



PATIENT

Sandy Guzman Cabral

SPECIES

Canine

BREED

Golden Retriever

SEX

SF

AGE

9Y

WEIGHT

70.1lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
(CVT) - CT Scan
Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. JL. Sosa, DVM

INVOICE

73496

DATE

1-27-26

PRESENTING CLINICAL SIGNS

History:

- Patient presented for a medical evaluation for difficulty walking and standing noted. Tongue deviation to the right side observed with head tilt toward the left side. History of gastritis in Dominican Republic.

Abnormal PE/Chem/CBC/UA Results: CBC --- mild monocytosis (1.22) CHEM --- ALT mild increased (206) and TBIL mild increased (1.3)

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The tooth elements 305 and 405 are absent.

In the left caudal aspect of mouth and oropharynx, a small amount of pooled fluid is visible.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

Post contrast administration in the fourth ventricle of the brain, a strong peripherally accentuated contrast enhancing roundish mass is seen; measuring 9.6 mm in diameter.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The esophagus is moderately distended by gas and fluid – considered as a sequela to general anesthesia and reflux from the stomach.

The remainder of the osseous and soft tissue structures of the neck are unremarkable.

Thorax

Along the thoracic and lumbar spine, multifocal spondylosis formation is seen.

At the medioproximal aspect of the left scapula, in the origin of the serratus ventral muscle, a peripheral accentuated contrast enhancing mass is seen.

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.

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



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Multifocal throughout the lung parenchyma, well-defined, soft tissue attenuating and mild irregular contrast enhancing nodular lesions are seen; measuring up to 2.2 cm in diameter.

In the hilar region of the accessory lung lobe, a roundish, mass is seen, encompassing and compressing the first degree bronchus of the accessory lung lobe.

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.

Both kidneys present irregular margins with multiple convex shaped protrusions of the renal surface. Post contrast administration, multiple heterogeneous contrast enhancing masses are appreciated throughout the renal parenchyma, partially protruding from the renal surface.

Protruding from the lateral gastric wall, a roundish, peripherally accentuated contrast enhancing mass is seen; measuring approximately 5.1 cm in diameter. The gastric wall level with the mass presents focal loss of the wall layering.

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 pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial extraaxial strong contrast enhancing mass in the fourth ventricle
- Mural gastric mass
- Renal soft tissue masses bilaterally
- Contrast enhancing intramuscular mass proximal aspect left serratus ventralis muscle
- Structured nodular interstitial lung pattern and soft tissue mass hilar region accessory lung lobe
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In summary the findings are consistent with disseminated neoplastic disease – such as hemangiosarcoma, carcinomatosis or histiocytic sarcoma. FNA sampling of the abdominal masses can be used for specification. The lesion in the fourth ventricle can explain the described neurological clinical signs.



