



PATIENT

Leia Serrano

SPECIES

Canine

BREED

Min Schnauzer

SEX

Spayed Female

AGE

14Y

WEIGHT

12.5lbs

INTERPRETED BY

Dr. Mauro Caldas MV,
CBRV

IMAGING PERFORMED BY

Dr. Meaux

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Meaux

INVOICE

75153

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Referred for advanced imaging due to previous vestibular signs, suspected seizure episode, and Hx of mast cell tumor on Right shoulder. Another mammary mass present which is ulcerated.
Abnormal PE/Chem/CBC/UA Results: Slight head tilt, able to ambulate. Multiple masses throughout body. NSF on labs.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX AND ABDOMEN

Survey and post contrast CT images provided for review

COMPUTED TOMOGRAPHIC FINDINGS

Head:

Nostril and incisive region outside field of view.

The brain and pituitary gland are unremarkable with no evidence of intracranial nodules, mass, or abnormal contrast enhancement.

Conchae and turbinate present with normal air pattern. No turbinate lysis seen. Mild nasal septum deviation to the left side is noted.

Periodontal lysis seen on 108, 109, 404, 405 and 406.

Temporomandibular joints are aligned and appear normal.

The mandibular and medial retropharyngeal lymph nodes are symmetrical with normal size and shape.

The salivary glands present within normal limits.

Neck:

Thyroid glands are symmetrical, with normal shape and size (2,0 mm wide).

The hyoid apparatus appears normal.

Cervical spine is aligned with moderate spondylarthrosis, worse on C5-6. No vertebral lysis seen. Presence of a low density disc bulging over C3-4 is seen with moderate central medullary compression.

A soft tissue attenuated mass with irregular edge cranial to the right shoulder is seen under the cleidocephalicus muscle measuring 2,0 x 3,5 x 2,7 cm size (long x tall x wide) with heterogeneous enhancement possibly arising from the deep caudal cervical lymph node.

Thorax:

A right axillary lymph node mass is noted with sharp edges and heterogeneous enhancement measuring 2,8 x 2,5 x 2,1 cm size (long x tall x wide).

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



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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

The mediastinum is without masses or enlarged lymph nodes.

No obvious effusion is seen in the pleural space.

Thoracic wall with symmetrical muscles and bone structure without lysis.

Thoracic spine is aligned. No vertebral lysis seen. No medullary compression seen.

Abdomen:

The liver presents with normal size. Presence of a single nodule is noted with heterogeneous enhancement in the region of the left medial lobe measuring 2,5 x 2,9 x 2,1 cm. The gallbladder presents full with dense sludge.

The stomach and small Intestines appear normal. Feces with normal density and volume on the colon and rectum.

Spleen presents with mild enlargement. No mass or nodules seen.

The adrenal glands appear normal.

Both kidneys present with normal size and shape. Normal contrast excretion on the both sides. There is no evidence of peritoneal effusion or peritonitis.

Medial iliac lymph nodes are asymmetrical and enlarged. Right 1,2 cm wide and left 0,7 cm wide.

Urinary bladder presents with thin walls and no stones seen.

Two large cutaneous poorly delimited masses are seen on the right ventral abdominal wall measuring 4,8 x 4,0 x 1,7 cm and 5,1 x 2,4 x 1,6 cm in the region of mammary glands.

The right inguinal lymph node is enlarged measuring 1,1 cm wide.

The lumbar and sacral spine aligned. No vertebral lysis seen. No medullary compression seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Periosteal lysis 108, 109, 404, 405 and 406.
- Normal brain.
- No otitis media seen.
- C3-4 disc extrusion with mild to moderate medullary compression.
- Cervical mass in the right cervical caudal deep lymph node site.
- Enlarged right axillary lymph node.
- Solitary hepatic nodule on the medial left lobe.
- Two masses on the right mammary chain



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- Enlarged right inguinal lymph node.
- Enlarged medial iliac lymph nodes.

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The right caudal cervical and axillary lymph node lesions are likely metastasis of the mast cell tumor related.

The right abdominal mammary mass is likely primary carcinoma with right inguinal lymph node and medial iliac metastases.

The hepatic nodule is unspecific, but metastasis cannot be ruled out.

No obvious pulmonary metastasis seen.

The dental findings are incidental periodontal abscesses.

No clear cause to the vestibular signs.

