.4 red edematous irregular mass right inguinal area

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen – including the hind limbs – in a bone, lung and soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

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

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.

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.

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

Abdomen

Level with L6&L7 mild retroperitoneal effusion is seen in the region along the right external iliac artery/caudal aorta.

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.

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.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr J. Gagnon

**INVOICE**

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7-13-22



**PATIENT**

The hypogastric and inguinal lymph nodes bilaterally are small.

Amico Paglia

Level with the intervertebral disc space L4/L5, mineralized material is mildly bulging into the vertebral canal, occupying approximately 15% of the cross-sectional area of the vertebral canal at the same level. Eight lumbar vertebra are present and L8 is asymmetric, articulating with the sacroiliac joint in the right aspect and presenting a transverse process in the left aspect.

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Starting at the right caudolateral & ventral abdominal wall and extending caudally and distally along the right hind limb at least up to the level of the hock, a moderate to marked subcutaneous, homogeneous soft tissue swelling is appreciated. The right popliteal lymph node is prominent.

**BREED**

Bichon X

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of subcutaneous hemorrhage/hematoma formation right inguinal region and right hind limb
- Mild retroperitoneal effusion
- Lymphadenopathy right popliteal lymph node
- Intervertebral disc protrusion L4/L5
- Asymmetric lumbosacral transitional vertebra (type III)
- Structural normal thorax, no evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The subcutaneous swelling along the right flank and the right hind limb is fitting the history of subcutaneous hemorrhage/hematoma formation and likely accompanying mild retroperitoneal hemorrhage. No underlying cause for the hemorrhage can be specified. Rule out trauma, coagulopathy, parasitic infection (e.g. Angiostrongylus), paraneoplastic (e.g. hemangiosarcoma) – no distinct mass, insect/snake bite.

The enlarged right popliteal lymph node can be a sequela to reactive hyperplasia or neoplastic transformation – recommend FNA sampling for further workup.

