



**PATIENT PRESENTING CLINICAL SIGNS**

Beau De Caro Presenting Complaint: Beau presents to SOVSC lethargy/weakness and decreased appetite. BW from rDVM 8/19/22 alb 2.0, ALP 259, ALT 1562, Tbili 2.3, BUN 62, creat 0.9, Ca 8.1 WBC 7260, lymph 290, Neut 6550, HCT 23.8%, PLT 0 Significant PE Findings: Dull, weak and dehydrated, tense on palpation, Soft stool on rectal DIAGNOSTICS: CBC: HCT 24%, retic 463000 PLT 160000 CHEM 17: alb 2.7, ALP 577, ALT 708, Tbili 0.2, BUN 17, Ca 9.8, GGT 21 Lytes WNL 3 vw abdomen/thorax: visible thorax WNL, hepatomegaly, no discrete mass noted. SI fluid and gas filled, colon contains feces. AUS: See report for details- large mottled pancreas possible chronic pancreatitis vs pancreatitis mass/cyst. splenic nodule Client Discussion: SWO disc PE and hx and rec repeat BW, and proceed with imaging and supportive care at this time. O agree. ASSESSMENT/Dx: Hyporexia Hepatopathy Pancreatitis vs pancreatic mass Splenic nodule hx hyperbilirubinemia Anemia Elevated BUN

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male

**AGE**

6 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Rory Applegate

**INVOICE**

53776

**DATE**

8-27-22

**COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

Triadan 202 is absent. The remaining upper incisor teeth present generalized moderate widening of the periodontal space.

In both nasal cavities, a mild amount of fluid attenuating material is attached to the nasal conchal structures and mild atrophy of the nasal conchal structures is appreciated.

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.

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. Post contrast administration, a mild right sided bending of the ventral aspect of the rostral cerebral arteries is noted.

The mandibular lymph nodes are prominent.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. Multiple streak artifacts are noted in the cranial abdomen.

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.

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



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The hepatic volume is mildly increased, and the liver is protruding caudally beyond the costal arch. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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

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In the region of the left hepatic lymph node, an irregular roundish, homogeneous soft tissue attenuating and mild heterogeneous contrast enhancing mass is visible, measuring 3.1 x 2.3 x 2.8 cm in size. The right hepatic lymph node is prominent and rounded.

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

**BREED**

Mix

The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

Male

- Lymphadenopathy hepatic lymph nodes and mandibular lymph nodes
- Hepatomegaly
- Mild right sided bending rostral cerebral artery
- Periodontal disease upper incisor teeth
- Mild destructive rhinitis – suggestive for non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic)
- Absent triadan 202

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the significant enlargement of the left hepatic lymph node, concerning for neoplastic transformation – such as round cell tumor or metastasis (no primary mass is identified). Pyogranulomatous lymphadenitis is a possible differential. Ultrasound guided FNA sampling would be ideal as advanced minimally invasive diagnostic tool. Consider FNA sampling of the mandibular lymph nodes as well.

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No overt abnormalities of the pancreas are appreciated by CT, however, there is increased image noise in the cranial abdomen, possibly effacing smaller lesions.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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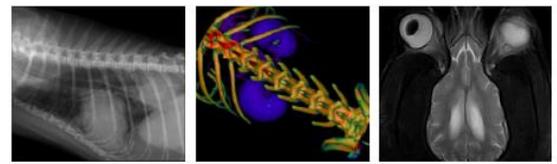
The mild deviation of the rostral cerebral artery might present a normal anatomical variant, as no distinct mass is identified in the CT study of the skull. However, if there is strong suspicion for intracranial pathology, MRI imaging of the brain can be used as advanced imaging modality.

