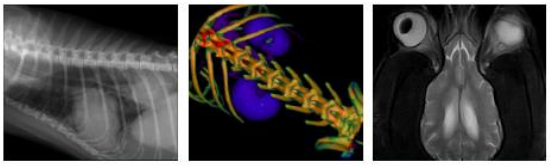

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper Smith

SPECIES

Canine

BREED

Jack Russell Terrier Mix

SEX

FS

AGE

11

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Dr. Joseph D'Abbraccio

INVOICE

54806

DATE

10-25-22

PRESENTING CLINICAL SIGNS

The patient presented on 10/17 for a mass removal consult. Recommended metastasis check CT scan before mass removal.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem 18/Lytes - ALT 234, other results WNL

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral body of T2 presents with an ill-defined geographic osteolytic lesion. The subchondral bone of the caudal vertebral endplate of T2 presents a crescent shaped depression.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits, but very mild mineralization of the wall of the aortic root.

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.

In the caudodorsal aspect of the left caudal lung lobe, a roundish, gas attenuating lesion, demarcated by a thin soft tissue attenuating capsule is visible, measuring 3.6 mm in diameter. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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 within normal limits for size, shape and organ architecture. After contrast administration both kidneys present with small (<3 mm) parenchymal filling defects throughout the renal cortex.

The left adrenal gland is within normal limits for size, shape and organ architecture. The right adrenal gland presents an intraparenchymal heterogeneous soft tissue attenuating nodular with pinpoint mineralization and a heterogeneous contrast enhancement pattern, measuring 9.5 mm in diameter.

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

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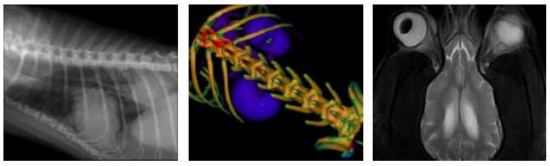

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In the dorsal aspect of the left lateral liver lobe, a post contrast heterogeneous contrast enhancing nodular lesion with interspersed fluid attenuating areas is visible, measuring 11 mm in diameter.

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.

In the subcutaneous tissue of the left inguinal region, a well-defined fat attenuating mass with mild central fat-stranding is seen, measuring 6.5 x 3.8 x 6.8 cm in size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right adrenal nodule with dystrophic mineralization, no evidence of vascular invasion
- Small hepatic contrast enhancing nodule left lateral liver lobe
- Subcutaneous lipoma left inguinal region with zone of fat necrosis
- Renal cortical cysts
- Monostotic benign osteolytic lesion vertebral body of T2 and possible Schmorl's nodule caudal vertebral endplate T2
- Bulla left caudal lung lobe
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

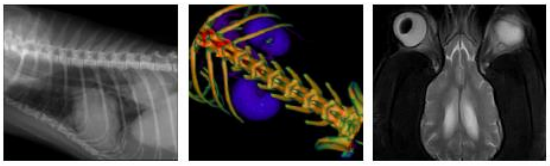
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inguinal mass is consistent with lipoma and complete surgical excision is feasible.

The right adrenal nodular lesion is concerning for (non)functional macronodular hyperplasia or primary adrenal neoplasia, such as adenoma, adenocarcinoma, pheochromocytoma. Testing of the pituitary adrenal axis might be beneficial.

The hepatic parenchymal nodule is not specific and the odds for benign cystadenoma, regeneration nodule or nodular hyperplasia are high. Consider rechecking the liver in approximately 6 month either by ultrasound or CT to check if the lesion is increasing in size.

The osteolytic lesion of the vertebral body of T2 is most consistent with fatty bone marrow replacement and the odds for malignancy are considered low. In case of doubt, consider follow up examination in 4-8 weeks to check if there are progressive osseous changes.



