



PATIENT

Chaos Fishpaugh

PRESENTING CLINICAL SIGNS

P has history of being diagnosed with hypothyroidism and started on meds by rDVM, had some sort of reaction to medication which was then stopped. Shortly after P began urinating blood which is what brought him into ER today. Concern for perianal mass but nothing present on rectal. Looking for possible parathyroid tumor vs any other abnormalities. Also concern for cancer.

SPECIES

K9

Abnormal PE/Chem/CBC/UA Results: Elevated calcium, ionized calcium, BUN, creat, phos

BREED

Boxer Mix

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Skull

MN

Triadan 102 presents a moderate widening of the periodontal space. A generalized mild to moderate horizontal bone loss in all jaw quadrants is noted. Triadan 108&208 present ankylosis of the tooth roots and resorptive lesions of the roots.

AGE

12 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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The region of the thyroid glands is only included in the plain CT study, the thyroid glands cannot be clearly appreciated and are considered to have a significantly reduced volume. In the suspected region of the right thyroid gland, a well-defined uniform soft tissue attenuating nodular lesion measuring 6.4 mm in diameter is visible.

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Thorax

Multiple lipomas are seen along the thoracic wall.

DATE

8-23-21

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



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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior, but a small region with compression atelectasis of the caudodorsal dependent part of the lung.

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

K9

Abdomen

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

Boxer Mix

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 urinary bladder is empty, and the wall is prominent with mild serrating mucosal surface – due to the filling status. Post contrast administration, the excreted contrast media pooling in the caudodorsal aspect of the urinary bladder shows multiple irregular striated filling defects.

SEX

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The right adrenal gland is moderately enlarged, presenting a maximum cross-sectional diameter of 13 mm, uniform soft tissue attenuating and a homogeneous contrast enhancement pattern. The left adrenal gland is within normal limits for size, shape and organ architecture

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

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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.

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The intervertebral discs L6/L7 and L7/S1 are mildly protruding into the vertebral canal.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible right sided parathyroid nodule
- Suspect atrophy of the thyroid glands bilaterally
- Right sided adrenomegaly
- Irregular material in the lumen of the urinary bladder – suspect hematoma
- Generalized mild to moderate periodontal disease with horizontal bone loss in all jaw quadrants and evidence of tooth root resorption 108&208
- Mild intervertebral disc protrusion L6/L7 and L7/S1 without compressive myelopathy
- Degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Multiple lipomas thoracic wall
- Structural normal thorax, no evidence of pulmonary neoplastic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The nodule in the region of the right thyroid gland in combination with the given history of hypercalcemia is highly suggestive for functional parathyroid adenoma or less likely carcinoma. Unfortunately, the specific region is not skipped in the post contrast study and the thyroid glands are not appreciated – suspect atrophy in combination with the history of hypothyroidism. An ultrasound study of the respective region can be performed for further definition versus repeating the CT study including a post contrast study centered on the neck. Complementing lab work by PTH and PTHrp can be also used to confirm the findings. Both ultrasound guided alcohol ablation of the nodule or surgical excision are potential treatment options.

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The right adrenal gland is moderately enlarged and (non)functional hyperplasia is a potential. Neoplastic transformation of the right adrenal is a differential, such as adenoma, adenocarcinoma or pheochromocytoma. Consider testing of the pituitary adrenal axis for further evaluation.

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The striated filling defects in the urinary bladder in combination with the history of hematuria is highly suggestive for intraluminal hematoma.

