



**PATIENT PRESENTING CLINICAL SIGNS**

Clyde Disalvo History: Acute Onset of hemoptysis, progressive worsening anemia, mild thrombocytosis, normal clotting times. Concern for thoracic mass  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

Canine A pre- and post-contrast CT study of the thorax and abdomen in a lung, bone and soft tissue reconstruction are provided for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Labrador Retriever  
Mix **Thorax**

Post contrast administration multiple variable sized, ill-defined heterogeneous contrast enhancing lesions are seen throughout the left subscapular and epaxial musculature.

**SEX**

Neutered Male 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**

11 Years The cardiovascular structures including the pulmonary vasculature are within normal limits.  
The ventral dependent aspects of the lung parenchyma present a patchy soft tissue consolidation with air-bronchograms. In the caudodorsal aspects of the lung, multiple well-defined nodular lesions measuring up to 4 mm in diameter are seen. In the cranial part of the left cranial lung lobe, a well-defined ovoid shaped, soft tissue attenuating lesion measuring 6.9 x 4.3 x 7.3 cm in size is visible; post contrast administration no contrast enhancement of the pulmonary mass is appreciated.

**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**HOSPITAL NAME**

**Abdomen**

Animal Health Partners Multiple variable sized nodular lesions are seen throughout the peritoneal fat.  
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.

**REFERRING VET**

Dr. Shannon Westgarth The adrenal glands are within normal limits for size, shape and organ architecture.  
The hepatic parenchyma presents with multiple well-defined pre- and post contrast parenchymal filling defects measuring up to 13 mm in size.

**INVOICE**

13291 Protruding from the caudal extremity of the spleen, a heterogeneous soft tissue attenuating and contrast enhancing mass, measuring 2.8 cm in size is visible. Post contrast administration multiple hypoattenuating lesions are seen throughout the splenic parenchyma.

**DATE**

9/27/21



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

Clyde Disalvo

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

**SPECIES**

Canine

In the right epaxial musculature level L3 to L6, a heterogeneous contrast enhancing, ill-defined amorphous lesion is visible, measuring approximately 6.6 x 3.5 x 9.1 cm in size is visible. A small contrast enhancing lesion is seen in the left epaxial musculature. The vertebral body of L2 and L4 present ill-defined geographic osteolytic lesions with perforation of the cortex.

**BREED**

Labrador Retriever  
Mix

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Non-contrast enhancing mass left cranial lung lobe
- Alveolar lung pattern ventral dependent aspects of the lung
- Structured nodular interstitial lung pattern
- Multiple variable sized amorphous shaped contrast enhancing muscular lesions along the axial musculature
- Polyostotic aggressive osteolytic lesion L2 and L4
- Multiple peritoneal soft tissue nodules
- Splenic soft tissue mass and multiple parenchymal splenic nodules
- Hepatic cysts

**SEX**

Neutered Male

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In summary the findings are consistent with disseminated neoplastic disease and hemangiosarcoma is the top differential with secondary pulmonary hemorrhage explaining the described clinical signs. There are no feasible treatment options, and the prognosis is infaust.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

