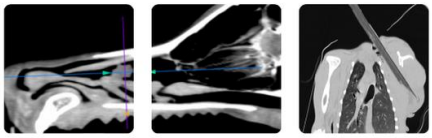

PATIENT

Monty Bush

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

14Y

WEIGHT

28lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Roman

INVOICE

72649

DATE

11-17-25

PRESENTING CLINICAL SIGNS

Pet present for Mets check and suspected cancer diagnosis due to a tumor found

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 is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Ventral to T12 to L1, a uniform soft tissue attenuating and heterogeneous contrast enhancing, ovoidal shaped mass is seen – protruding into the left hyp- and epaxial musculature lateral to L1and L2. Complete aggressive osteolysis of the right transverse process of L1 and the right lateral aspect of the vertebral body of L1 is seen. The mass is protruding ventrally into the caudodorsal aspect of the right pleural cavity – distorting the diaphragm.

In the pleural space, a significant amount of gravity dependent, fluid attenuating material is visible. The lung lobes are retracted from the thoracic wall by the fluid attenuating material. The lung presents a generalized decreased volume with dystelectasis of the lung parenchyma.

The sternal lymph nodes are prominent. In the cranioventral mediastinum, a fusiform shaped, irregular contrast enhancing structure is visible.

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.

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

Abdomen

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

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, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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.

The liver is normal in size and shape, in the right medial liver lobe, two well-defined, roundish parenchymal filling defects are seen; measuring up to 11 mm in diameter.

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

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Level with the cardia, an intramural, roundish, uniform soft tissue attenuating and mild contrast enhancing nodule is seen; measuring 9 mm in diameter. 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.

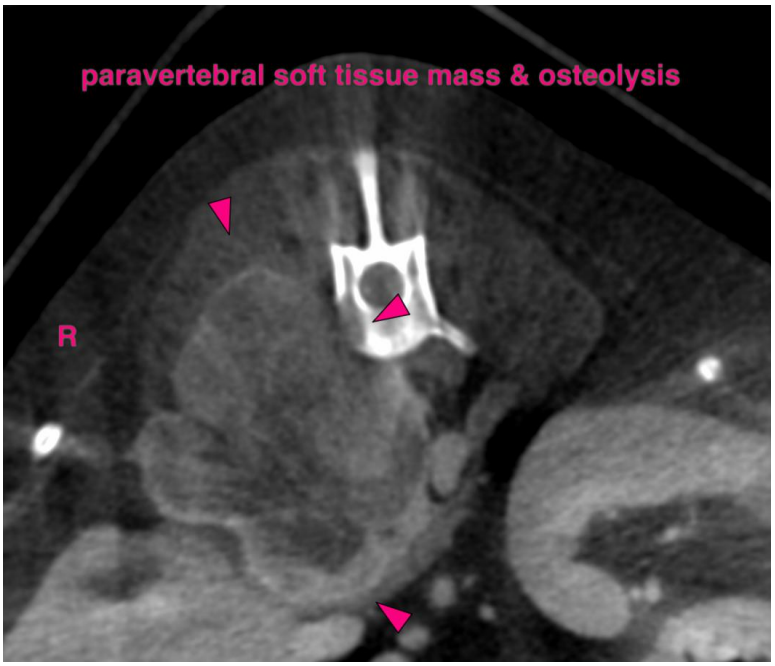
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Paravertebral soft tissue mass thoracolumbar junction with secondary monostotic aggressive osteolysis L1
- Pleural effusion paraneoplastic due to paravertebral mass extending into pleural cavity
- Cranioventral mediastinal soft tissue mass
- Intramural nodular lesion cardia of the stomach
- Two simple hepatic cysts
- Double caudal vena cava

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The paravertebral soft tissue mass is consistent with primary soft tissue neoplasm – sarcoma is likely. The small mediastinal soft tissue lesion is concerning for metastatic disease. FNA sampling of the mass can be performed for specification. Surgical management is not possible.

The intramural mass of the cardia is highly suggestive for leiomyoma and is likely incidental.



