



PATIENT

Apollo Cohen

PRESENTING CLINICAL SIGNS

Weight loss, albumin slowly decreasing from upper 3s to 2.7 RIGHT CRANIAL MASS - The is a large, mixed echoic, heterogenous, cavitated, mineralized, vascular mass within the right cranial abdomen (upwards 9.2 x 8.6cm). Normal right kidney and right cranial adrenal tissue are not visible and it is tucked within the right caudate process of the liver. There is no evidence of RA mass or pericardial effusion.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

Husky Mix

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

SEX

Thorax

Male Neutered

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

AGE

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.

6 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Meaux

Abdomen

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

INVOICE

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The adrenal glands are within normal limits for size, shape and organ architecture. The right adrenal gland is seen between the cranial pole of the right renal mass and the caudal vena cava.

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

DATE

10-5-21

Originating from the right kidney, a heterogeneous soft tissue attenuating mass is visible presenting mild irregular margins. The right renal mass presents multifocal mild amorphous mineralization and a heterogeneous contrast enhancement pattern. The mass is extending medially along the course of the right renal vein up to the level of the caudal vena cava. There is a close segmental contact between the renal mass and the caudal vena cava over approximately 3.5 cm; a small irregular intraluminal filling defect is noted within the caudal vena cava at the

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same level. The proximal segment of the right ureter is prominent and presents a moderate mural thickening, measuring up to 6 mm in diameter. Multiple feeding vessels are seen in the periphery of the right renal mass. The small intestinal loops are displaced ventrally and to the left by the mass effect.

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The left kidney is within normal limits for size, shape and organ architecture.

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

BREED

Husky Mix

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.

SEX

Male Neutered

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right renal mass with invasion of the caudal vena cava and likely the proximal segment of the right ureter
- Normal thorax, no evidence of pulmonary metastatic disease

AGE

6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The findings are consistent with primary right renal neoplasia and differentials include renal cell carcinoma, transitional cell carcinoma, rhabdomyosarcoma, hemangiosarcoma, other. Surgical excision of the mass can be tried, but venotomy of the caudal vena cava appears indicated as there evidence of vascular invasion.