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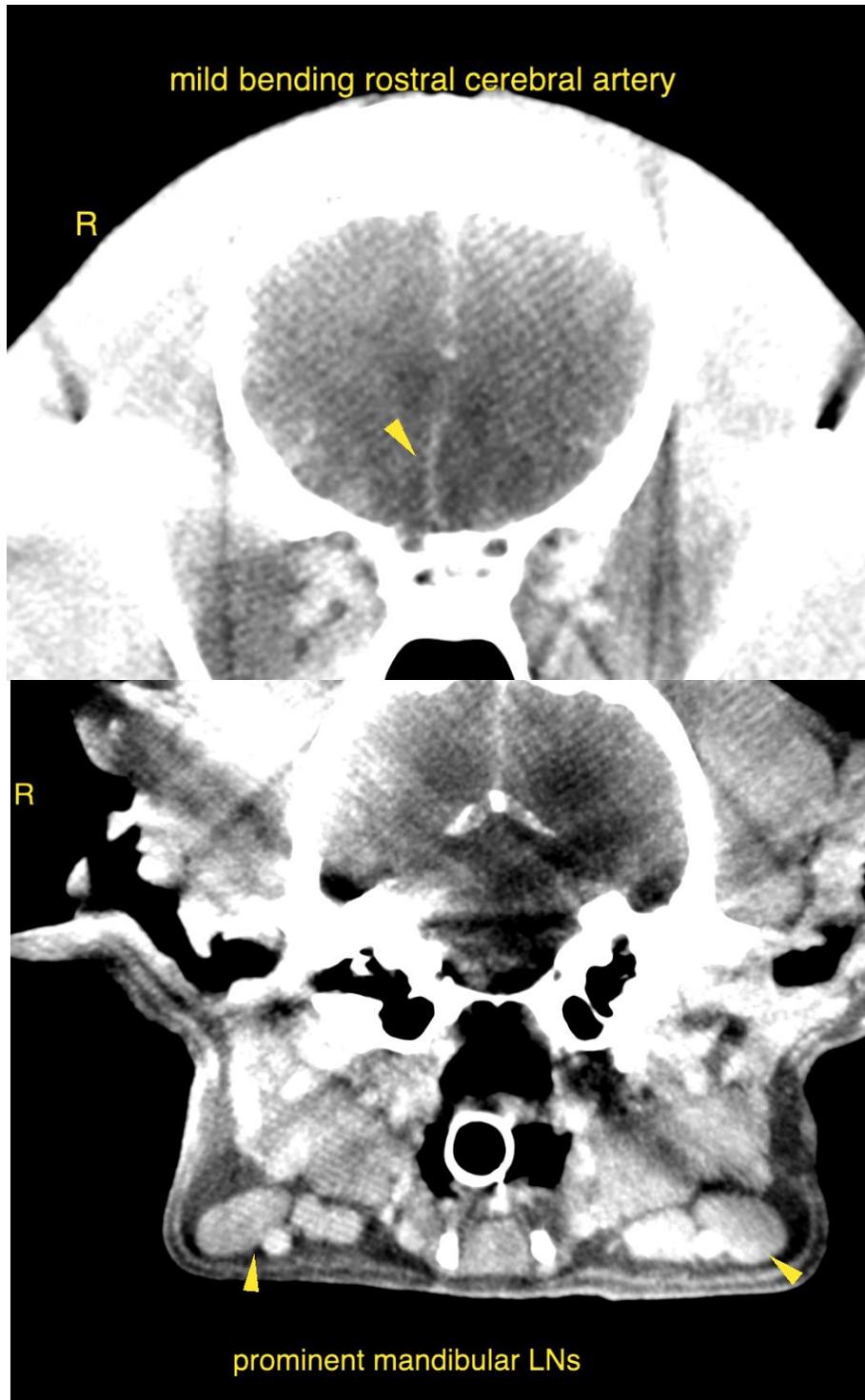
Rory Applegate