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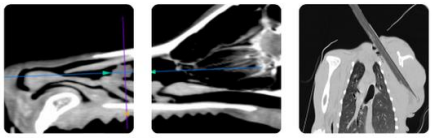

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SonoPath.com info@sonopath.com 1.800.838.4268

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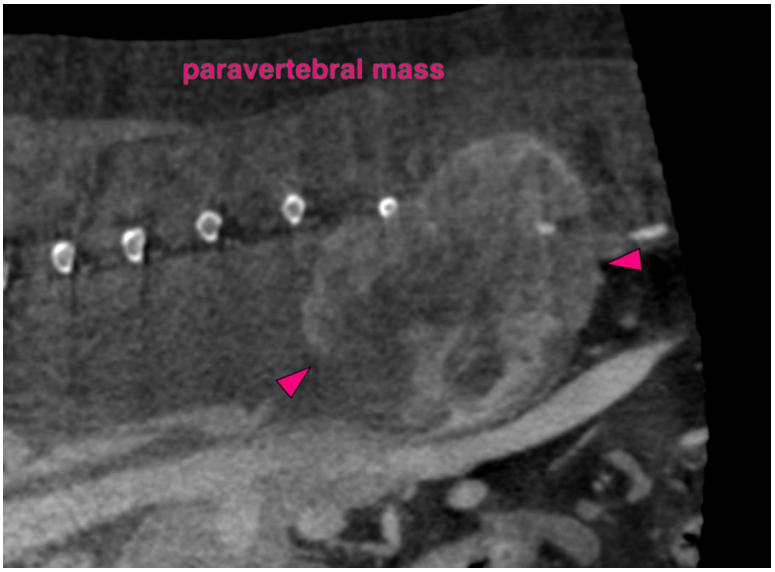

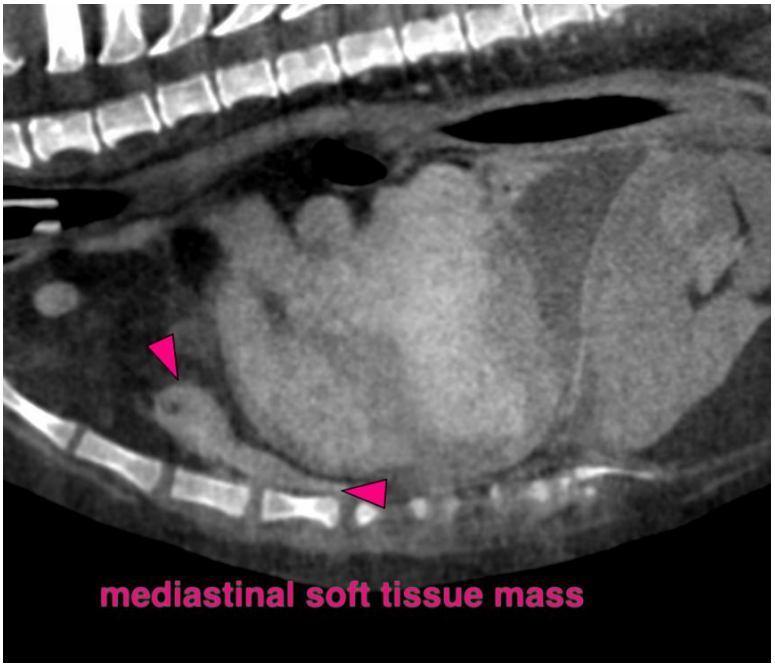

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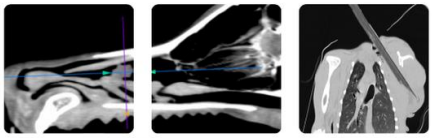

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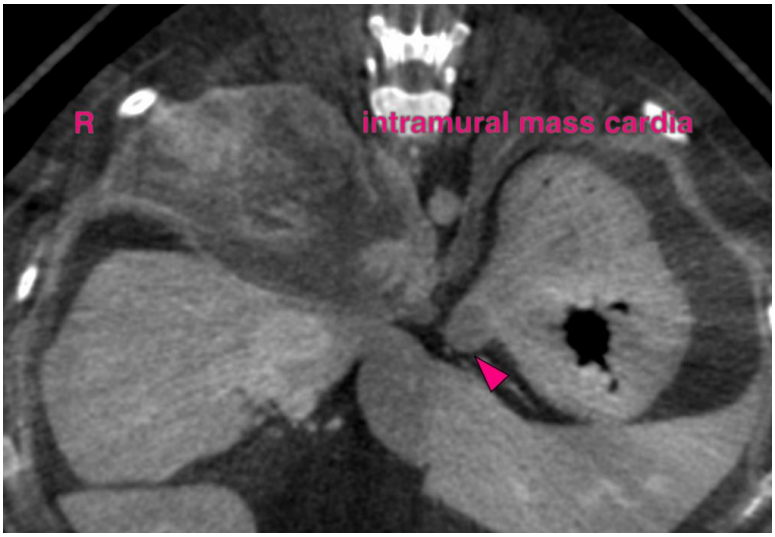

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com