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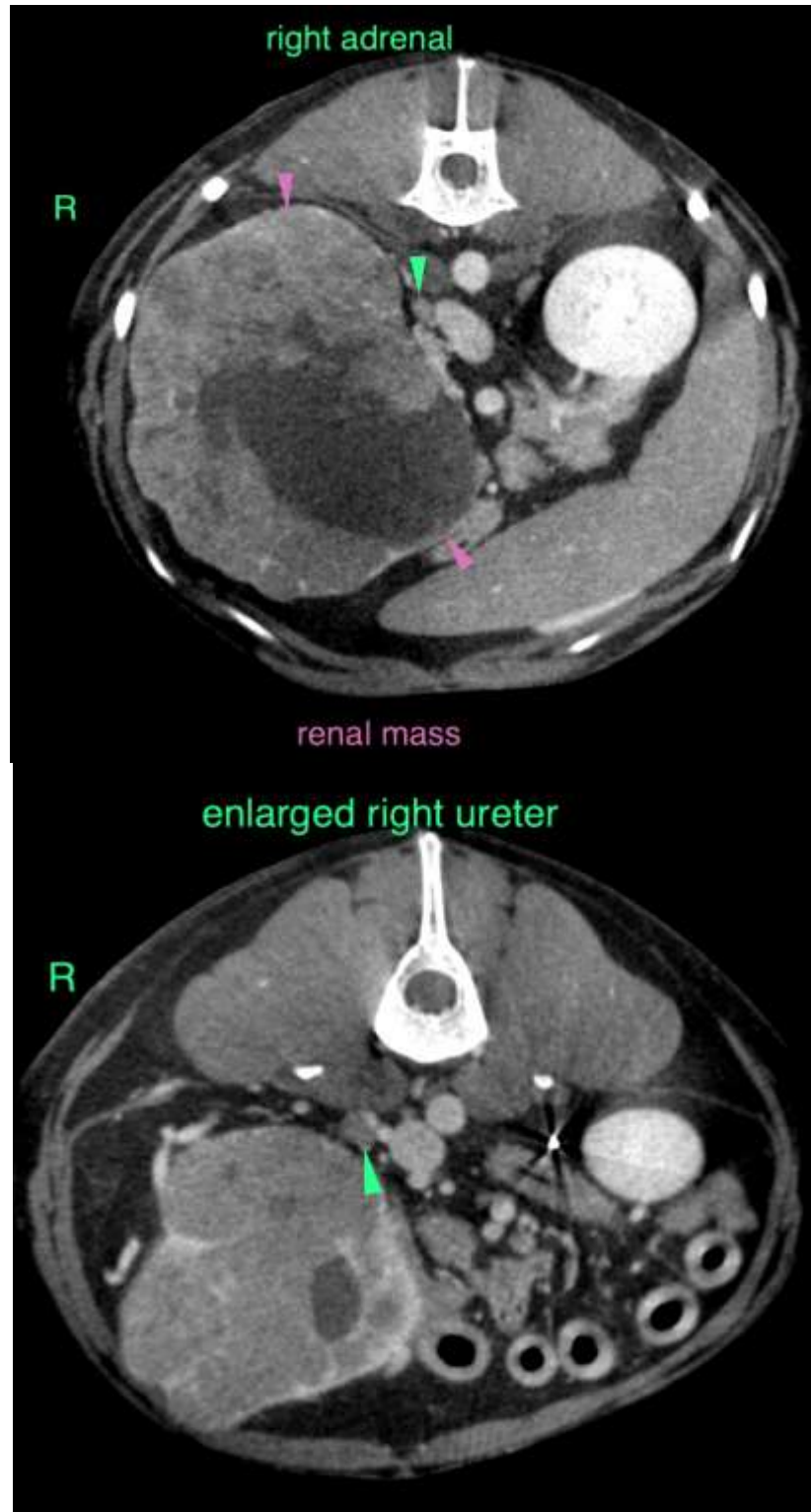
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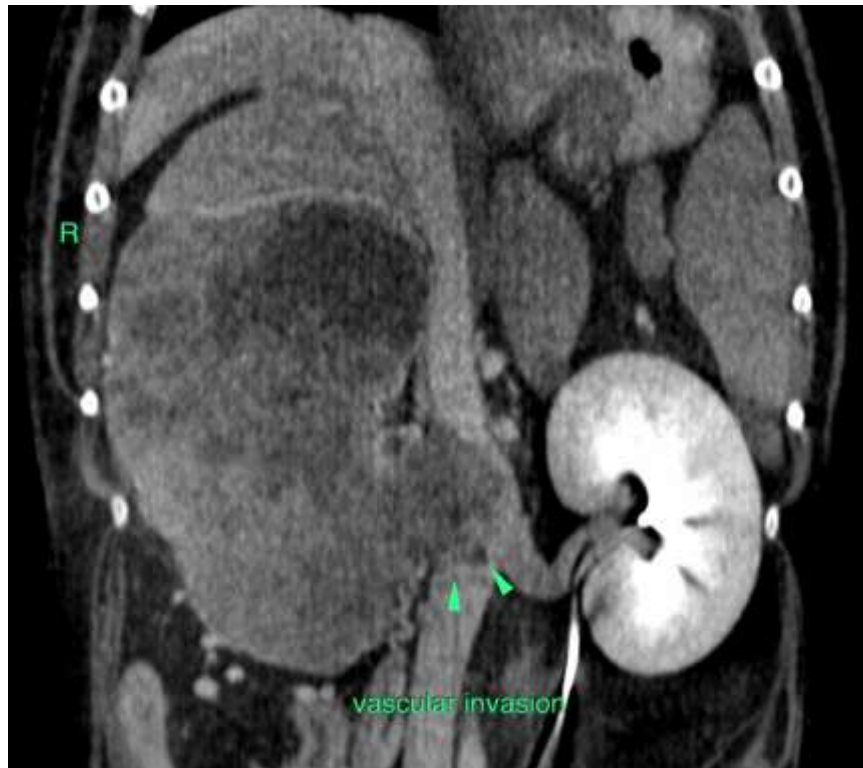
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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