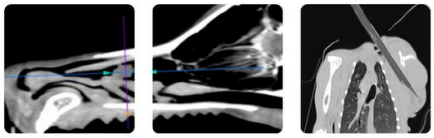


PATIENT

Chuey Montejano

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

14

WEIGHT

16.2lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center of Corona

REFERRING VET

Dr. Baldwin

INVOICE

72840

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Recently diagnosed with a mass structure in the chest at another veterinary hospital after a short history of coughing. P presented to our facility for a second opinion and CT imaging.
Abnormal PE/Chem/CBC/UA Results: ALP: 190 (20-150) ALT: 159 (10-118) Glucose: 112 (60 - 110) Neutrophils: 11.7 (2.3 - 9.8) PLT: 472 (121.6 - 440.6)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the subcutaneous tissue ventral to the 4th and 5th sternebra, a spindle shaped, well-defined lipoma is seen.

Along the mid thoracic spine, multifocal spondylosis formation is seen.

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.

In the craniodorsal aspect of the right caudal lung lobe, a well-defined, roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 3.9 x 3.2 x 4.5 cm; the associated bronchi are distorted and compressed. The mass of the right caudal lobe causes convex bulging of the medial margins of the lung at the same level.

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

Abdomen

In the peritoneal fat medial to the right kidney, multiple, well-defined, soft tissue attenuating nodules without overt contrast uptake are appreciated.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal cortex, multiple well-defined, roundish parenchymal filling defects are seen; measuring <3 mm in diameter.

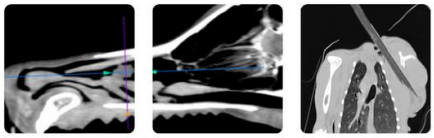
Nodular enlargement of both adrenal glands is seen; measuring up to 14 mm in diameter and presenting a heterogeneous contrast enhancement pattern.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, but a well-defined roundish parenchymal filling defect in the caudoventral aspect of the left medial liver lobe.

The spleen is normal in size and shape. The cranial extremity of the spleen presents two zones with a heterogeneous contrast enhancement pattern

The hepatic lymph nodes and a splenic lymph node are moderately prominent and have a heterogeneous contrast enhancement pattern.

In the gallbladder, multiple well-defined, variable shaped and sized mineral attenuating calculi are present.



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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.

Multiple intervertebral discs along the lumbar spine are protruding into the vertebral canal, occupying approximately ≤20% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary soft tissue mass right caudal lung lobe
- Lymphadenopathy hepatic lymph nodes and splenic lymph node
- Heterogeneous contrast uptake cranial extremity of the spleen
- Nodular enlargement adrenal gland bilaterally without vascular invasion – nodular hyperplasia versus neoplastic infiltration (e.g. metastasis, primary)
- Peritoneal soft tissue nodules medial to the right kidney without overt contrast enhancement
- Multiple simple renal cortical cysts
- Solitary simple hepatic cyst
- Cholecystolithiasis without mechanical obstruction
- Multifocal intervertebral disc herniation along the lumbar spine with possible dynamic myelocompression
- Lipoma ventral thoracic wall
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary soft tissue mass is consistent with primary pulmonary neoplasia – carcinoma is most likely. Ultrasound guided FNA sampling can be performed for specification. Complete surgical resection of the pulmonary mass is considered feasible.

Recommend ultrasound guided FNA sampling of the hepatic and lienal lymph nodes as well as of the spleen to rule in/out malignancy. FNA sampling of the nodular lesions medial to the right kidney may be feasible as well to differentiate between nodular fat necrosis versus metastatic spread.

