



PATIENT

Luna Pepper Mercado

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed

AGE

6Y

WEIGHT

13lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Carlos Ortiz

INVOICE

73448

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- Canine patient referred with prior radiographic findings suggestive of a thoracic mass and pleural effusion. A thoracic and abdominal CT was performed for better lesion characterization, evaluation of regional lymph nodes, pulmonary involvement, abdominal organs, assessment of disease extent, and determination of surgical candidacy.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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

The right middle lung lobe is consolidated and presents an increased volume; the bronchi are compressed. The parenchyma of the right middle lung lobe has a heterogeneous contrast enhancement pattern. The ventral aspects of the caudal part of the left cranial lung lobe and the left caudal lung lobe present zones with consolidation of the lung parenchyma and compression of the respective bronchi.

In the hilar region, the caudal segment of the trachea, the carina, and the main-stem bronchi are encompassed by a heterogeneous contrast enhancing soft tissue mass.

Ventral to the intrathoracic segment of the caudal vena cava, in the pleural plica, a heterogeneous contrast enhancing mass is appreciated.

The sternal and cranial mediastinal lymph nodes are significantly enlarged and rounded.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A separate right & left caudal vena cava of the pre-renal segment is seen.

The hepatic, renal and splenic lymph nodes are moderately prominent, rounded and have a uniform contrast enhancement pattern.

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.

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

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.



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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.

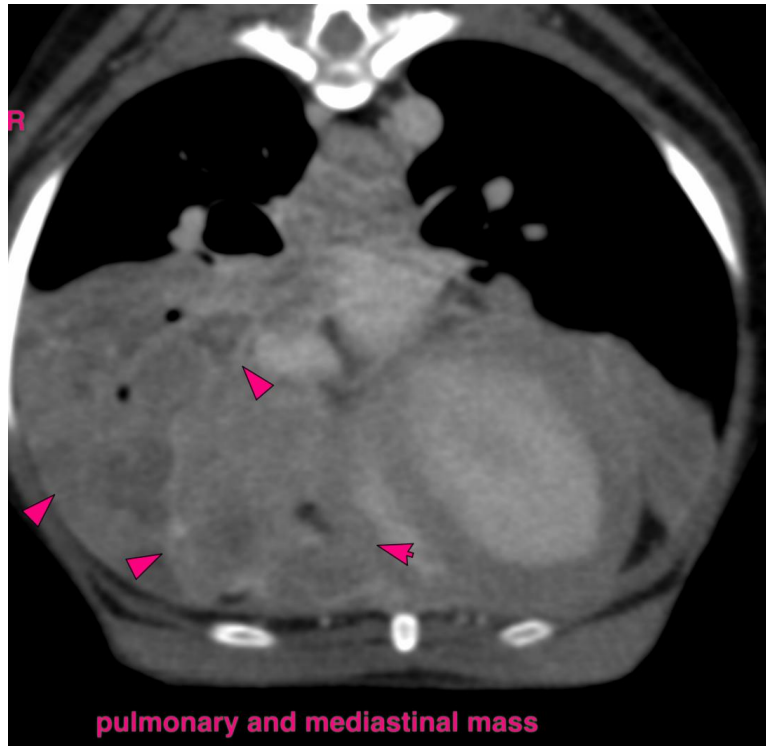
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass right middle lung lobe
- Zones with consolidation and increased volume ventral aspects left lung
- Lymphadenopathy cranial mediastinal & sternal lymph nodes and multiple cranial abdominal lymph nodes
- Hilar soft tissue mass encompassing the caudal segment of the trachea and main-stem bronchi
- Suspect soft tissue mass in plica of the caudal vena cava
- Double caudal vena cava, pre-renal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic findings are compatible with primary soft tissue neoplasia – possible primary pulmonary tumor, such as carcinoma, histiocytic sarcoma – with metastatic spread to the regional lymph nodes and mediastinum. If not done so yet, ultrasound guided FNA sampling can be performed for specification.





