



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Abby Hoggan
SPECIES Canine
BREED Golden Retriever
SEX FS
AGE 8

P ate rat poison June 30th, was seen at vet clinic and received treatment. Pt decreased e/d for about 2 weeks, and decreased energy. No distended abdo, no v/d. P was seen at rDVM 7/12/22, did BW and took chest rads, Rads came back normal but BW indicated pt needed a splenectomy per rDVM this AM. Referred for surgical intervention.

Abnormal PE/Chem/CBC/UA Results: Lethargy Hyporexia is a non-specific clinical sign, likely secondary to an underlying systemic disorder. However, oropharyngeal, esophageal, gastric, intestinal discomfort (strictures, polyps, neoplasia, inflammatory disease), nausea from GIT disease, liver, metabolic causes need to be considered. Mild thrombocytopenia (sample clotted in the purple tube) Mass L hock (cytology is pending with rDVM) Mild non regenerative anemia CBC/chem17/lytes: HCT 36.5; Platelets 109,000 lymphopenia 0.81, MPV 16; eosinopenia; neutrophilia 14.83; albumin 2.6 g/dl PT: 12.0s/aPTT: 90s AFast: No free fluid

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.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Moderate spondylosis formation is seen along the thoracolumbar junction of the spine.

In the subcutaneous tissue of the right axillary region, a small soft tissue nodule is appreciated.

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, but solitary pinpoint mineralization of the parenchyma of the ventral tip of the right middle lung lobe.

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

Abdomen

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.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Natalia Mikhaleva

INVOICE

52865

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7-14-22



PATIENT

Abby Hoggan

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.

SPECIES

Canine

In the subcutaneous tissue at the left aspect of the ventral abdominal wall, level with L3, a well-defined, multinodular mass measuring 31 x 18 x 33 mm in size is appreciated

The intervertebral disc L6/L7 is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Non-specific subcutaneous nodule ventral abdominal wall and right axillary region
- Mild intervertebral disc protrusion L6/L7 without compressive myelopathy
- Spondylosis deformans
- Pulmonary osteoma

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8

No clinically relevant pathology is appreciated. The subcutaneous nodule at the left ventral abdominal wall can present benign nodule or malignant neoplastic disease (e.g. mammary tumor), FNA sampling can be used for further definition.

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In case of strong clinical suspicion for diffuse infiltrative disease of the liver or spleen, ultrasound guided FNA sampling could be used as advanced minimally invasive diagnostic tool – be aware that there is an increased risk for hemorrhage due to low platelet count and mild increased aPTT values.

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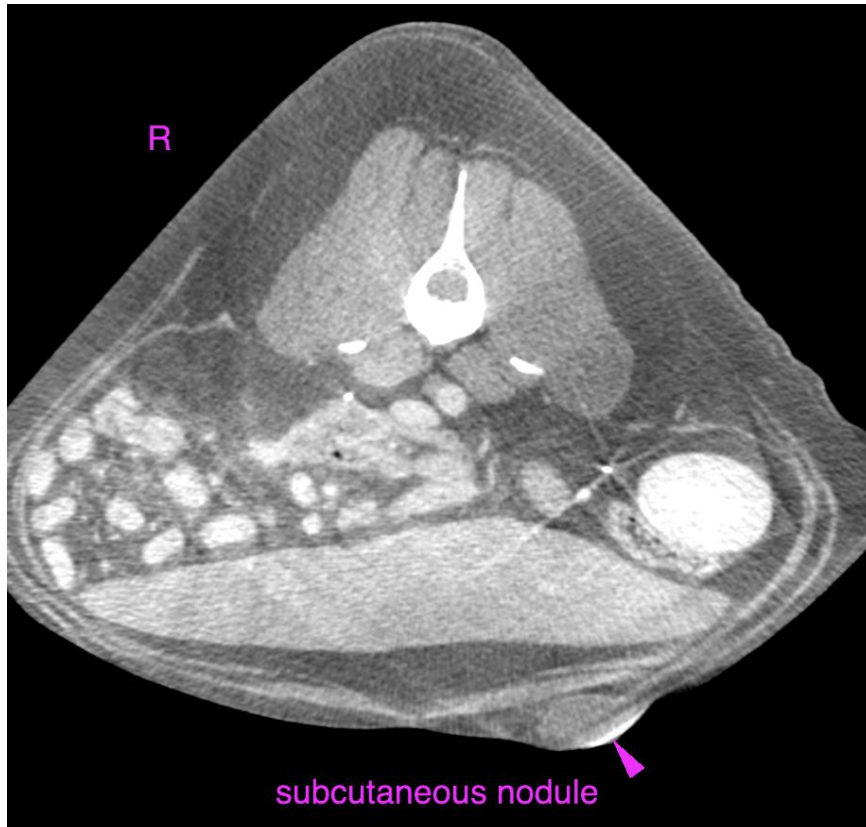
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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