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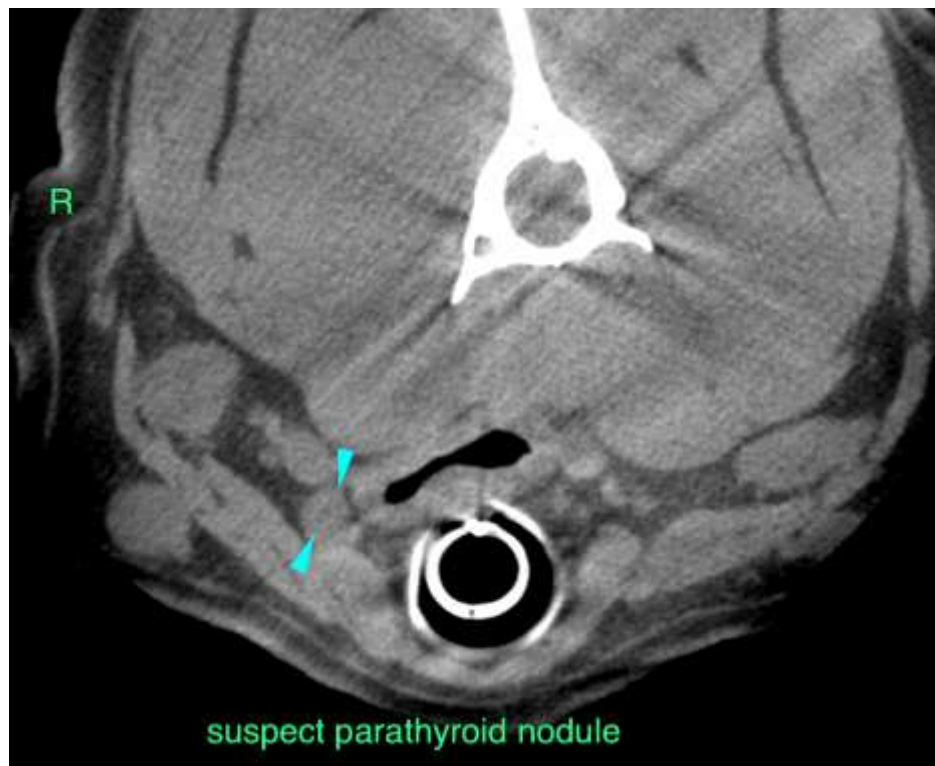
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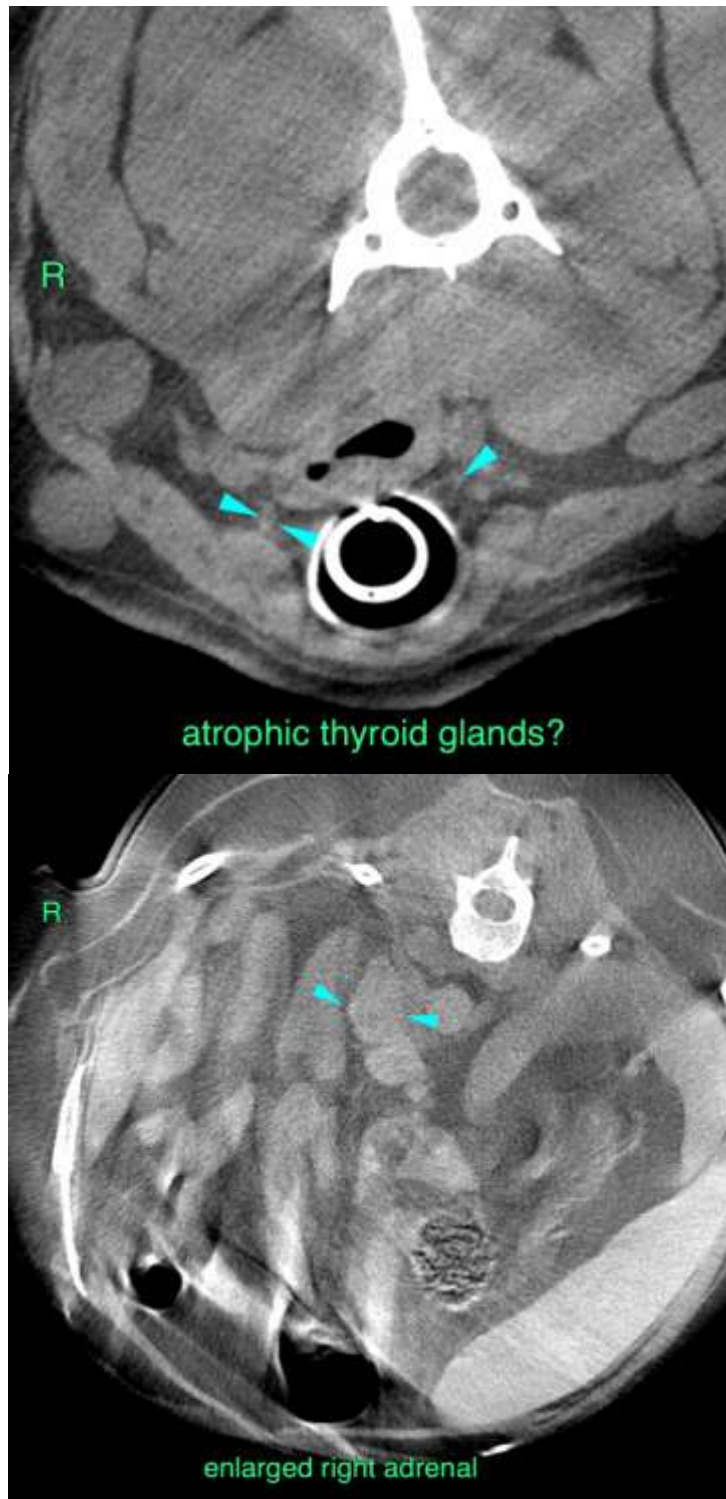
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