



**PATIENT PRESENTING CLINICAL SIGNS**

**Ramses Wu**  
 Ramses, a 10 year old Male Neutered Labrador Retriever, was presented to the Toronto Animal Health Partners Surgery Service for a CT scan of his thorax and abdomen for further evaluation of an intra-abdominal mass, suspected to be originating from his spleen or liver. Ramses initially presented for chest lipoma excision, however thoracic and abdominal radiographs taken November 2022 revealing a large abdominal mass. Radiographic report (November 2022): -

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A plain CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Advanced spondylosis formation is seen multifocal along the thoracic spine.

In the subcutaneous tissue at the left lateroventral thoracic wall, level with the 3<sup>rd</sup> to 5<sup>th</sup> left rib, a well defined, ovoid shaped fat attenuating mass is seen, measuring 6.0 x 3.2 x 8.5 cm in size. An intramuscular lipoma is seen in the right pectoral muscle, measuring 2.6 x 1.6 cm in size.

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.

The caudodorsal aspects of the lung parenchyma present ground glass attenuating pattern of the lung parenchyma, with a decreased volume. Throughout the lung parenchyma, multiple well-defined, variable sized pinpoint mineralization of the lung parenchyma are seen, measuring up to 3.5 mm.

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

**INVOICE**

55648

**DATE**

12-15-22

**HOSPITAL NAME**

Animal Health Partners

**REFERRING VET**

Dr. Lea Mehrkens



**PATIENT**

Abdomen

Ramses Wu

The serosal fat presents mild fat stranding and in the left caudoventral abdomen, a small amount of fluid attenuating material is seen in the peritoneal cavity. In the left lateral abdomen, level L2/L3, an irregular shaped soft tissue attenuating nodule with granular mineralization is seen, measuring 8 x 17 x 14 mm in size.

**SPECIES**

Canine

The cranial pole of the right kidney presents a concave depression of the renal cortex.

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

**BREED**

Labrador Retriever

The liver presents with normal shape, even surface, uniformly attenuating parenchyma.

Originating from the body of the spleen, caudal to the stomach, a well-defined, heterogeneous soft tissue attenuating, globoid shaped mass is appreciated, measuring 15.4 x 19.1 x 23.6 cm in size. The stomach is deviated cranially and the small intestinal loops to the right and caudally by the mass effect.

**SEX**

MN

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

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

**AGE**

10 Years

Multifocal spondylosis formation is seen along the lumbar spine. Level with L6/L7 right lateral spondylosis formation is seen, protruding into the right neuroforamen, narrowing the cross-sectional area of the respective neuroforamen by 80%.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large splenic soft tissue mass
- Small mineralizing nodule left lateral abdomen
- Mild peritoneal effusion
- Suspect right chronic renal infarct
- Right sided neuroforaminal stenosis L6/L7 due to lateral spondylosis formation
- Spondylosis deformans
- Pulmonary osteomas
- Dystelectasis of the caudodorsal dependent aspects of the lung
- No evidence of pulmonary metastatic disease

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Lea Mehrkens

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The large abdominal mass is originating from the spleen and neoplasia (e.g. sarcoma, round cell tumor), nodular hyperplasia or hematoma are considerations. The mild peritoneal effusion is considered as a sequela to the splenic mass. Splenectomy is the therapy of choice.

**INVOICE**

55648

The small mineralizing nodule in the left lateral abdomen can present a granuloma, nodular fat necrosis or less likely metastatic disease.