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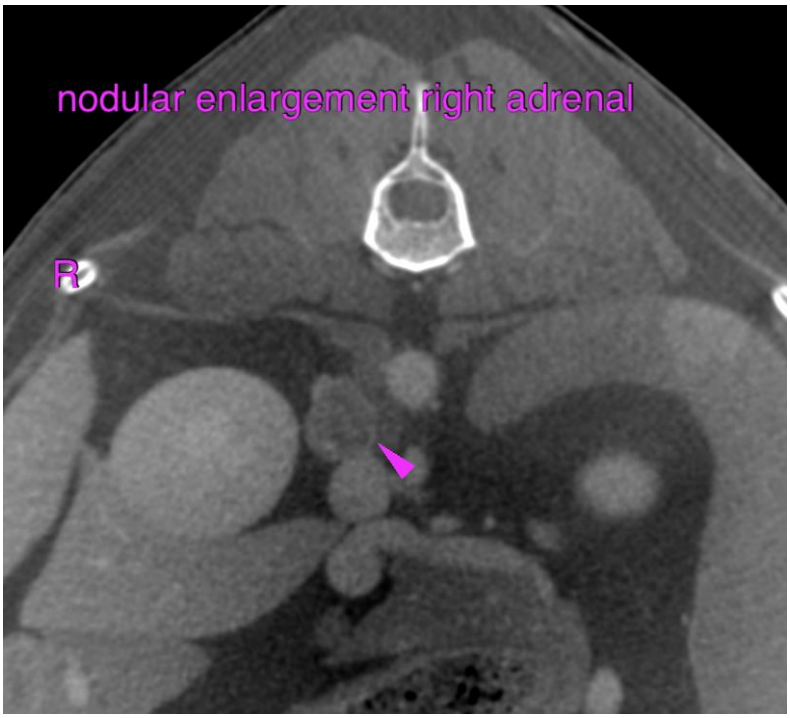

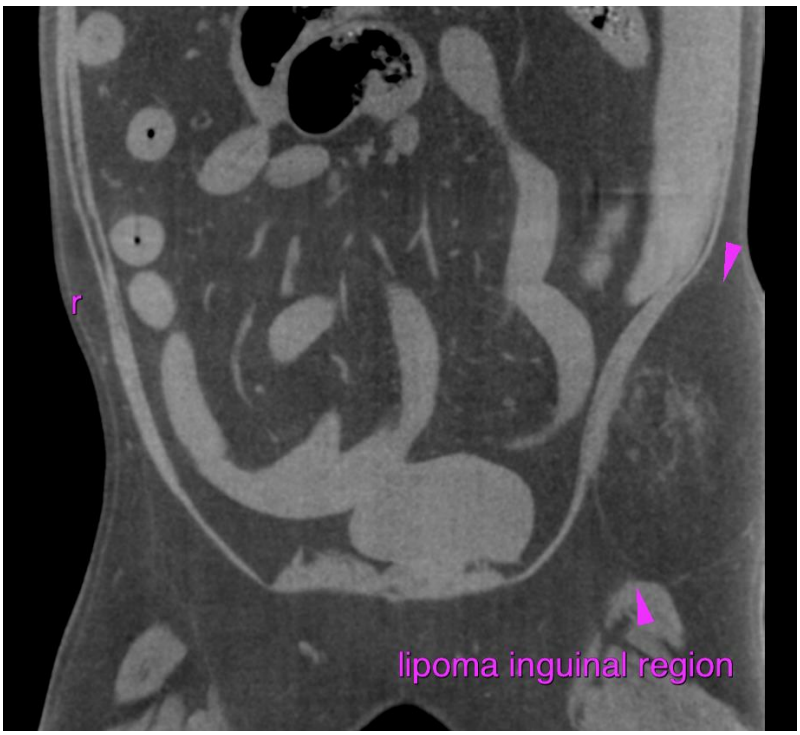

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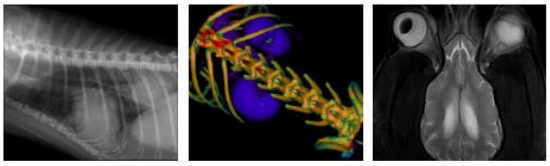