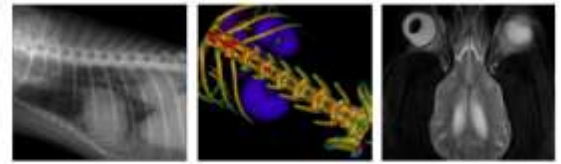
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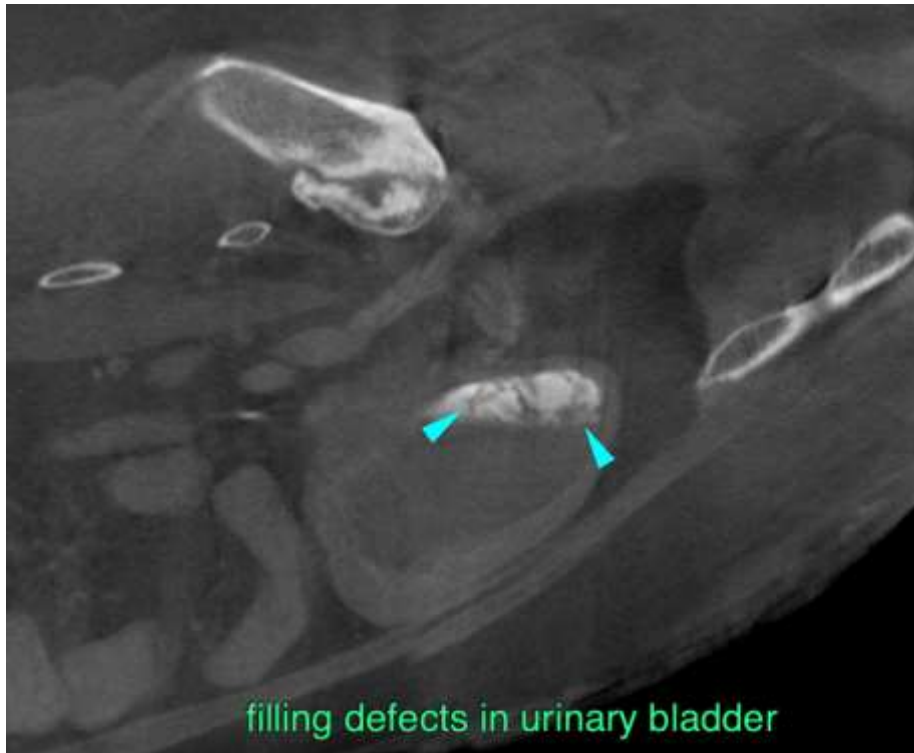
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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