



PATIENT

Max Ortiz

SPECIES

Canine

BREED

Schnauzer

SEX

Male

AGE

13 Years

WEIGHT

20.3 lbs

INTERPRETED BY

Dr. Mauro Caldas MV,
CBRV

IMAGING PERFORMED BY

José L. Alvarado bruno,
CVT- CT Scan
Technician

HOSPITAL NAME

Veterinary Imaging
Center

REFERRING VET

Betritz Blanco, DVM

INVOICE

16407

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Back pain and a hunched posture when walking. Referred to CEVET, but appointments for July. Today he is painful on abdominal palpation and bloodwork showed mild anemia which was not present before. Various cutaneous masses were scheduled for removal today, but we decided to proceed with a CT scan first to make sure there is not something we are missing in the abdomen. Since he already needs a CT for the back, we decided to skip ultrasound and do CT for both things (abdomen and back).

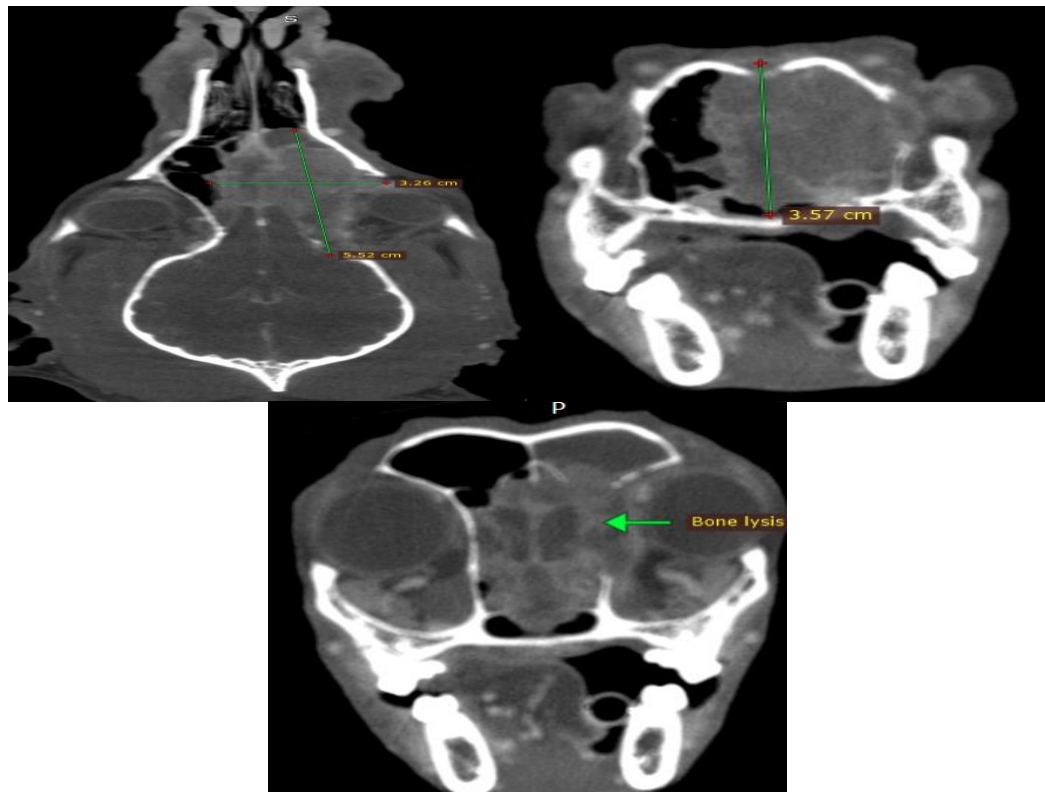
COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, ABDOMEN AND TOTAL SPINE

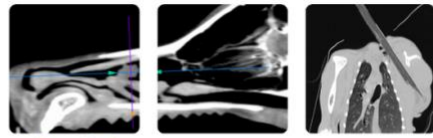
Survey and post contrast CT images provided for review

