



PATIENT PRESENTING CLINICAL SIGNS

Bud Haynes mass over his right lateral abdomen. The mass was initially noticed 6-7 years ago. The mass has stayed the same size for the past several years, however, 1 month ago the mass started growing rapidly (or in the same area of the previous mass). Mass does not cause discomfort. CT thorax/abdomen performed w/ contrast FNA performed post CT

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Pug

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The intervertebral disc spaces C5/C6 and C6/C7 are collapsed, and the subchondral bone of the respective vertebral endplates presents moderate sclerosis and mild spondylosis formation ventrally.

SEX

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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

13 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

Multifocal throughout the lung parenchyma, soft tissue attenuating nodular lesions with feathered margins of variable size – measuring up to 6 mm in diameter – are appreciated.

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

Abdomen

Centered on the right craniodorsal abdominal wall/right caudodorsal thoracic wall, starting level with the 12th right intercostal space and extending caudally up to the level of the L4, a well-defined soft tissue attenuating and mild heterogeneous contrast enhancing mass is visible, protruding both into the subcutaneous tissue at the same level as well as into the right retroperitoneal space. The mass is measuring 9.5 x 7.2 x 7.3 cm in size. The mass is in close contact with the right epaxial musculature and displacing the right kidney cranially by the mass effect.

REFERRING VET

Dr. Jeffery Biskup

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The intervertebral disc space L1/L2 is collapsed and the respective vertebral endplates present signs of chronic osseous remodeling with moth eaten defects and spondylosis formation. Mineralized disc material is protruding moderately into the vertebral canal level L1/L2, occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level. Multifocal moderate spondylosis formation is seen along the lumbar spine.

DATE

9-6-22

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



PATIENT administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

The right lateral liver lobe presents with an intraparenchymal, mild hypoattenuating and strong heterogeneous contrast enhancing nodular lesion, measuring 2.7 cm in diameter.

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The caudal extremity of the spleen presents a heterogeneous contrast enhancing parenchymal nodular lesion, measuring 9 mm in diameter, causing mild local convex bulging of the splenic surface

BREED

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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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L7 presents a transverse process in the right aspect and is articulating with the sacroiliac joint in the left aspect. Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

AGE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass right craniodorsal abdominal/right caudodorsal thoracic wall with perforating of the abdominal wall and extend into the retroperitoneal space
- Structured nodular interstitial lung pattern
- Splenic & hepatic parenchymal heterogeneous contrast enhancing nodular lesion
- Chronic discopathy C5/C6, C6/C7 and L1/L2
- Chronic intervertebral disc protrusion L1/L2 with compressive myelopathy
- Degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass is consistent with primary neoplasia and sarcoma is most likely with pulmonary metastatic spread. The odds for metastatic spread to the liver and spleen are considered high. The mass presents signs of local invasive growth, perforating the abdominal wall and bulging into the retroperitoneal space.

