



PATIENT

Jetta Warner

SPECIES

Canine

BREED

Black Lab

SEX

Female Spayed

AGE

7Y

WEIGHT

66.00lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Megan Presutti, DVM

INVOICE

72551

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Reason for Visit: Evaluation of splenic mass and surgical planning. History: Owner reports recent lethargy and decreased activity. Jetta has been skipping meals over the past couple of weeks and did not eat in the last day. Owner notes episodes of diarrhea. Owner reports vomiting outside. Jetta was unable to jump onto the back of the truck yesterday but was able to get in after a second attempt; once inside her crate, she did not want to come out. Owner observes drooling and heavy breathing. Jetta has historically been a super active dog.

Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 2/5 -BAR; Respiratory: Heavy breathing, drooling, shaking.; Gastrointestinal/Abdominal: Large mass identified on abdominal examination. Possible partial rupture or impending rupture discussed. No other abdominal palpation findings described.; CBC: WBC 27.14; Neutrophils 23.68; Monocytes 1.42; Eosinophils 0.03; Platelets 76; Plateletcrit 0.10; Citrated Partial Thromboplastin Time 117.0; Chem: Potassium 3.1; ALT 177; Lactate 3.32;

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior, with randomly distributed sporadic interspersed punctuate mineralization.

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

Abdomen

The serosal and retroperitoneal fat presents moderate soft tissue striation along with a moderate amount of gravity dependent fluid attenuating material.

Originating from the right kidney, a globoid, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring approximately 10.5 cm in diameter. The right renal soft tissue mass is bulging ventrally into the abdomen.

The right renal lymph node is prominent.

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.



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The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

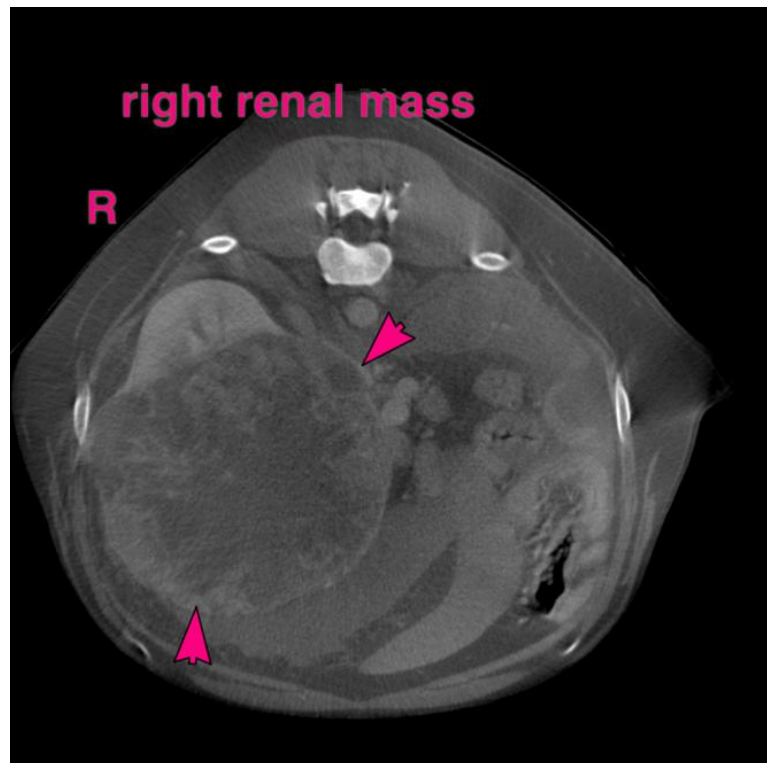
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right renal soft tissue mass
- Lymphadenopathy right renal lymph node
- Mild to moderate peritoneal and retroperitoneal effusion
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a primary soft tissue neoplasm originating from the right kidney – such as renal cell carcinoma, hemangiosarcoma, other. Complete surgical resection of the right renal mass via nephrectomy is considered feasible. The effusion is concerning for hemorrhage of the renal mass.





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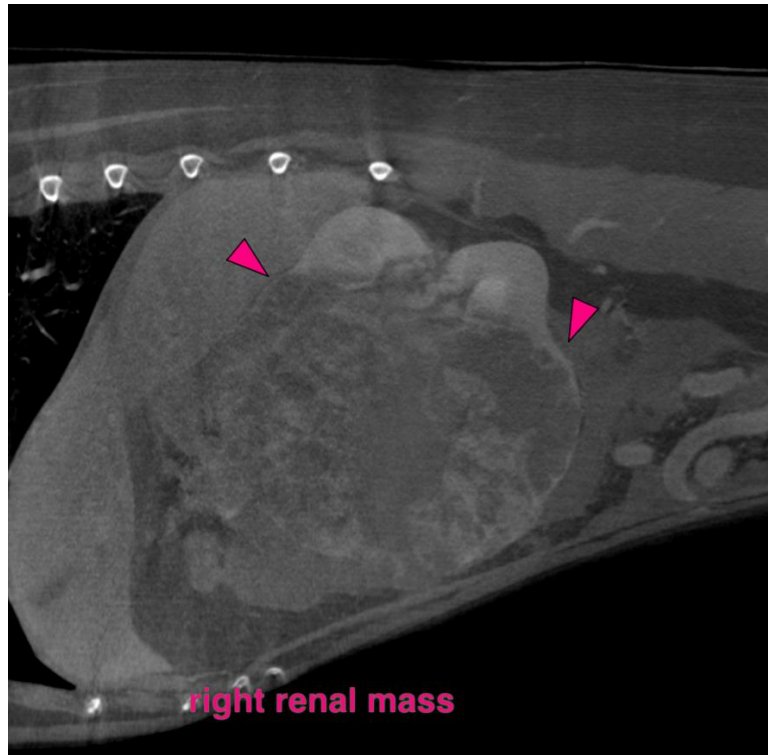
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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