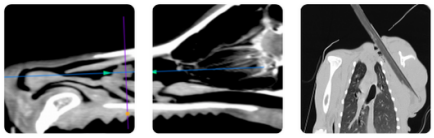


PATIENT

Mika Isabella Lopez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years

WEIGHT

11 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dra. Ruiz

INVOICE

35614

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History: The patient is diabetic and presented to the hospital with ataxia. Blood work was performed (attached), and radiographs revealed a mass in one of the lungs as well as changes in the hip region, including the femoral head and acetabulum. A CT scan is requested to further investigate the cause of the recent neurological signs and to further characterize the abnormalities observed on the radiographs.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX, ABDOMEN AND PELVIS

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Retained deciduous teeth 506 and 606 are appreciated. Mineral attenuating material is attached to the crowns of all teeth.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

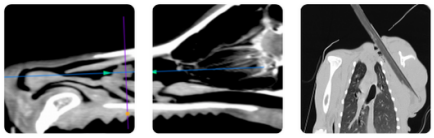
In the subcutaneous tissue multifocal along the thoracic wall, well-defined, variable sized soft tissue attenuating nodules are seen.

A well-defined, roundish lipoma is seen in the left axillary region.

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.

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.



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Two well-defined, soft tissue attenuating nodules are seen in the right lung, measuring up to 11 mm in diameter.

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

The adrenal glands are within normal limits for size, shape and organ architecture.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma is mild heterogeneous contrast enhancing, presenting multiple intraparenchymal, well-defined roundish parenchymal filling defects.

In the gallbladder, two well-defined, roundish mineral attenuating calculi are seen, measuring up to 6 mm in diameter.

The spleen is prominent and has rounded margins. The splenic parenchyma is uniform soft tissue attenuating and has an irregular contrast enhancement pattern presenting multiple hyper- and hypoattenuating intraparenchymal, ill-defined nodular lesions.

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 periarticular bones of the left coxofemoral joint present advanced osteophyte new bone formation. The left acetabular groove is shallow, and the center of the left femoral head is lateral to the dorsal acetabular rim. Post contrast administration the left coxofemoral joint presents a thickened contrast enhancing capsule and moderate intracapsular fluid attenuating filling.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Two pulmonary soft tissue nodules right lung
- Hepatomegaly with multiple simple intraparenchymal hepatic cysts
- Splenomegaly with a mild irregular contrast enhancement pattern
- Multiple non-specific subcutaneous nodules along the thoracic wall
- Retained deciduous teeth 506 and 606
- Osteoarthrosis left coxofemoral joint due to hip dysplasia
- Synovitis and effusion left coxofemoral joint

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

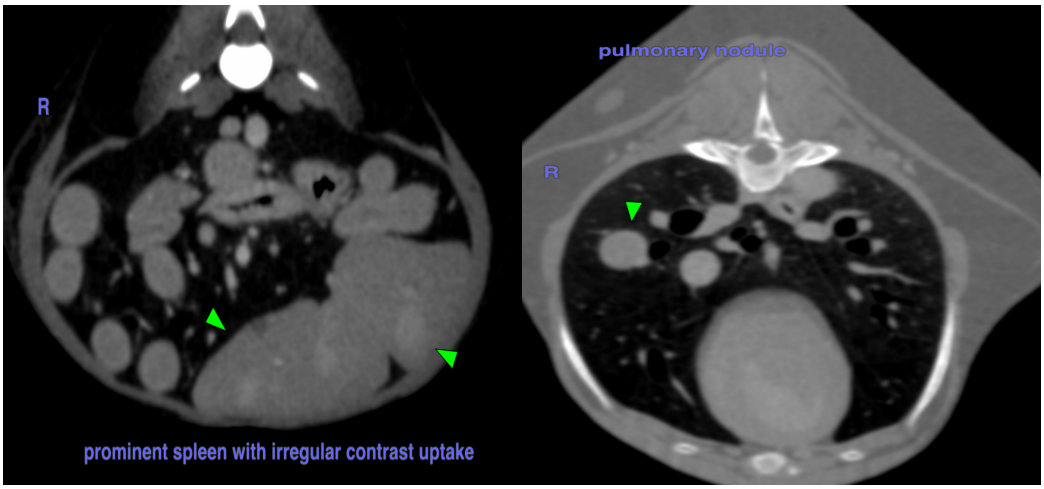
The main finding are the pulmonary soft tissue nodules – the odds for pulmonary neoplastic disease (e.g. carcinoma, metastasis) are increased. However, pulmonary granulomas are potentials as well. Ultrasound guided FNA sampling via the 6th right intercostal space may be tried for specification – placing the patient in right lateral recumbency for 5 minutes prior the the ultrasound can help to improve visibility of the pulmonary nodule by inducing atelectasis of the overlying lung parenchyma.

The pulmonary subpleural nodule in the right cranial lung lobe may present the same entity or is unrelated to the large nodule in the right caudal lung lobe – such as fibrosis, round pneumonia/mucus impaction.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

Potential causes for splenomegaly include extramedullary hematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia and infectious diseases. The splenomegaly might be accentuated by general anesthesia and the age of the patient. Ultrasound guided FNA sampling may be performed for specification.

An underlying cause for the ataxia cannot be specified; there is no evidence of compressive myelopathy.



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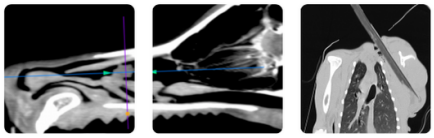

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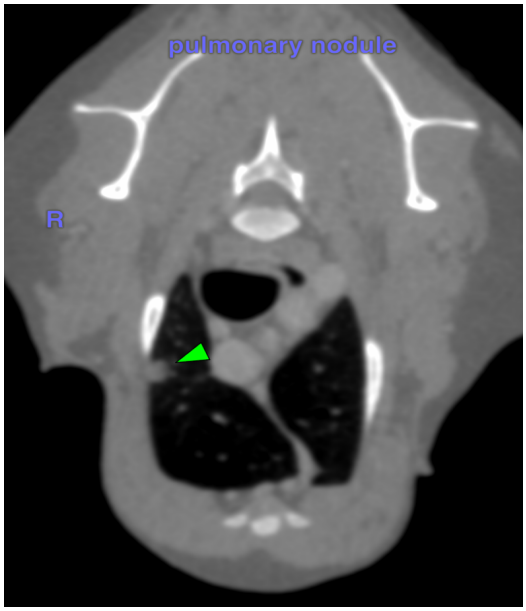

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com