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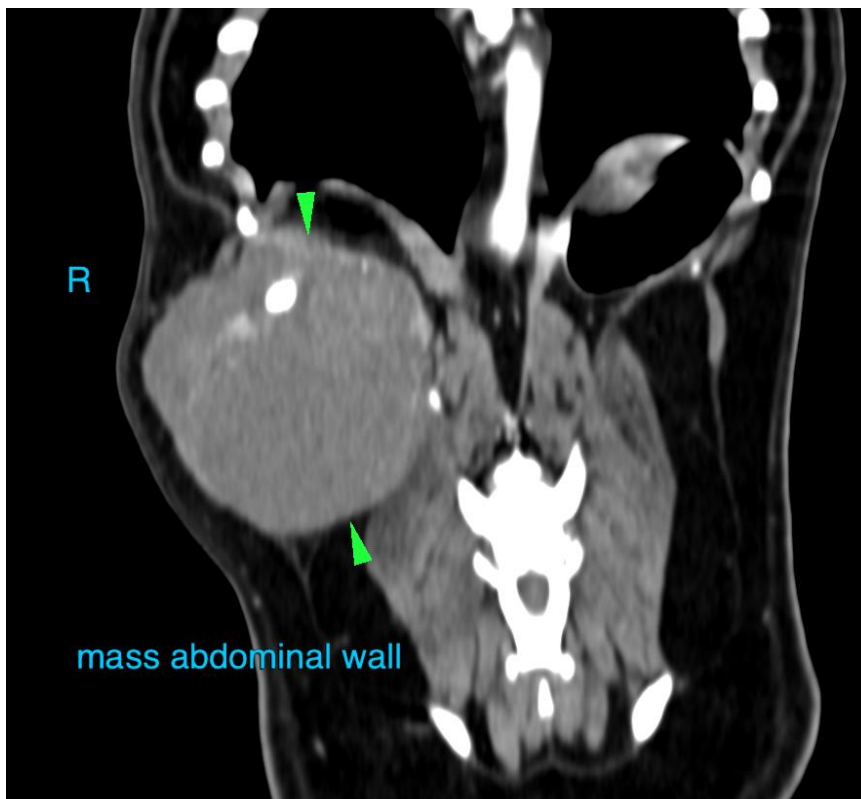
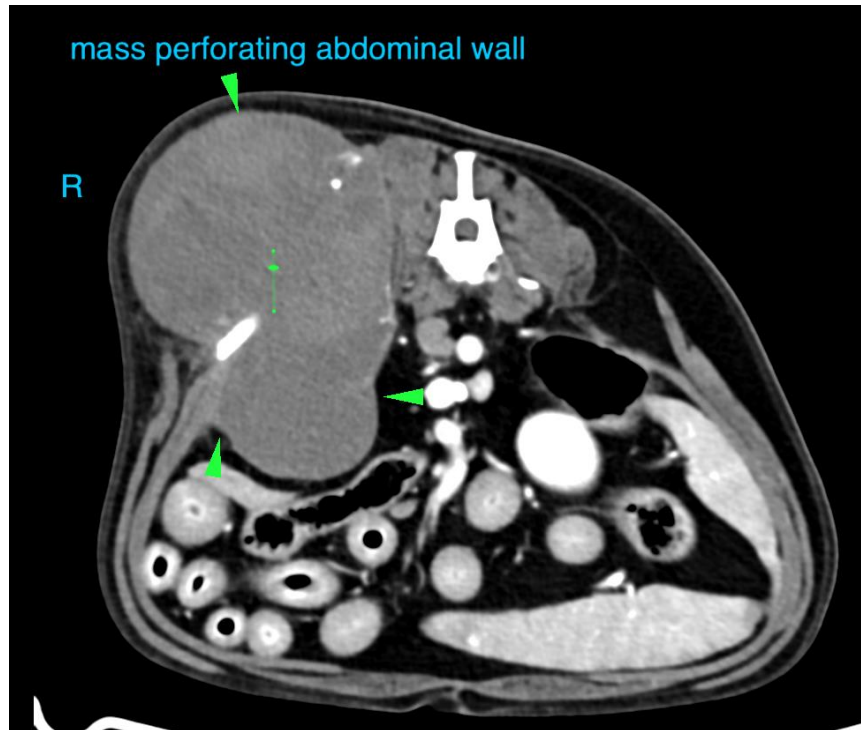
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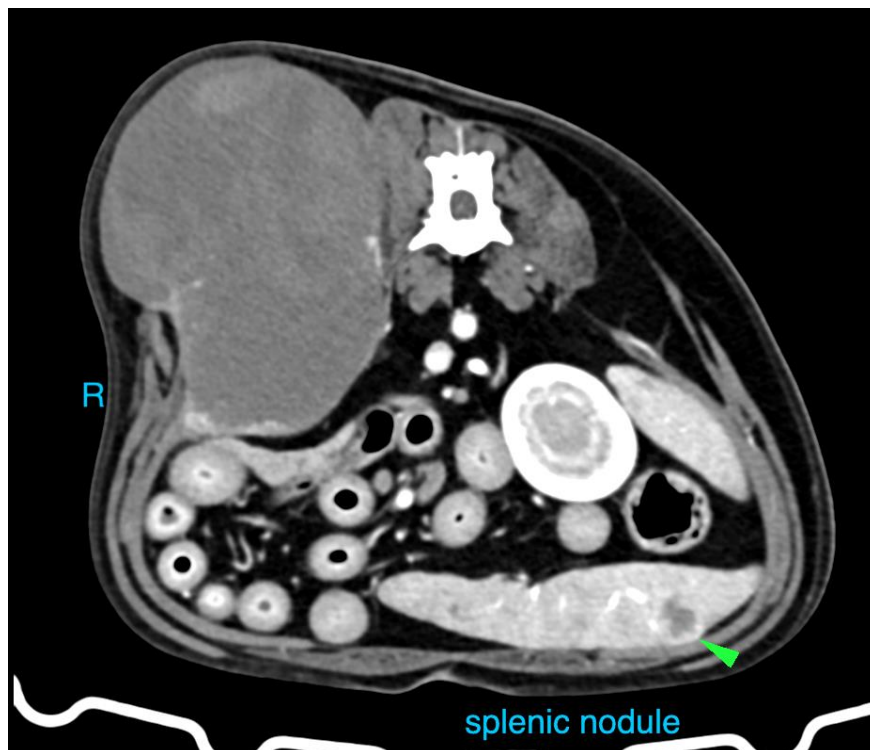