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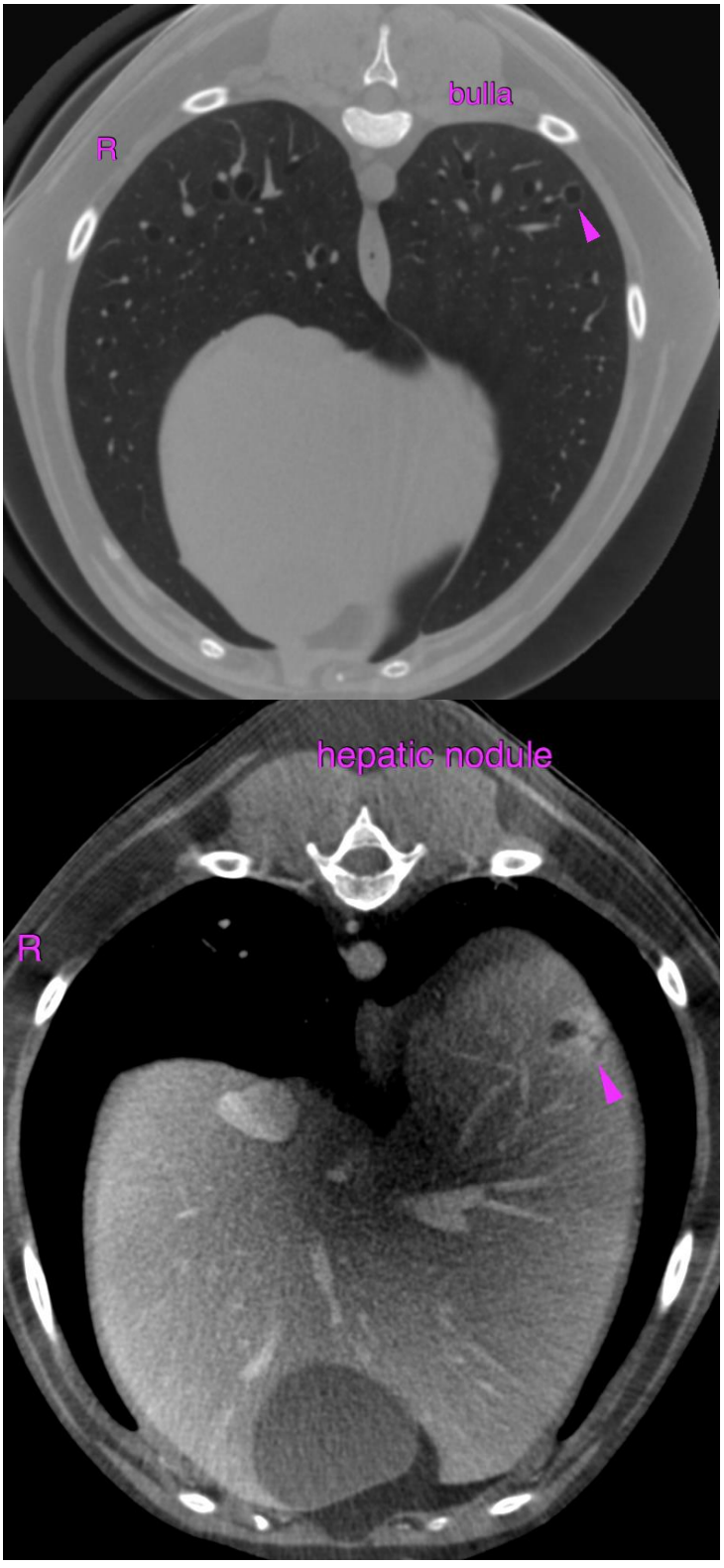

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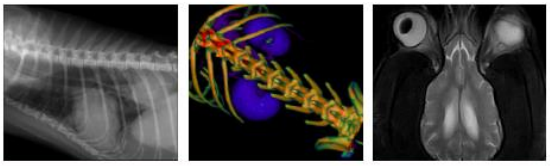

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com