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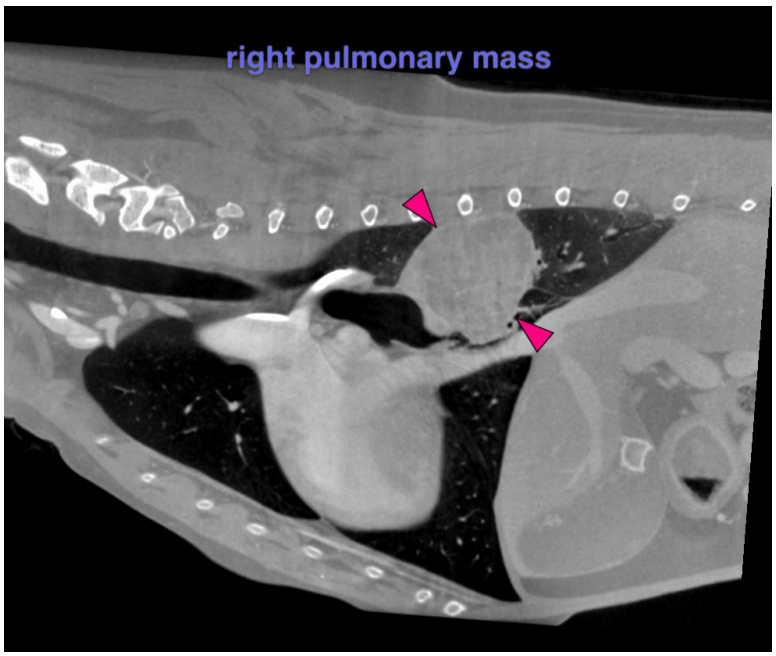

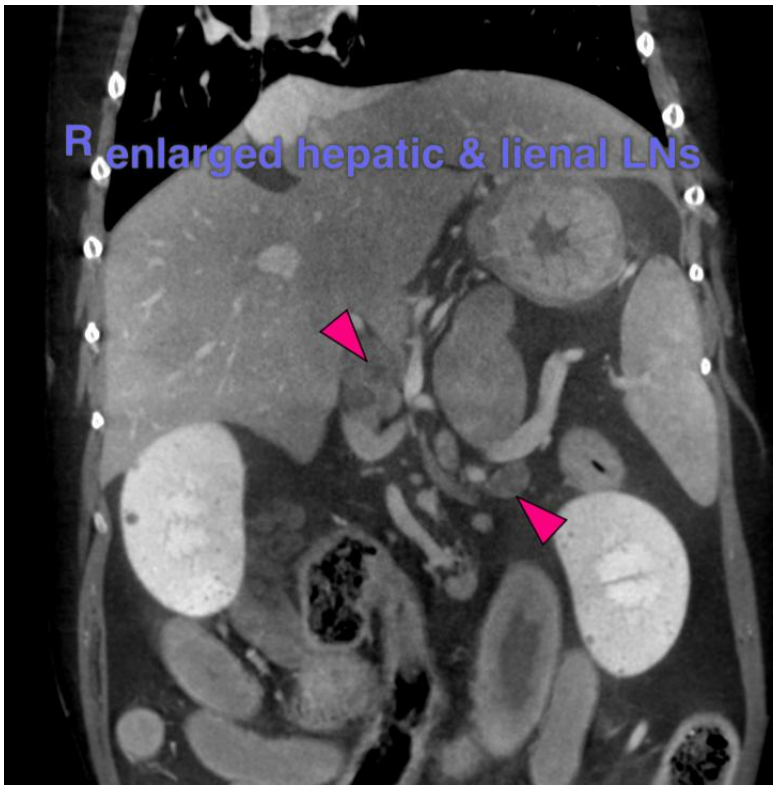

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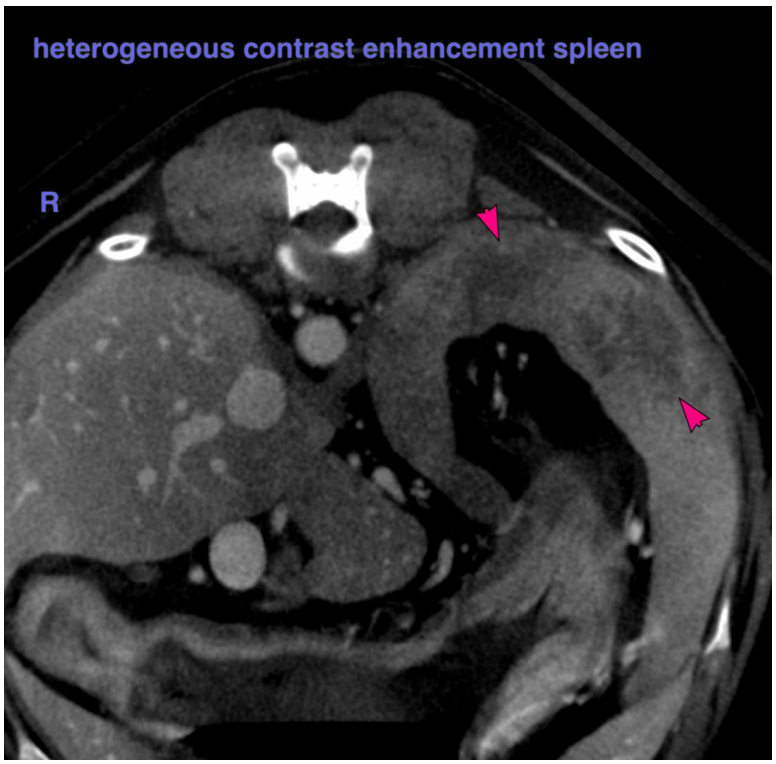

