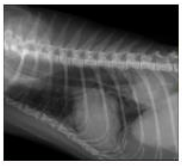
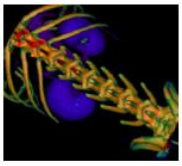
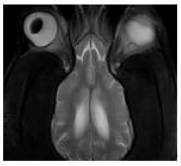

PATIENT

Bartolo Oliva

SPECIES

Canine

BREED

Shar Pei

SEX

Neutered Male

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

17064

DATE

8/27/22

PRESENTING CLINICAL SIGNS

History: Presented for PU/PD, radiographs showed concern for pulmonary mass vs other.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal spondylosis formation is seen along the thoracic spine.

The middle tracheobronchial lymph node and a cranial mediastinal lymph node are significantly enlarged and rounded.

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

Multifocal throughout the lung parenchyma, well-defined soft tissue attenuating nodules of variable size are visible, measuring up to 2.0 cm in size. The right cranial lung lobe and the cranial part of the left cranial lung lobe present with an intraparenchymal mass respectively, measuring up to 5.1 x 9.7 x 9.6 cm in size – the respective bronchi are compressed.

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 both kidneys present well-defined intraparenchymal filling defect. On the ventral urinary bladder wall, a very mild amount of mineral attenuating sedimented material is appreciated. The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen presents with multiple intraparenchymal nodular lesions, measuring up to 5.1 cm in diameter, protruding beyond the splenic surface with a homogeneous contrast enhancement pattern.

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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.

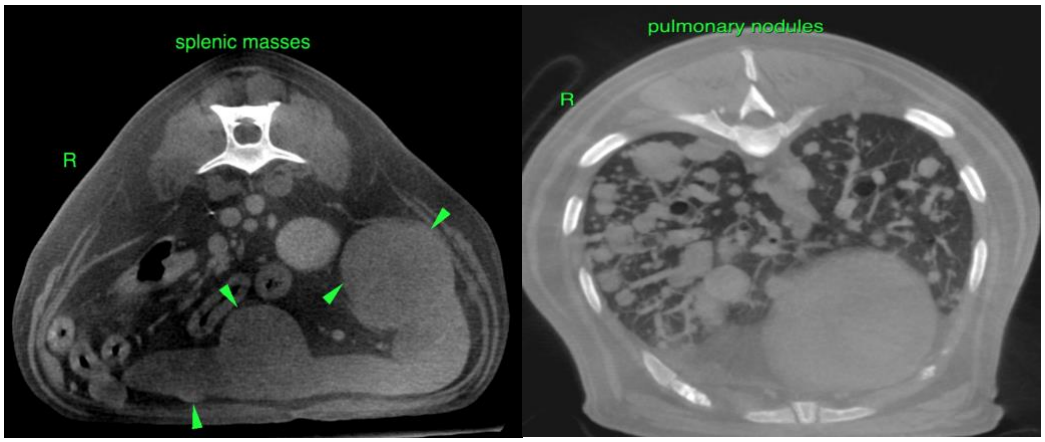
Multifocal moderate spondylosis formation is noted along the lumbar spine. Both coxofemoral joints presented mild osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary masses right cranial and left cranial lung lobe
- Structured nodular interstitial lung pattern
- Splenic masses
- Lymphadenopathy middle tracheobronchial lymph node and cranial mediastinal lymph node
- Renal cysts
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with disseminated neoplastic disease, possible due to primary pulmonary neoplasia – e.g., carcinomatosis. FNA sampling of the pulmonary & splenic masses can be considered for further differentiation. Unfortunately, treatment options are limited to palliative management. The long-term prognosis is guarded.



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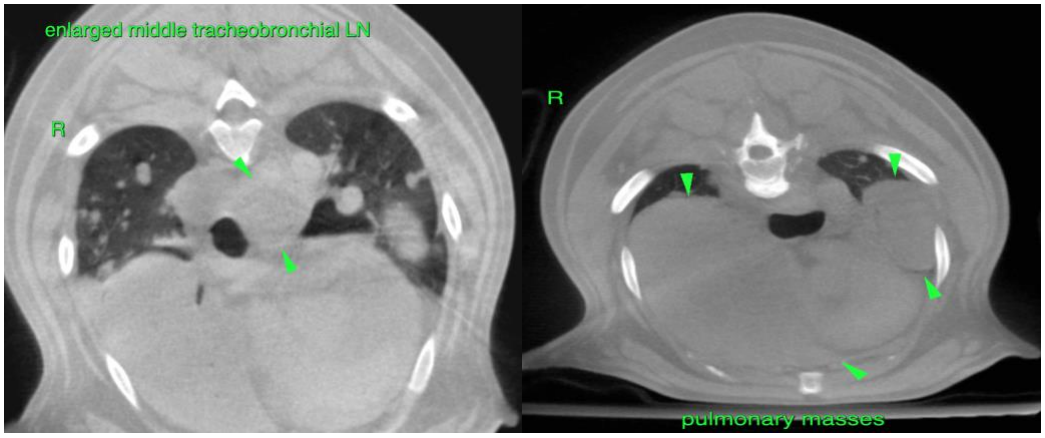

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com