



PATIENT

Junior Whitecavage

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

11

WEIGHT

25

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

35372

DATE

10/31/25

PRESENTING CLINICAL SIGNS

History: coughing and increased respiratory effort left cranial abdominal mass
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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

The left caudal lung lobe is consolidated with air-bronchograms and presents a moderate decreased volume – a mediastinal shift to the left is present. Multifocal throughout the lung parenchyma, randomly distributed, well-defined, soft tissue attenuating nodules are seen – partially forming confluent pulmonary soft tissue masses, measuring up to 3.5 cm.

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.

Originating from the left kidney, a well-defined, mild irregular contrast enhancing, ovoid shaped mass is seen – bulging ventrally into the abdomen, measuring 8.4 x 6.2 x 10.7 cm. The fat surrounding the left renal mass presents mild soft tissue striation. The intestinal tract is deviated to the right and caudally by the mass effect.

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.

A small amount of gravity dependent, mineral attenuating material is visible in the gallbladder.

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

Along the lumbar spine, multifocal hyperattenuating material is bulging into the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left renal soft tissue mass
- Structured nodular interstitial lung pattern
- Multifocal intervertebral disc herniation along the lumbar spine with possible myelocompression
- Mild mineralized biliary sludge



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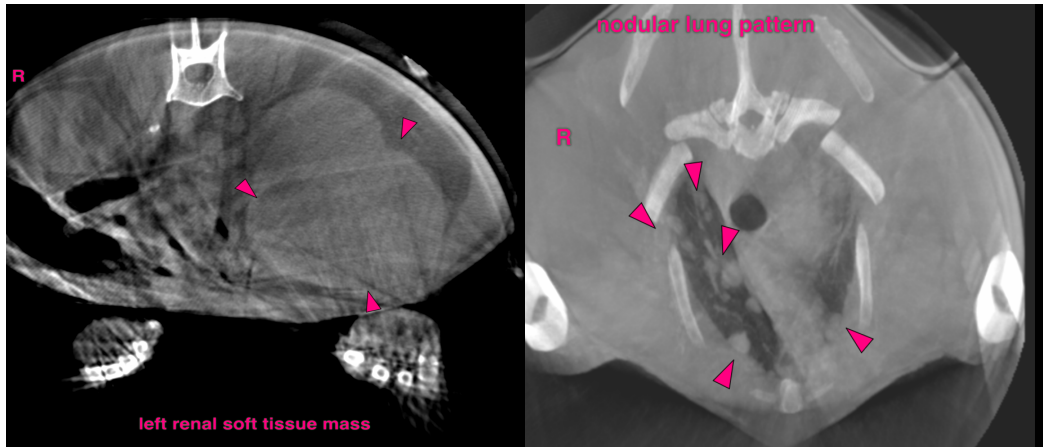
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated abdominal soft tissue mass is consistent with primary left renal soft tissue neoplasia – such as renal cell carcinoma, hemangiosarcoma – and pulmonary metastatic spread.



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, DVM, Dr. med. vet. DipECVDI
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