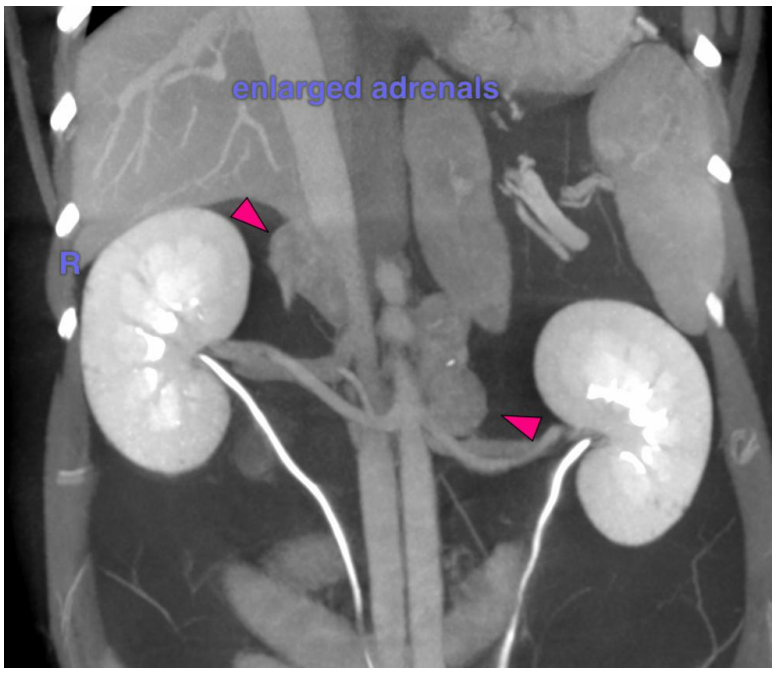

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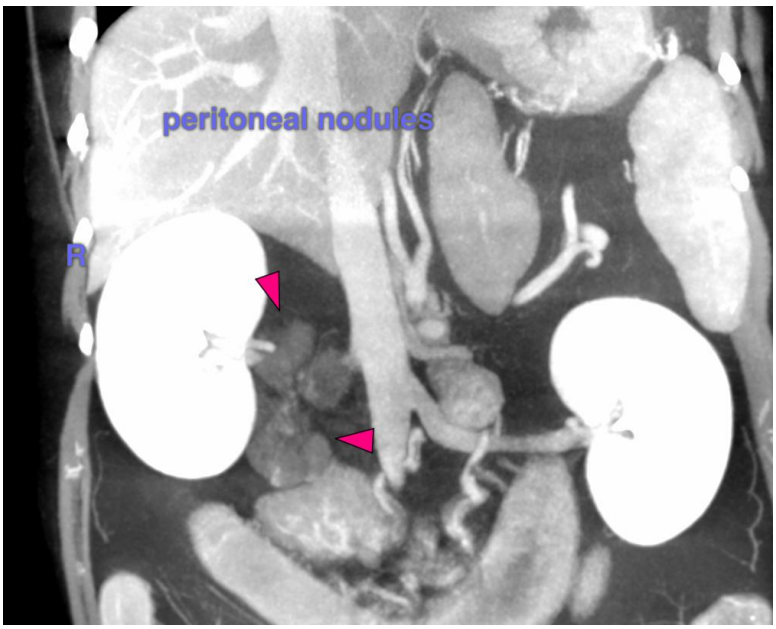

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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