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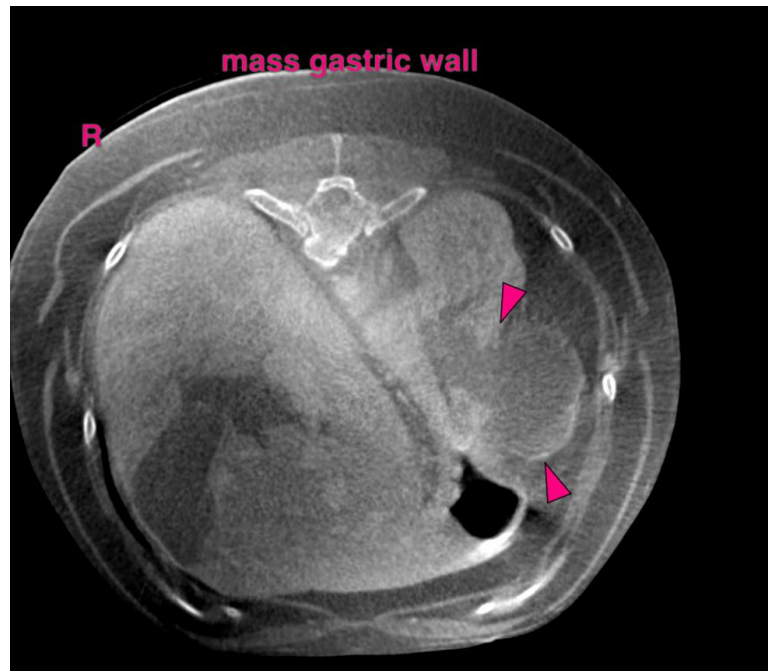
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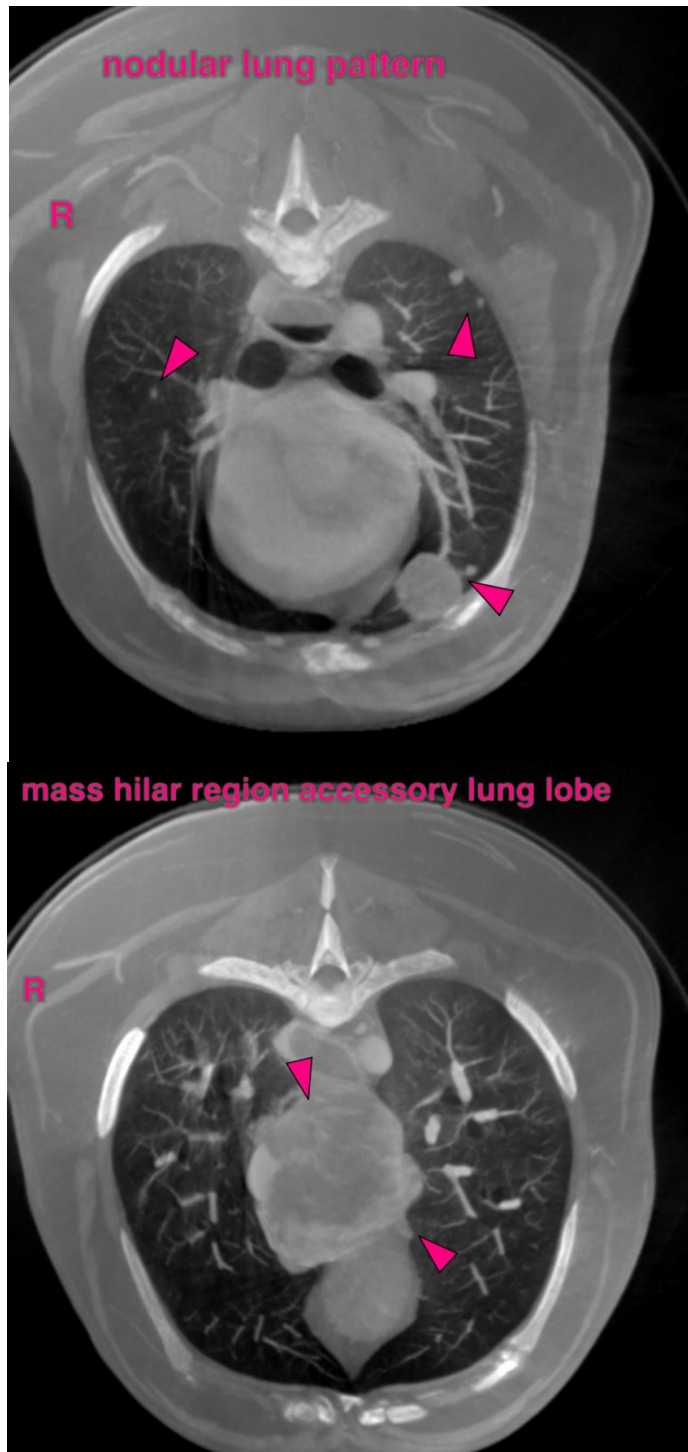
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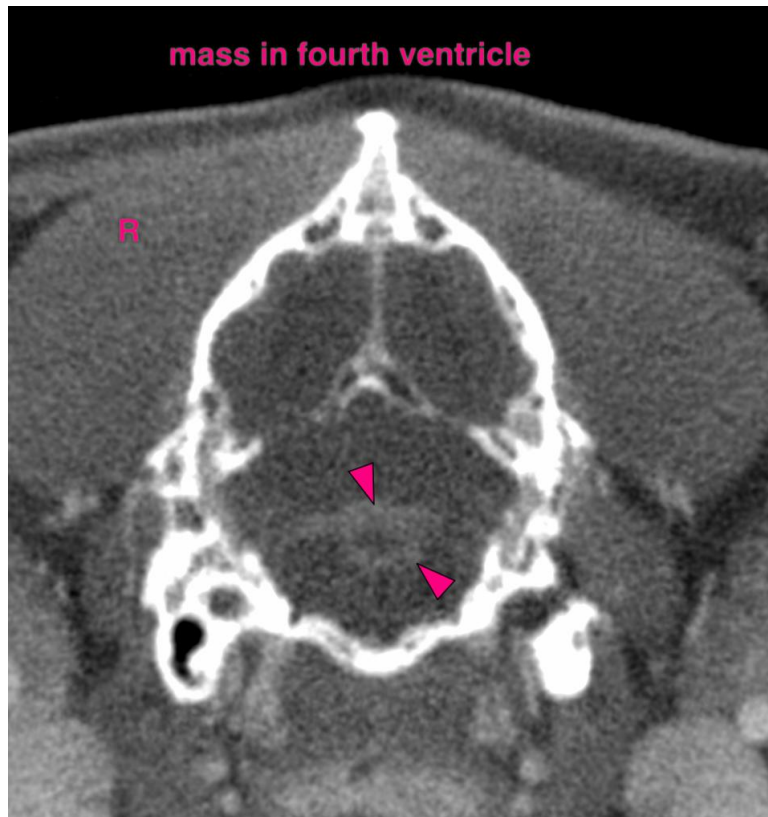