The C3-4 disc extrusion may represent some importance and need to be correlated with the clinical examination.

US guided FNA is indicated to the lymphatic and hepatic lesions with oncological follow up.





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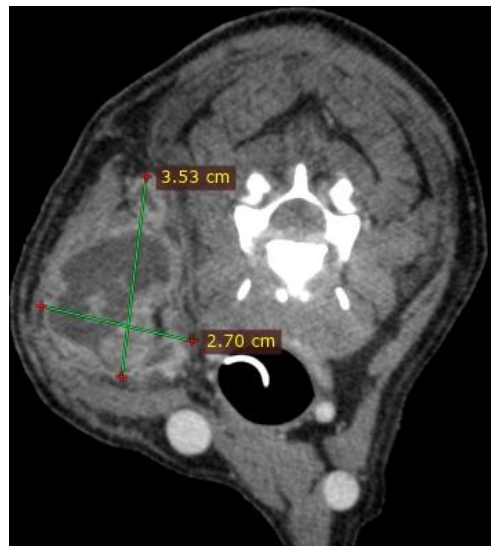
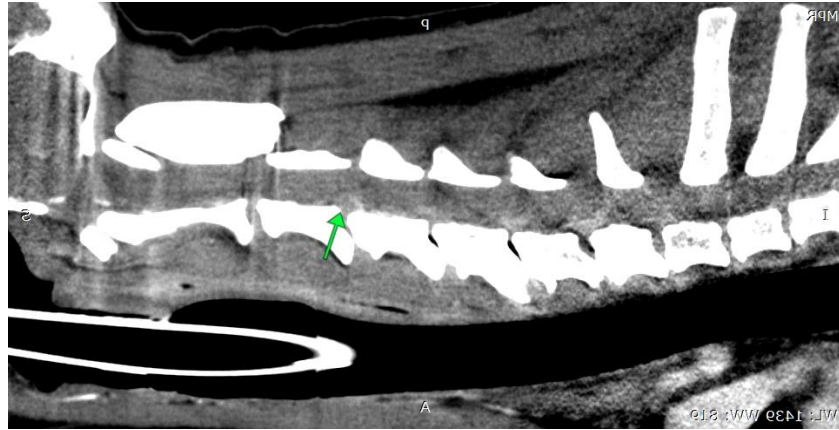
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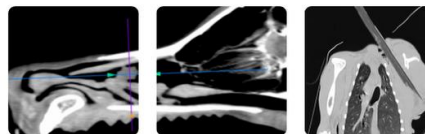
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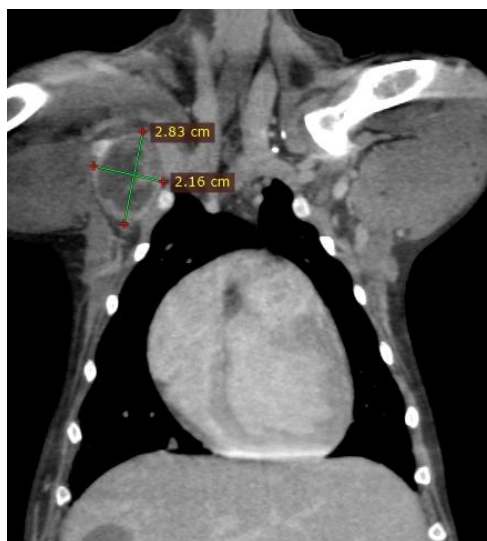
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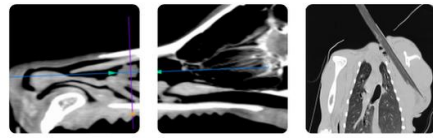
