



**PATIENT PRESENTING CLINICAL SIGNS**

Frank Puchalski Presented for a history 2 isolated episodes of suspected 'seizure episodes', and episodes of hypoglycemia. Ultrasound performed by radiologist is suspicious for a hypochoic nodule at left cranial peritoneal space. Owner reports rear limb weakness. Patient is doing better on prednisolone and gabapentin Post procedure patient developed subq emphysema and severe closed pneumothorax, pneumomediastinum, and generalized atelectasis. Patient responded to thoracocentesis.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Alt 168 u/l

**BREED**

Collie

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX, AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

MN

The tooth elements 104, 108, 204, 301, 302 and 401-403 are absent.

**AGE**

12

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

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Northeast Veterinary  
Referral Hospital

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.

Thorax

**REFERRING VET**

Dr. Runde

Multifocal along the thoracic spine. Mild to moderate spondylosis formation is seen. Moderate exostosis formation is seen at the medioproximal aspect of the left scapula

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.

**INVOICE**

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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.

**DATE**

8-3-22

The lung parenchyma presents the expected architecture and attenuation behavior with randomly interspersed punctuate mineralization of the lung parenchyma.



**PATIENT**

Frank Puchalski

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

Abdomen

**SPECIES**

Canine

Motion artifacts are seen in the cranial abdomen.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the right middle abdomen, a prominent, heterogeneous and rounded lymph node is appreciated, measuring 2.5 x 2.1 x 1.8 cm in size.

**BREED**

Collie

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration in the lateral aspect of the cortex of the right kidney, a well-defined shaped parenchymal filling defect is seen, measuring 6 mm in size.

The adrenal glands are within normal limits for size, shape and organ architecture.

**SEX**

MN

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

The pancreas is blurred by motion artefacts. The lateral aspect of the left lobe of the pancreas presents focal convex bulging of the surface due to focal nodular enlargement of the pancreatic parenchyma, measuring 12 mm in diameter.

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

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Along the lumbar spine, multifocal spondylosis formation is appreciated.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Nodular enlargement lateral aspect left lobe of pancreas
- Lymphadenopathy mesenteric lymph node
- Incidental exostosis medioproximal aspect left scapula
- Pulmonary osteomas
- Renal cortical cyst, left kidney
- Multiple absent teeth
- Spondylosis deformans
- Structural normal brain
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The focal nodular enlargement of the left lobe of the pancreas in combination with the described hypoglycemia is concerning for neuroendocrine tumor – insulinoma. Correlating the blood insulin levels is recommended.

The enlarged mesenteric lymph node is concerning for secondary metastatic disease.

**DATE**

8-3-22

No clinically relevant pathology of the spine is appreciated, explaining the hind limb weakness.

No abnormalities of the lung parenchyma are noted, explaining the post procedural pneumothorax – no sign of bulla or pneumothorax during the CT scan.