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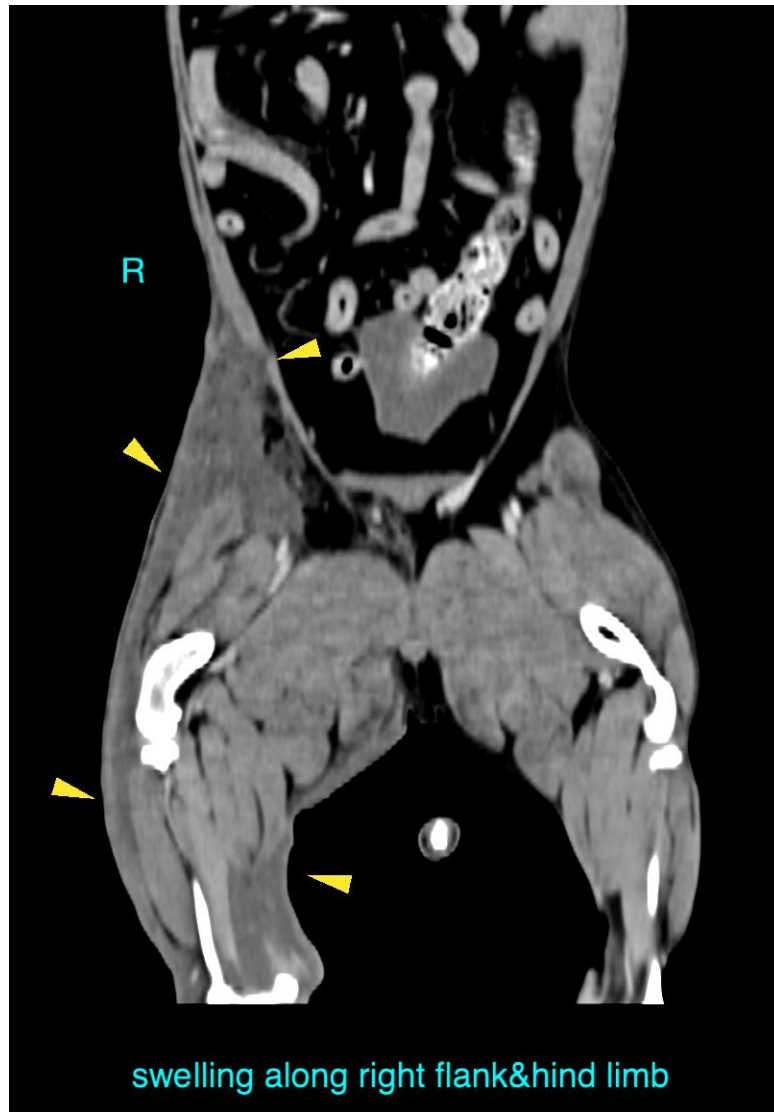
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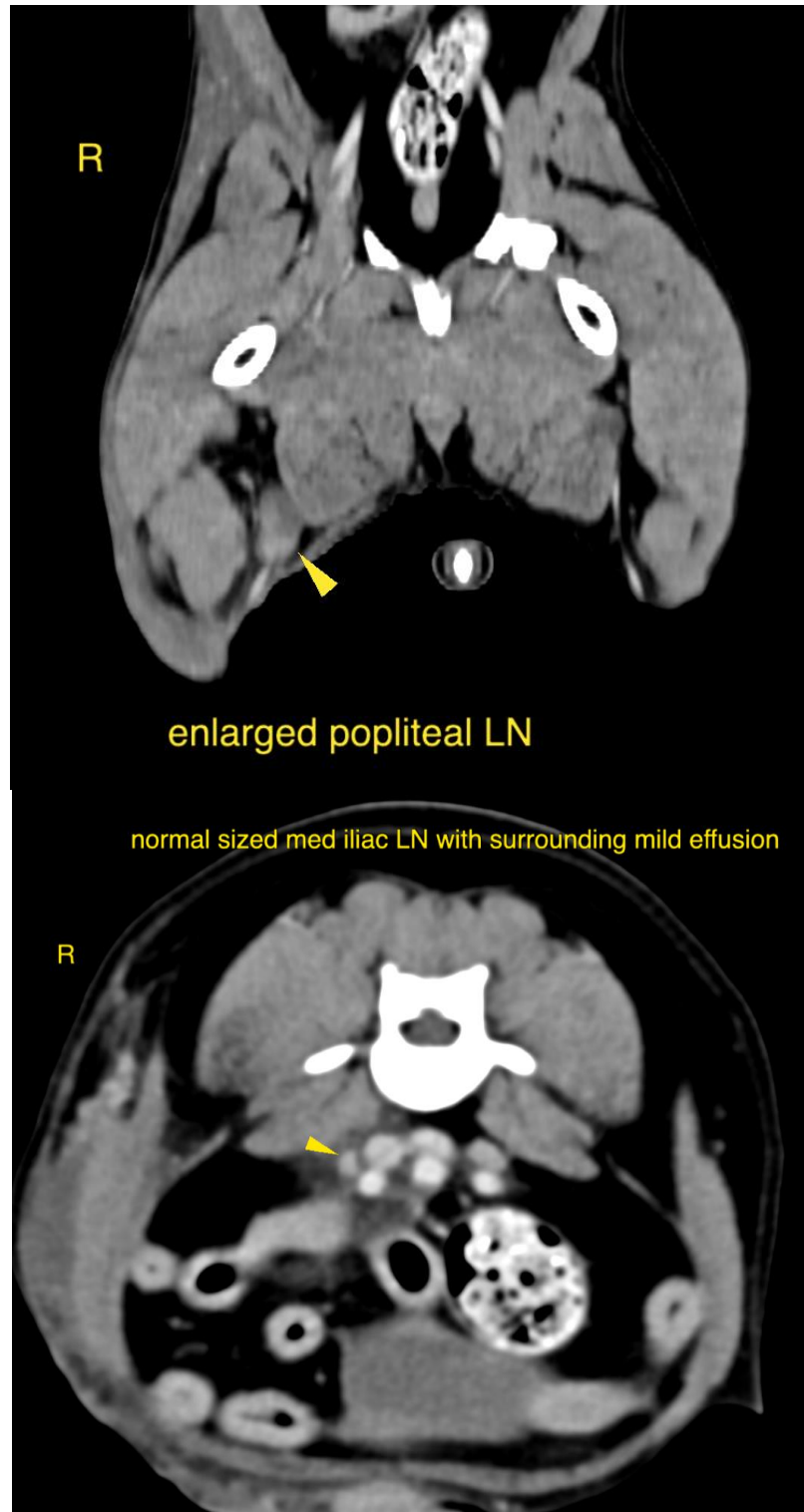
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enlarged popliteal LN

normal sized med iliac LN with surrounding mild effusion



**PATIENT**

Amico Paglia

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.

**SPECIES**

Canine

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.

**BREED**

Bichon X

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