



PATIENT

Roko Negron

SPECIES

Canine

BREED

Mix

SEX

Neuter

AGE

9Y

WEIGHT

48lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Ramos

INVOICE

73001

DATE

12-15-25

PRESENTING CLINICAL SIGNS

The patient presents with clinical signs consistent with hepatic disease, including jaundice and elevated liver values. The patient recently underwent surgical removal of a cutaneous mass. A CT study is requested for further evaluation, staging, and to rule out metastatic disease, with particular attention to the liver.

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

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 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.

In the most caudodorsal aspect of the right caudal lung lobe, a well-defined, soft tissue attenuating nodule is seen; measuring 4 mm in diameter. The remainder of 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

The peritoneal fat presents generalized mild fat-stranding.

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 hepatic volume is generalized moderately decreased, and the hepatic margins are irregular. The hepatic parenchyma is uniform and has a heterogeneous contrast enhancement pattern.

At the medial aspect of the left kidney, a bunch of tortuous abnormal vessels is seen – draining to the left renal vein.

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.



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The bony and surrounding soft tissue structures reveal no abnormalities.

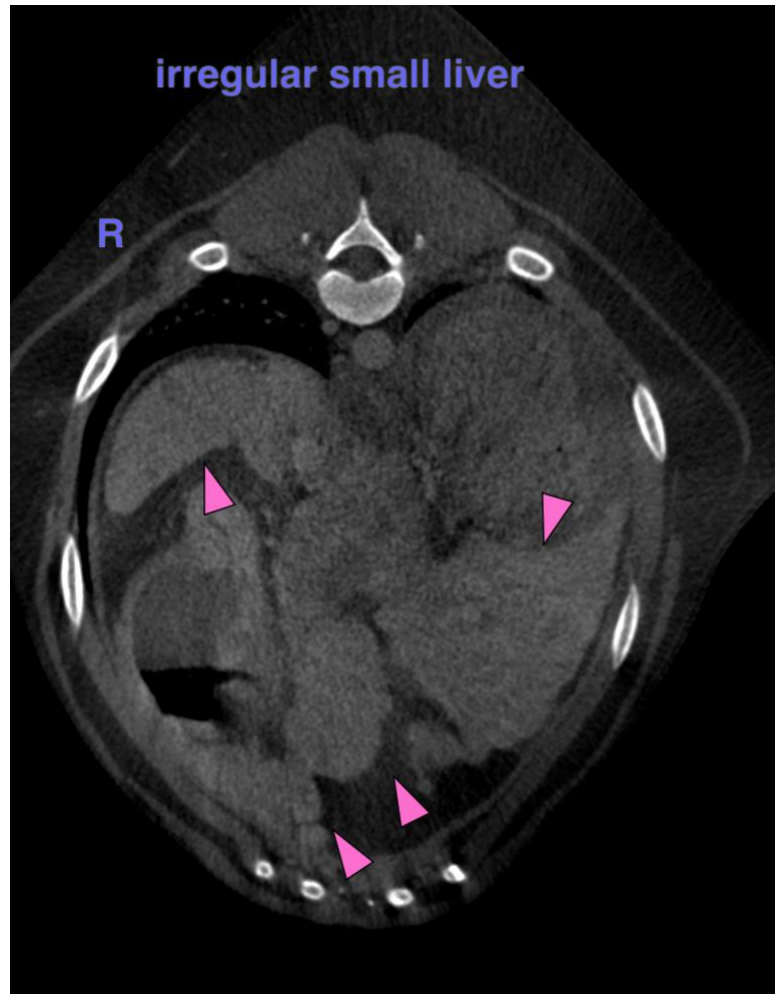
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Microhepatica with irregular margins and generalized heterogeneous contrast uptake
- Multiple acquired extrahepatic portosystemic shunts
- Mild peritoneal effusion
- Solitary pulmonary nodule caudodorsal aspect right caudal lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are compatible with hepatic cirrhosis – likely secondary to chronic hepatic disease such as hepatitis – and secondary portal hypertension with acquired portosystemic shunting. The findings do explain the described clinical signs. Hepatic biopsy can be considered for specification.

The solitary pulmonary soft tissue nodule is not specific, and differentials include granuloma, fibrosis, round pneumonia/mucus impaction, metastasis.





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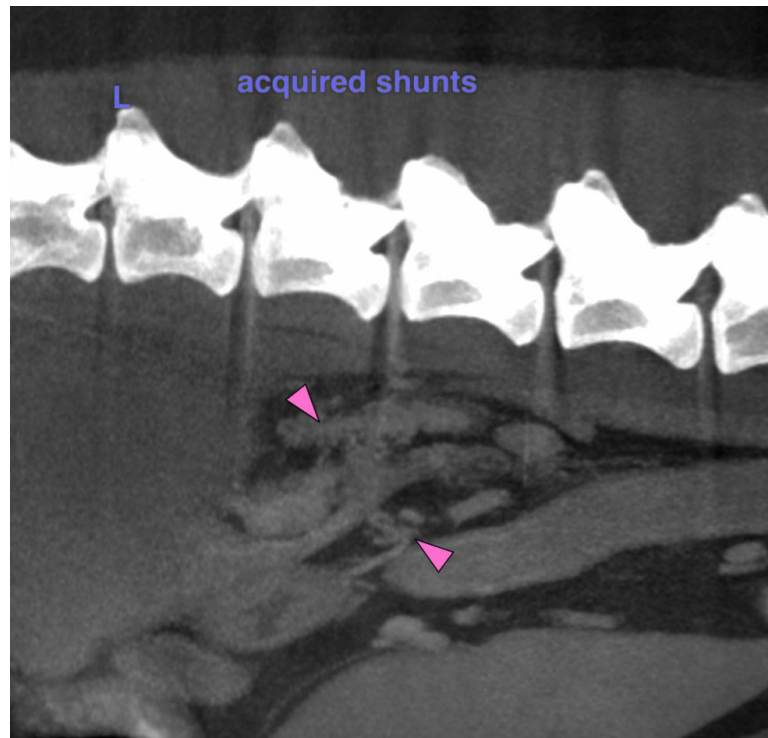
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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