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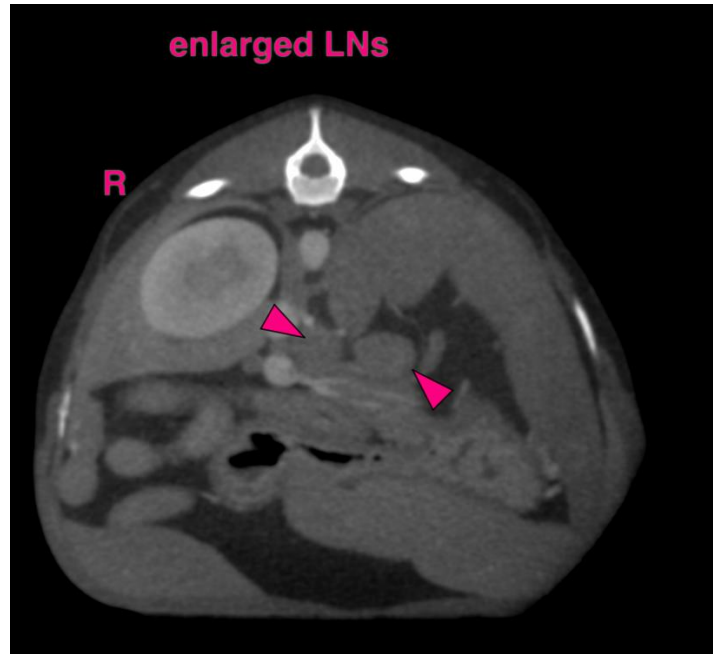
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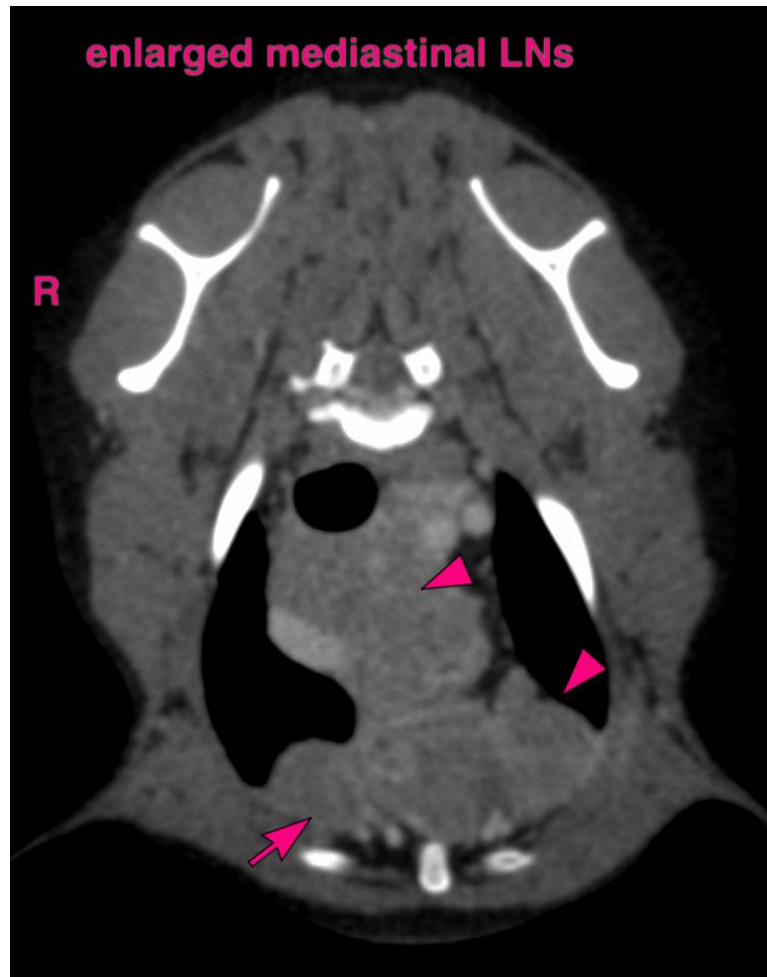
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com