**DATE**

12-15-22



**PATIENT**

Ramses Wu

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

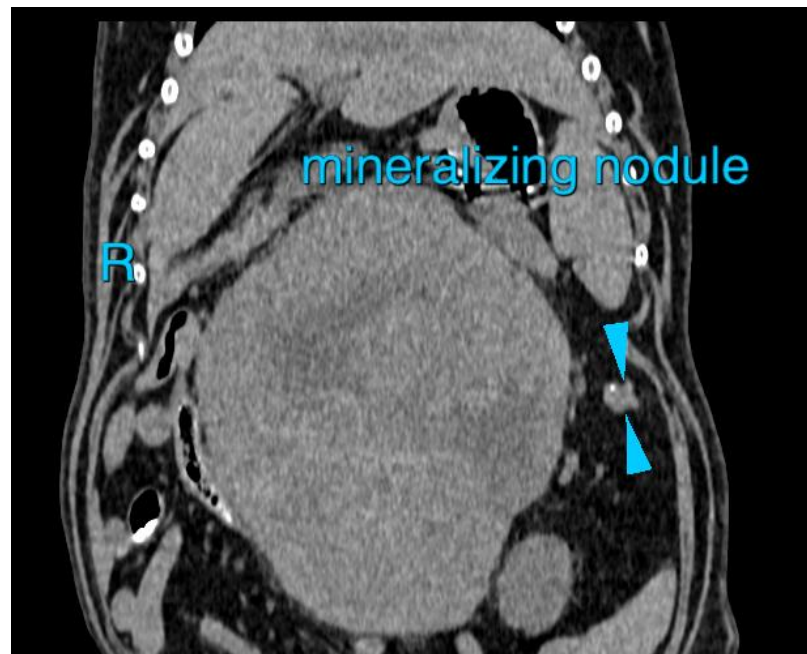
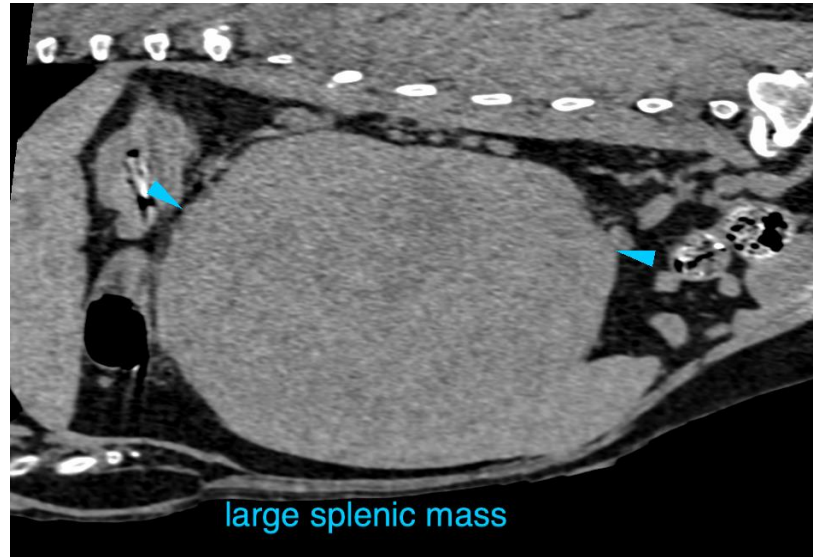
Dr. Lea Mehrkens

**INVOICE**

55648

**DATE**

12-15-22





**PATIENT**

Ramses Wu

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

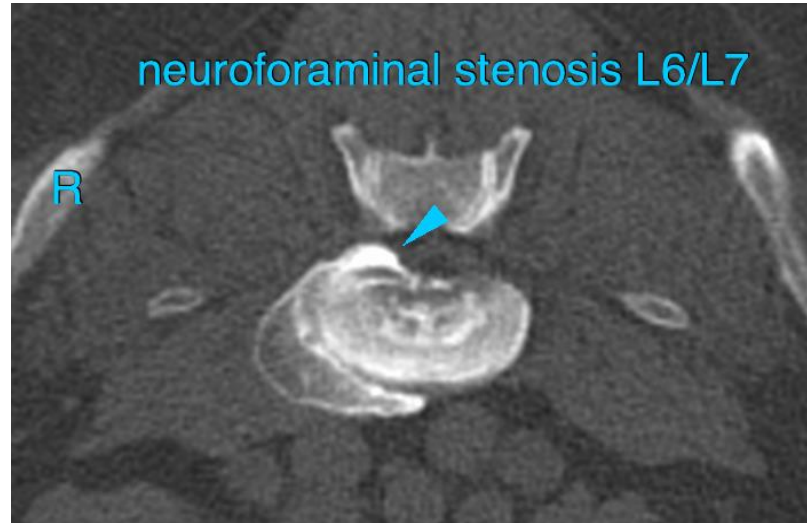
Dr. Lea Mehrkens

**INVOICE**

55648

**DATE**

12-15-22



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  
sebast.schaub@gmail.com