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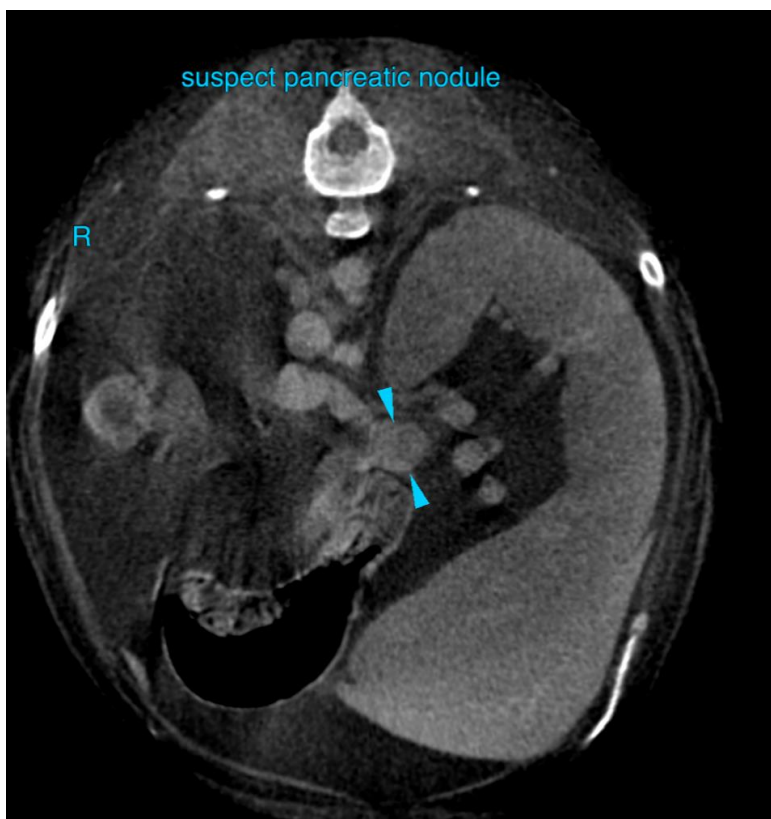
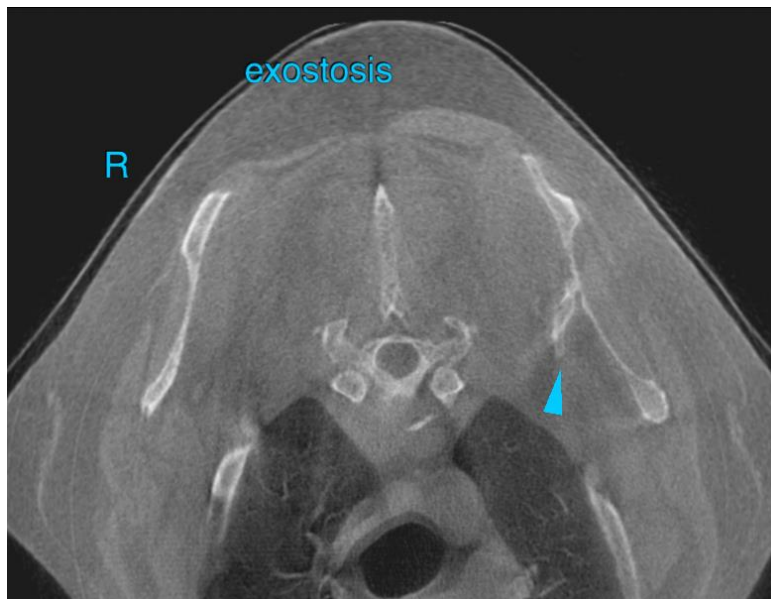
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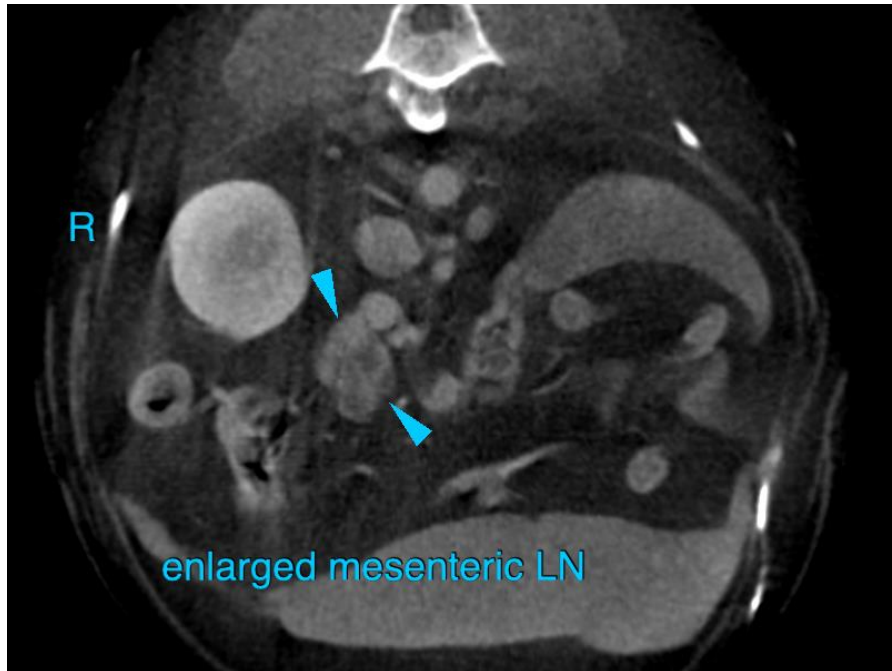
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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