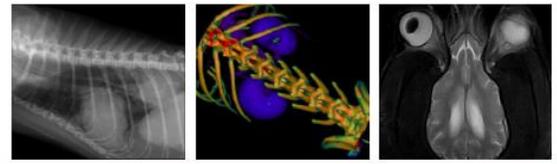
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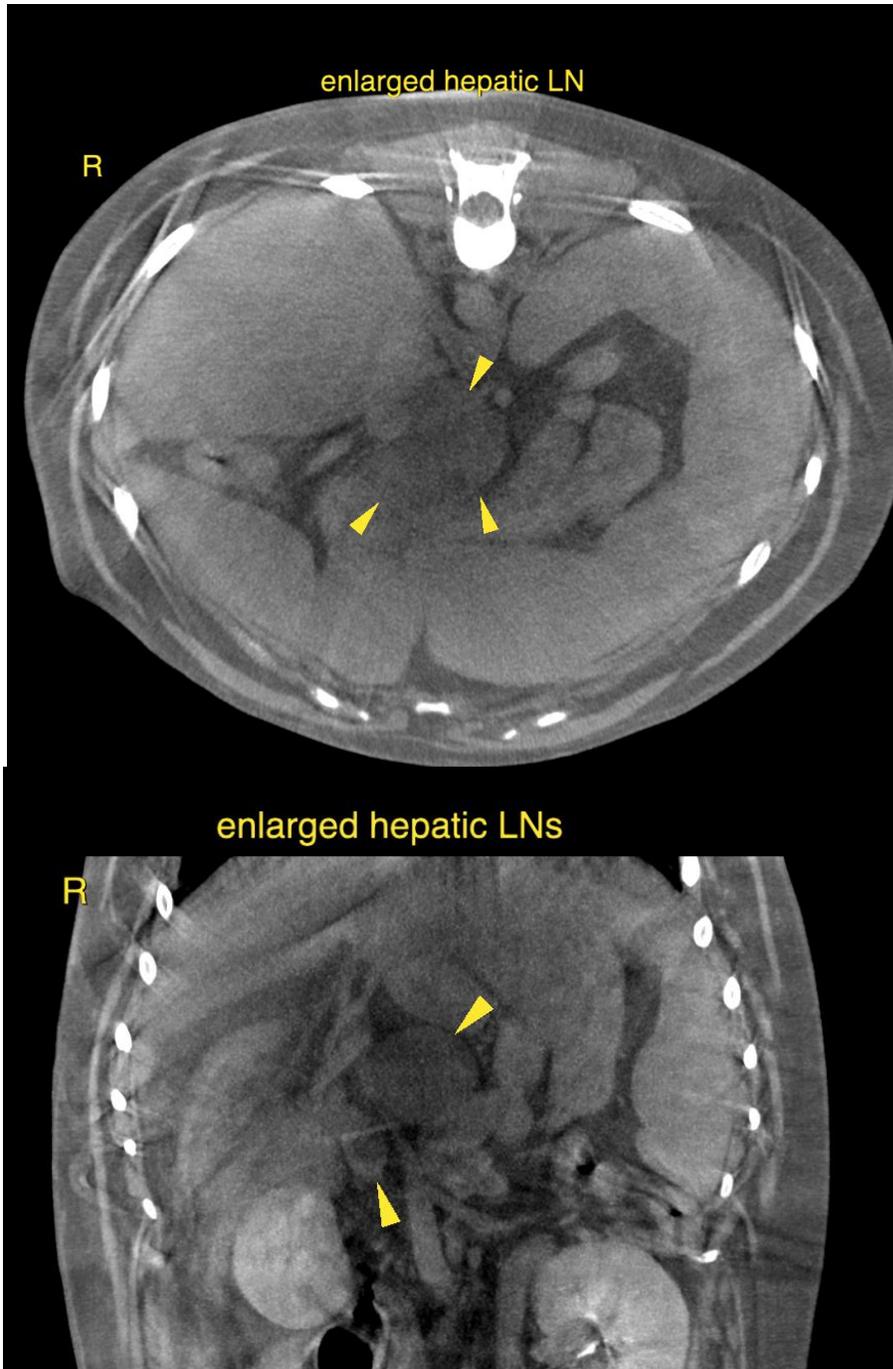
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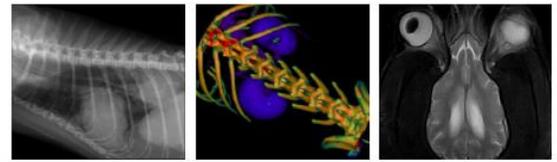
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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