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Nasal cavity with a left sided aggressive soft tissue mass invading the right side, the left frontal sinus, the nasal choana and the left orbital space with lysis on the nasal bone, left orbit and on the cribriform plate measuring 5.5 x 3.3 x 3.6 cm size (long x wide x tall) with partial airway obstruction and mild left lateral exophthalmos. Dense fluid content on the left frontal sinus. The brain and pituitary gland are unremarkable with no evidence of intracranial nodules, mass, or abnormal contrast enhancement. Dentition appears normal. Temporo mandibular joints are aligned and appears normal. The mandibular and medial retropharyngeal lymph reveal normal size and shape. The salivary glands present within normal limits.





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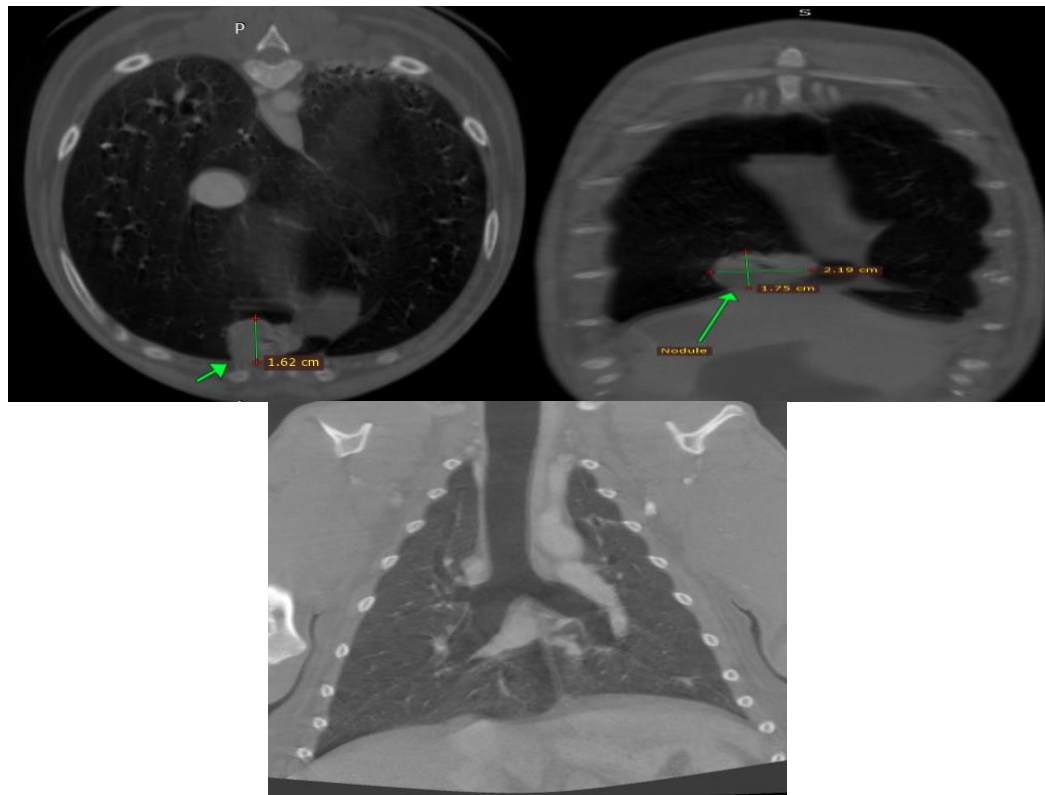
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NECK

Thyroid glands are symmetrical, normal shape and size (4.5 mm wide). Hyoid apparatus appears normal. Cervical muscles are symmetrical.

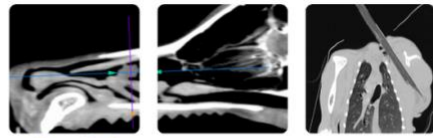
THORAX

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. The lung parenchyma presents a solitary nodule on the ventral aspect of the right medial lobe measuring 1.8 x 2.2 x 1.6 cm size (long x wide x tall). Mediastinum without mass or enlarged lymph nodes. No obvious effusion seen in the pleural space. Thoracic wall with symmetrical muscles and bone structure without lysis.