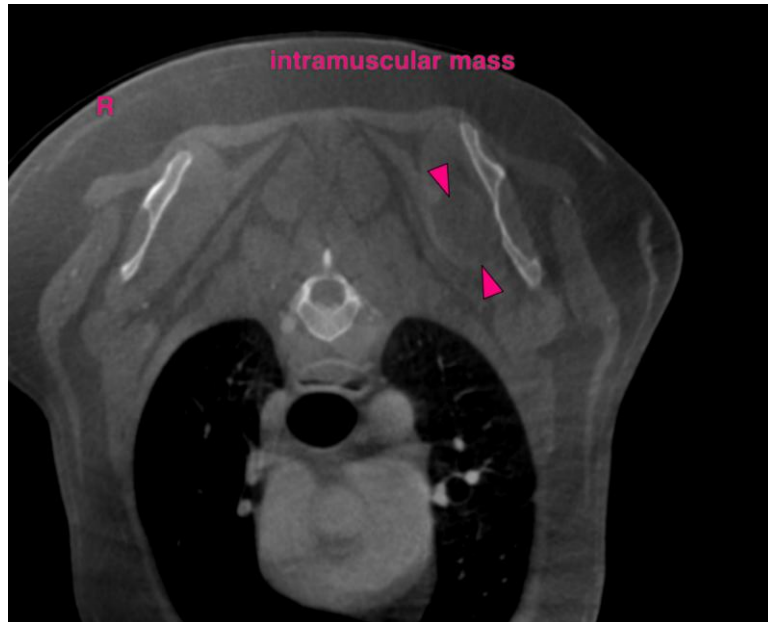
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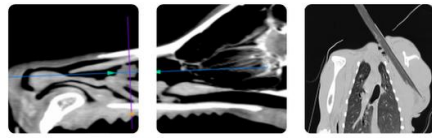
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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