



PATIENT

Baby Zereconsky

PRESENTING CLINICAL SIGNS

Presented for a history of splenic and liver masses noted on a recent abdominal ultrasound. History of left TECA 3 years ago and amputation of left front leg due to osteosarcoma in September of 2021. Is unable to walk.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alt 211 u/l

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

German Shepherd
Mix

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine. The intervertebral discs T7/T8 to T9/T10 are moderately protruding into the vertebral canal, mildly distorting the dural tube at the same level. The left front limb including the scapula is absent.

SEX

FS

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.

AGE

15

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the medial aspect of the left caudal lung lobe an irregular roundish, consolidated lesion is visible, measuring 7 mm in diameter. The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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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.

REFERRING VET

Dr. Runde

The cranial pole of the left kidney presents with a spherical, well-defined fluid attenuating lesion, measuring 3.9 cm in diameter, mildly bulging beyond the surface of the left kidney.

Both adrenal glands are prominent, measuring up to 9 mm (right) and 10 mm (left) in size, the normal organ architecture is maintained.

INVOICE

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The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and presents a heterogeneous contrast enhancement pattern with multiple roundish, ill-defined, heterogeneous contrast enhancing lesions throughout the hepatic parenchyma, measuring up to 3.9 cm in diameter and causing focal mild convex caudal bulging of the hepatic surface.

DATE

8-18-22



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Originating from the caudal extremity of the spleen, a spherical, uniform soft tissue attenuating and mild heterogeneous contrast enhancing mass is seen, measuring 5.0 cm in diameter.

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

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

The left medial iliac and external iliac lymph node are mildly enlarged.

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Along the lumbar spine multifocal spondylosis formation is appreciated. The intervertebral discs T12/T13, T13/L1 are moderately protruding into the vertebral canal, occupying approximately up to 25% of the cross-sectional area of the vertebral canal at the same level.

The pictured parts of the right coxofemoral joint present moderate osteophyte new bone formation.

SEX

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenic soft tissue mass
- Hepatomegaly with roundish intraparenchymal heterogeneous contrast enhancing lesions
- Solitary pulmonary nodule/zone of roundish pulmonary consolidation
- Lymphadenopathy left iliac lymph nodes
- Adrenomegaly
- Intervertebral disc protrusion T7/T8 to T9/T10, T12/T13 and T13/L1 with potential compressive myelopathy
- Left sided renal cortical cyst
- Degenerative osteoarthritis right coxofemoral joint
- Spondylosis deformans
- Pulmonary osteomas
- History of amputation left front limb

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents evidence of multiple intervertebral discs protruding into the vertebral canal, but the protrusions are likely chronic and are unlikely to explain the potential paresis. If neurological deficits are considered as the source for the presenting clinical signs, acute on chronic disc disease, ischemic myelopathy or acute non-compressive nucleus pulposus extrusion are considerations.

REFERRING VET

Dr. Runde

The splenic mass and hepatic parenchymal nodular lesions are concerning for neoplastic disease (e.g. metastasis versus hemangiosarcoma, round cell tumor, carcinoma, other) or benign nodular hyperplasia/regeneration nodules. FNA sampling might be considered as advanced diagnostic tool.

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The solitary pulmonary nodule/zone of pulmonary consolidation is not specific, and potentials can include granuloma, mucus impaction/round pneumonia, fibrosis, metastasis.

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The prominent left medial & external iliac lymph nodes are equivocal for reactive hyperplasia or neoplastic infiltration. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.



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The adrenomegaly is suggestive fir (non)functional hyperplasia.

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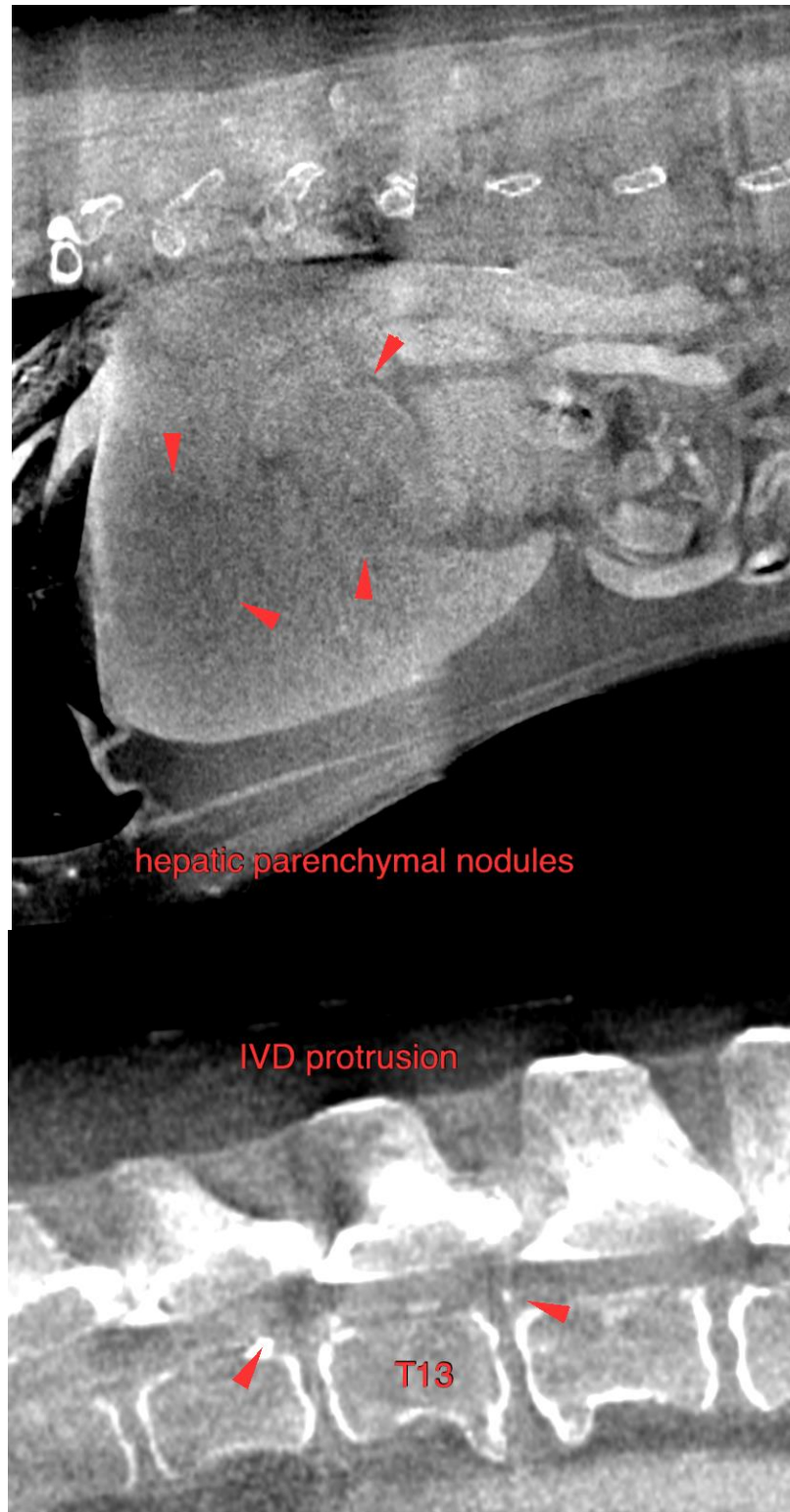
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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