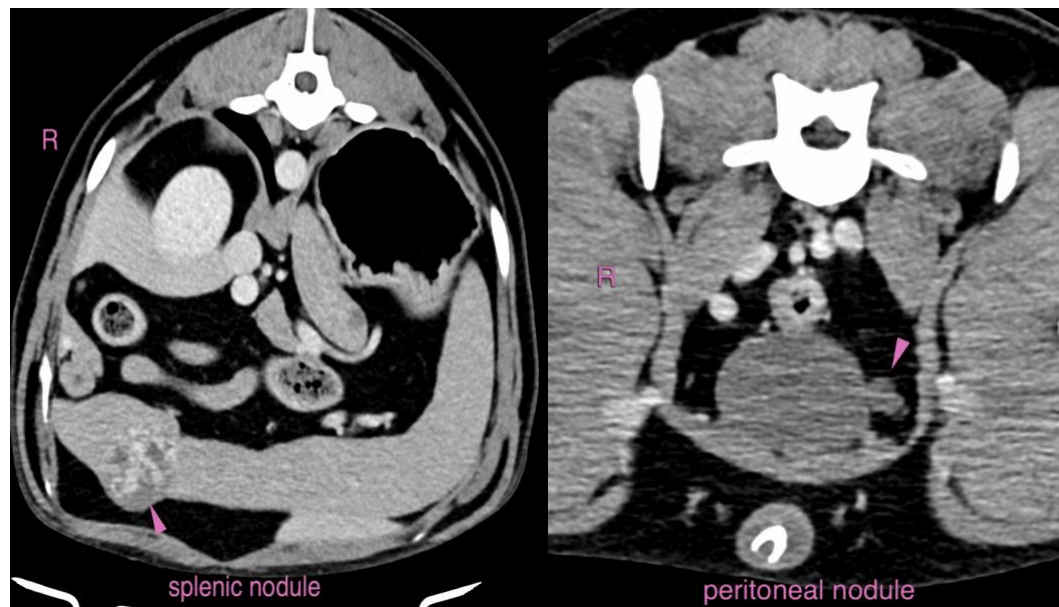
Dr. Shannon  
Westgarth

**INVOICE**

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**PATIENT**

Clyde Disalvo

**SPECIES**

Canine

**BREED**

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**SEX**

Neutered Male

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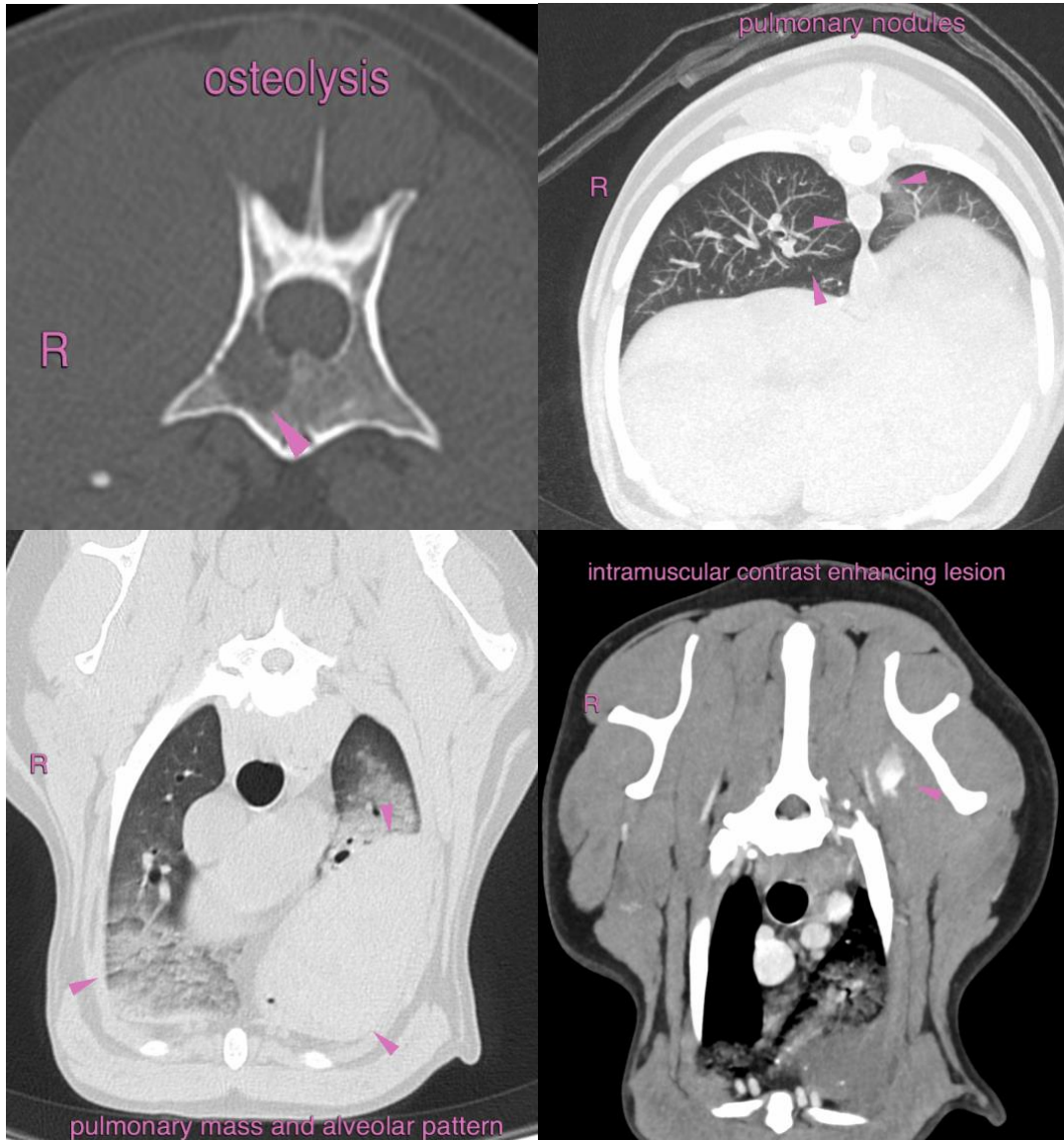
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**PATIENT**

Clyde Disalvo

**SPECIES**

Canine

**BREED**

Labrador Retriever  
Mix

**SEX**

Neutered Male



**AGE**

11 Years

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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