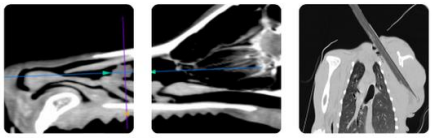


PATIENT

Peter Arbalaez

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

11Y

WEIGHT

36lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73533

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- Trouble breathing
- Please list any current medications
- Amoxi/Clav 625mg: 1/2 PO BID
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- N/A

Abnormal PE/Chem/CBC/UA Results: PE normal, muffled lung sounds. mm pink.

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

Post contrast administration, throughout the axial and appendicular muscles, variable sized and shaped contrast enhancing lesions are appreciated.

In the subcutaneous tissue along the caudodorsal aspect of the thoracic spine, multiple well-defined, soft tissue attenuating nodules are 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.

Throughout the lung parenchyma, multiple – partially confluent – well-defined, soft tissue attenuating nodules are appreciated; measuring up to 9 mm. In the caudodorsal aspect of the left caudal lung lobe, a consolidated area is visible, and the respective bronchi are distorted.

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

Abdomen

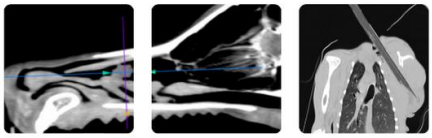
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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

Throughout the renal parenchyma, multiple well-defined, roundish parenchymal filling defects are seen, partially protruding beyond the renal surface.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



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The liver is normal in size and shape and has a homogeneous attenuating parenchyma. Post contrast administration the ventral aspect of the left division of the liver, a zone with heterogeneous contrast uptake and central hyperattenuating areas is visible.

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.

Post contrast administration in the left epaxial musculature level with L4 an irregular shaped contrast enhancing lesion is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass caudodorsal aspect left caudal lung lobe
- Miliary lung pattern
- Contrast enhancing muscular lesions
- Heterogeneous contrast uptake caudoventral aspect left division of the liver
- Multiple simple renal cortical cysts
- Double caudal vena cava, pre-renal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary changes are highly indicative for primary pulmonary neoplasia – such as carcinoma – with pulmonary and muscular metastatic spread. FNA sampling of the mass in the left caudal lung lobe can be performed for specification.

The irregular contrast uptake by parts of the liver is likely a sequela to the early post contrast phase and I consider the odds for benign regeneration nodules high. Differentials include metastasis or primary hepatic neoplasia.

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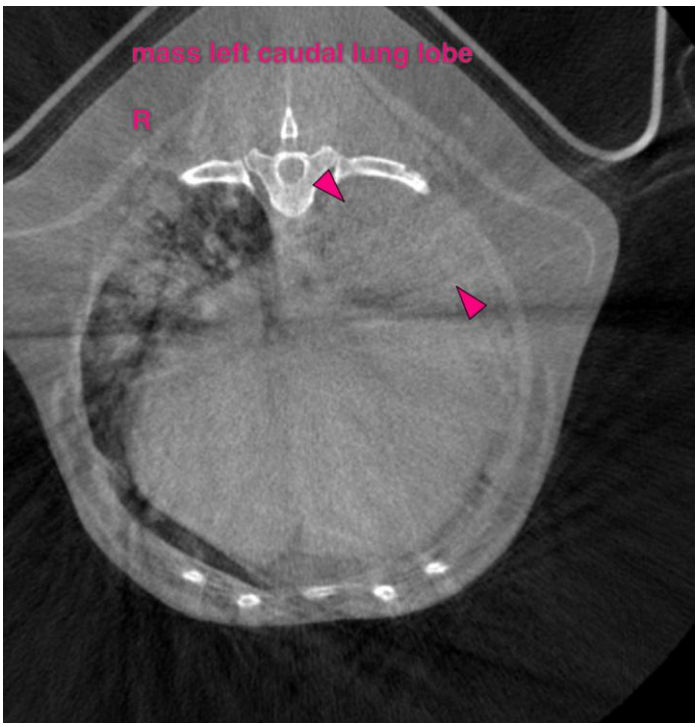

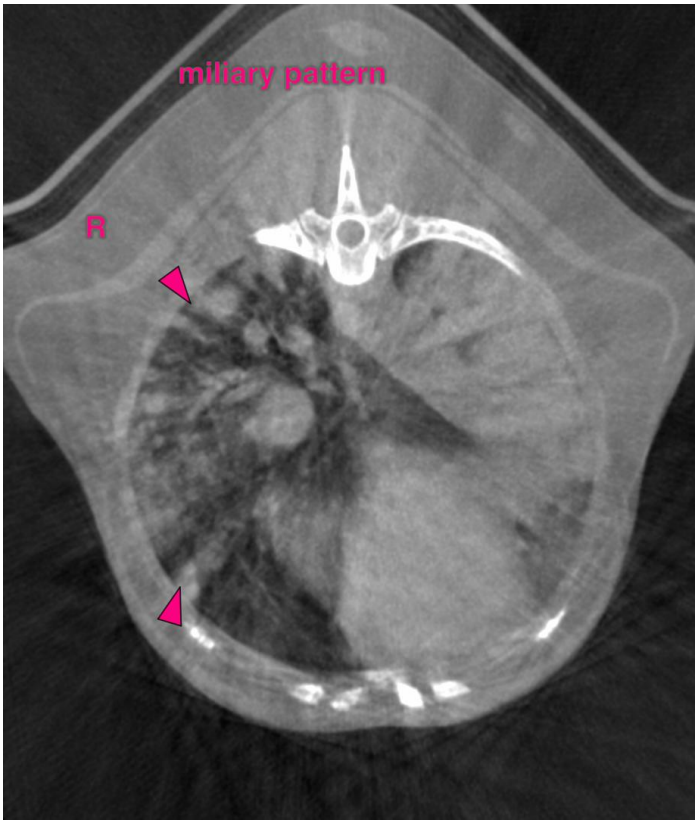

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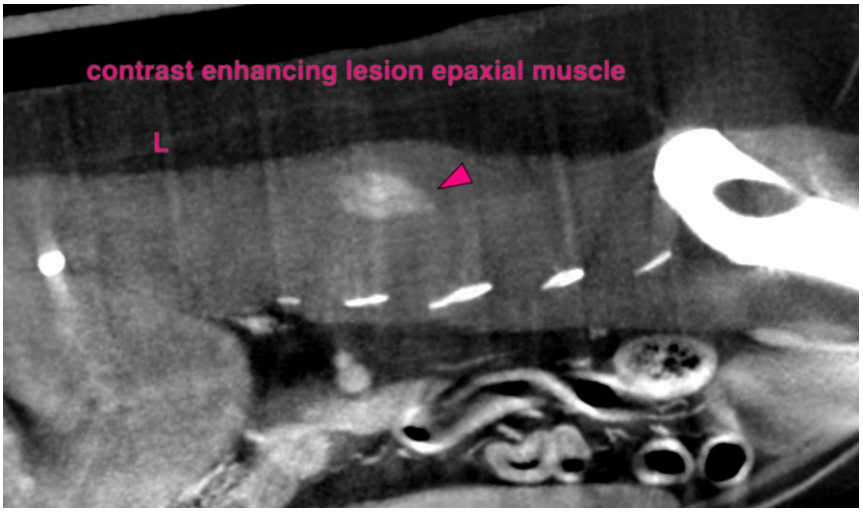

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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