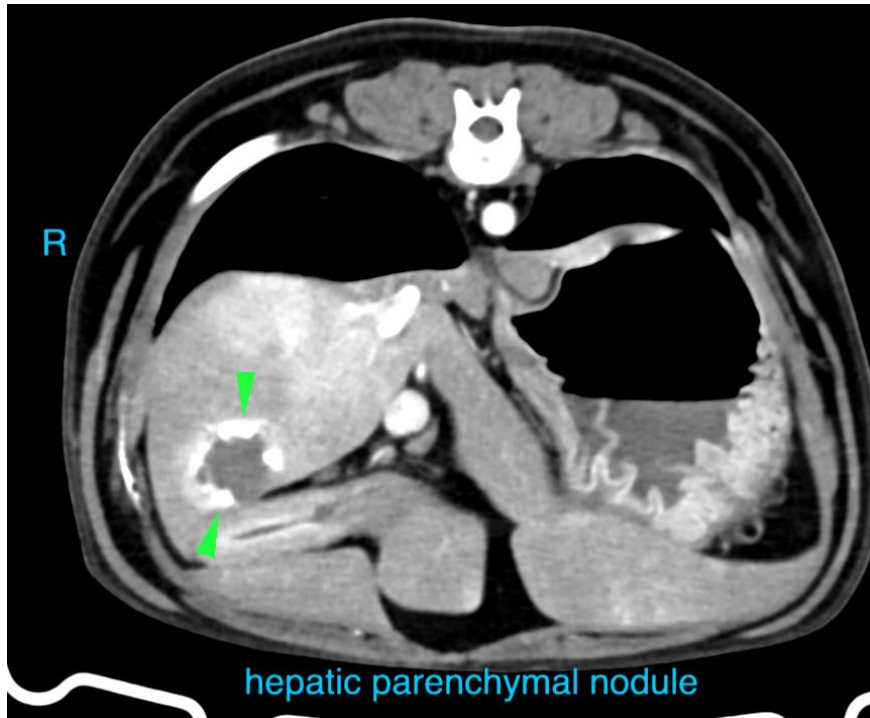
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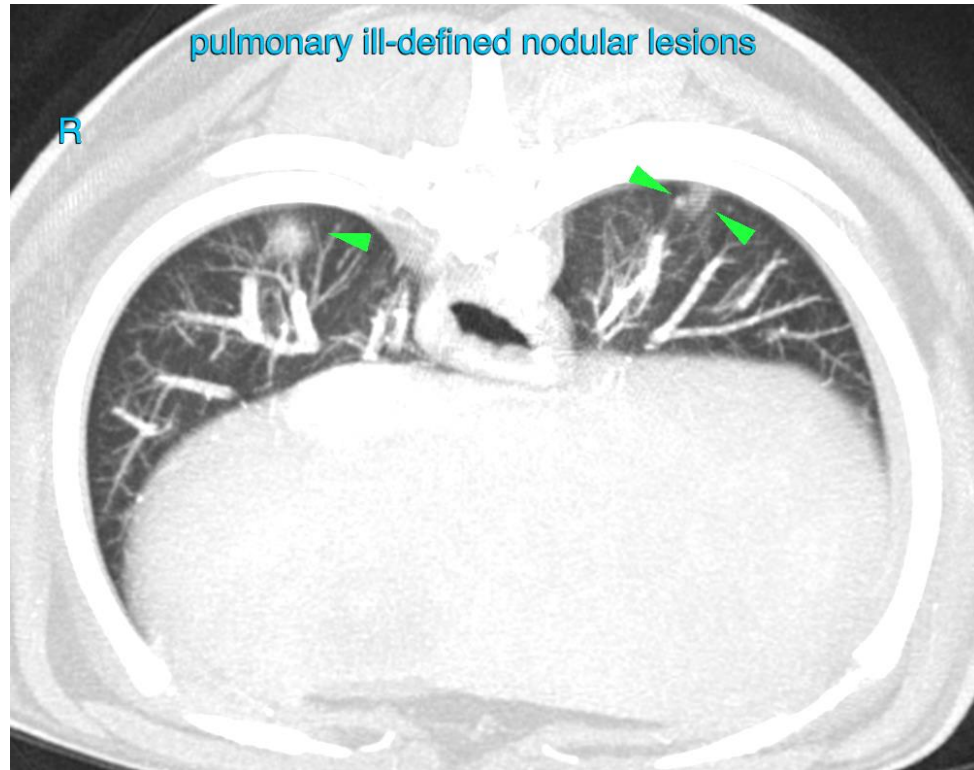
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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