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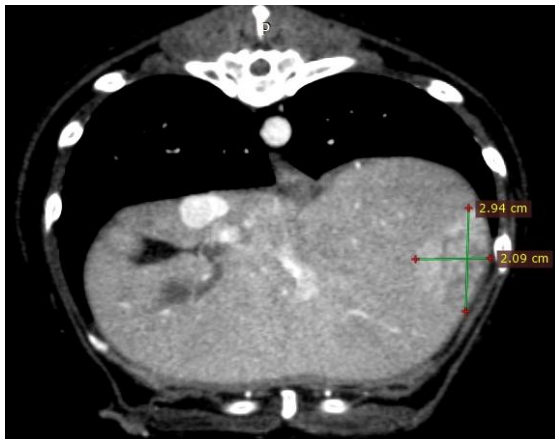
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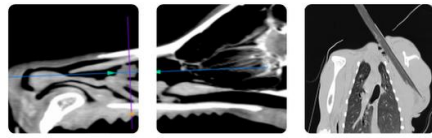
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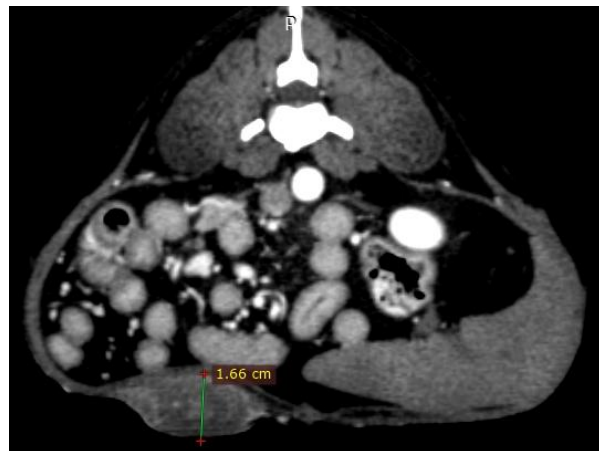
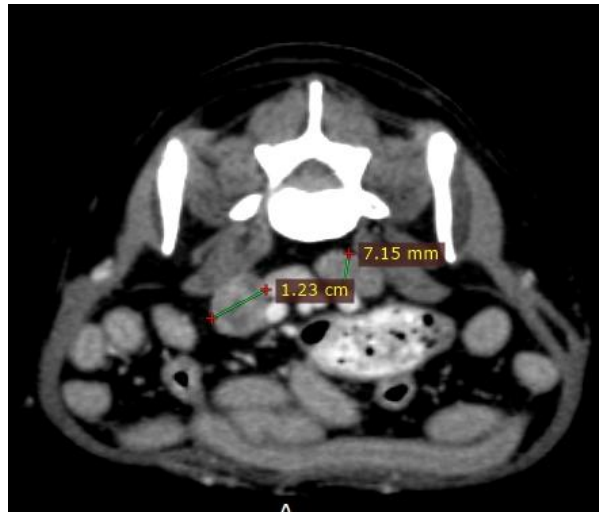
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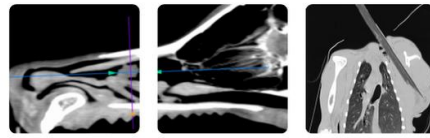
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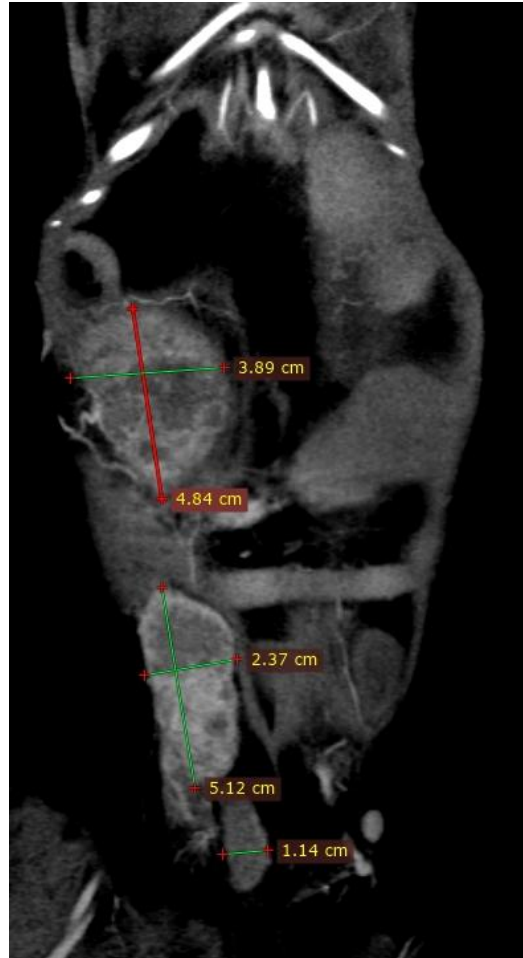
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Mauro Caldas MV, CBRV
info@sonopath.com