ABDOMEN

Liver with normal size. No mass or nodules are seen. Gall bladder appears full. No stones are seen. Stomach and small intestines appear normal. Feces with normal density and volume in the colon and rectum. Spleen revealed mild enlargement. Mild hypervascular nodular formation on the head measuring 2.8 cm wide. The adrenal glands appear normal. Both kidneys present with normal size and shape. Normal contrast excretion on both sides. There is no evidence of peritoneal effusion or peritonitis. Medial iliac lymph nodes are symmetrical, with normal size and shape. Urinary bladder with thin walls and no stones seen. Mild enlarged prostate with symmetrical lobes and small cysts measuring 3.2 x 3.8 x 3.0 cm.



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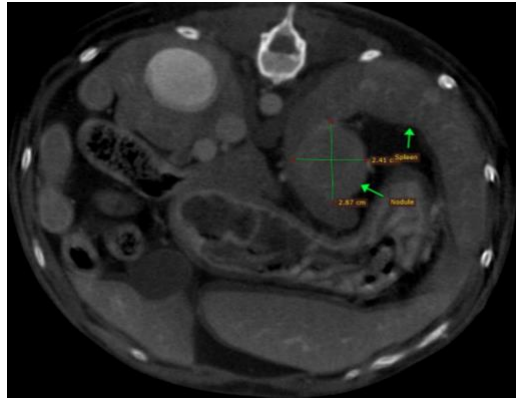
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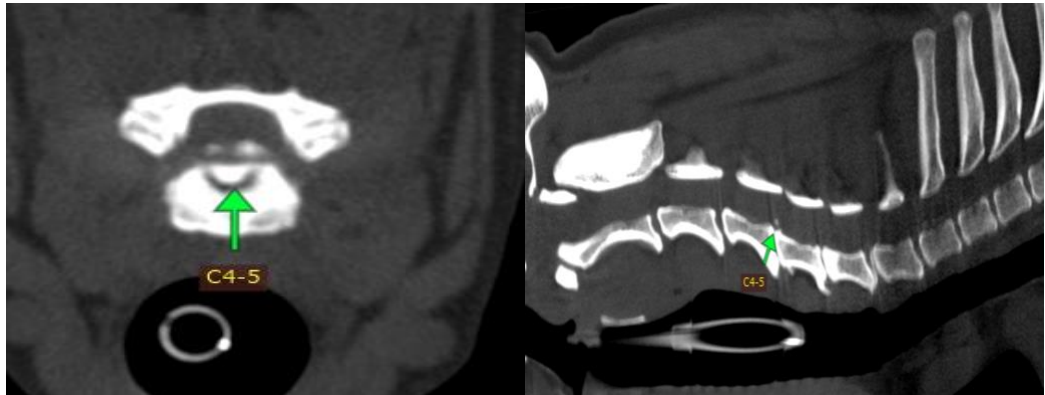
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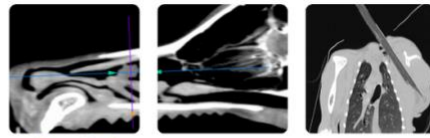
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SPINE

Cervical spine is aligned. No vertebral lysis is seen. Disc space collapse on C4-5 and C5-6. Mineral attenuated material on the vertebral canal, over C4-5, with mild medullary compression seen. Thoracic spine is aligned. No vertebral lysis seen. Disc space collapse on T12-13. Mineral attenuated material on the vertebral canal, over T12-13, with mild to moderate medullary ventral compression seen. Lumbar spine is aligned. No vertebral lysis seen. Disc space collapse on T13-L1 and L4-5. Mineral attenuated material on the vertebral canal, over T13-L1, with moderate ventral medullary compression seen. Mineral attenuated material on the vertebral canal, over L4-5, right sided, with moderate ventrolateral medullary compression seen.





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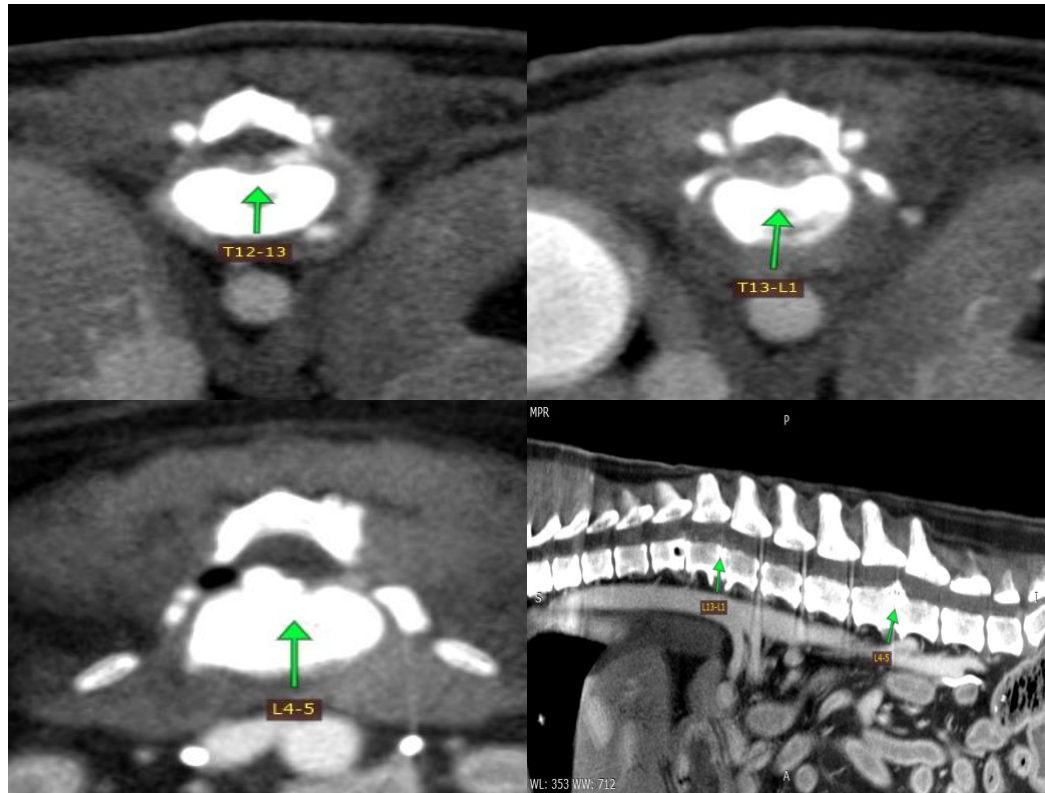
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided aggressive nasal mass.
- Solitary pulmonary nodule on the right medial lobe.
- Nodule on the head of the spleen.
- C4-5-disc extrusion, with mild ventral medullary compression.
- T12-13-disc extrusion, with mild to moderate ventral medullary compression.
- T13-L1 disc extrusion, with moderate ventral medullary compression
- L4-5-disc extrusion, with moderate right ventrolateral medullary compression

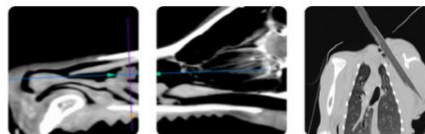
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Nasal passage with primary neoplasm, nasal carcinoma most likely with early brain invasion. Fungal rhinitis cannot be ruled out but appears unlikely. Rhinoscopy with biopsies is recommended, with oncological follow up based on histological findings.

The pulmonary nodule can be a solitary metastasis, a primary neoplasm (bronchogenic carcinoma) or a benign lesion like a granuloma. US guide FNA or biopsy is indicated. The spleen nodule can be a metastasis or hyperplasia. US guide FNA or biopsy is indicated.

Multifocal medullary compression, secondary to intervertebral disc extrusion can explain the pain, but must be correlated to the clinical neurological evaluation to surgical decompression.

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



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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