



## PATIENT

Pookey Morris

## SPECIES

Canine

## BREED

Papillon

## SEX

Spayed Female

## AGE

11 Years 10 Months

## WEIGHT

10

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Jennifer Schiebert

## HOSPITAL NAME

Shadowridge VH

## REFERRING VET

Dr. Jennifer Schiebert

## INVOICE

35935

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

- Routine annual exam today during which Dr Palpated an abdominal mass on right cranial abdomen.
- Pet had previously been diagnosed with a possible Epithelial based tumor suspected to be Neuroendocrine in origin based on cytology and location: it measured as 4 cm mass in region of right kidney and was diagnosed at Specialty Hospital in March of 2025.
- Past History of Kidney stones and current and past history of recurrent UTI
- Abnormal PE/Chem/CBC/UA Results: UA shows Bacteria and WBCs and protein CHEM is NSF CBC is NSF US showed Right Kidney Tumor.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone and soft tissue reconstruction 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.

The lung parenchyma presents the expected architecture and attenuation behavior.

The esophagus is generalized moderately distended by gas.

### Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Originating from the right kidney, a well-defined, ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 7.0 x 6.8 x 10.2 cm. The intestinal structures are deviated ventrally and to the left by the mass effect.

The left kidney presents irregular margins with multiple concave depressions of the renal surface. A small amount of mineral attenuating material is associated with the left renal pelvis.

Originating from the left adrenal gland, an ovoid shaped, uniform soft tissue attenuating and irregular contrast enhancing mass is seen, measuring 2.5 x 1.7 x 1.6 cm.

The right adrenal gland cannot be delineated



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The caudal vena cava – pre-renal segment – presents a significant decreased diameter. The veins along the ventral abdominal wall are generalized prominent.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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 bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right renal soft tissue mass with dystrophic mineralization
- Left adrenal soft tissue mass without vascular invasion
- Hypoplastic caudal vena cava – pre-renal segment with collateral circulation
- Left sided chronic nephropathy
- Left sided nephrolithiasis without mechanical obstruction
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right renal soft tissue mass is consistent with primary renal neoplasia – such as renal cell carcinoma. Surgical management via right sided nephrectomy appears feasible.

The left adrenal mass can present (non)functional nodular hyperplasia or neoplastic transformation of the left adrenal gland (e.g. adenoma, adenocarcinoma, pheochromocytoma, metastasis). Surgical management is considered feasible.



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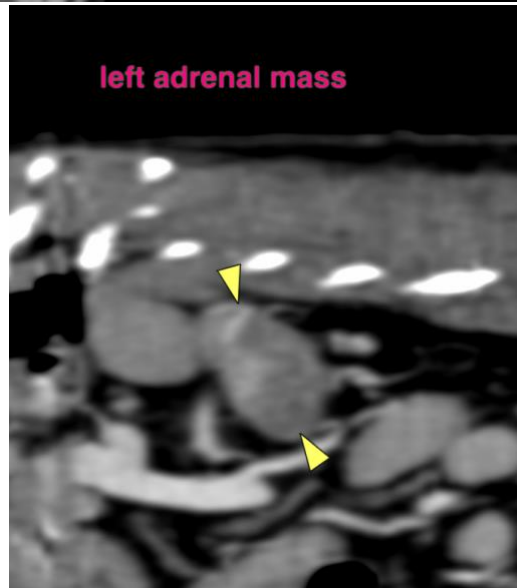
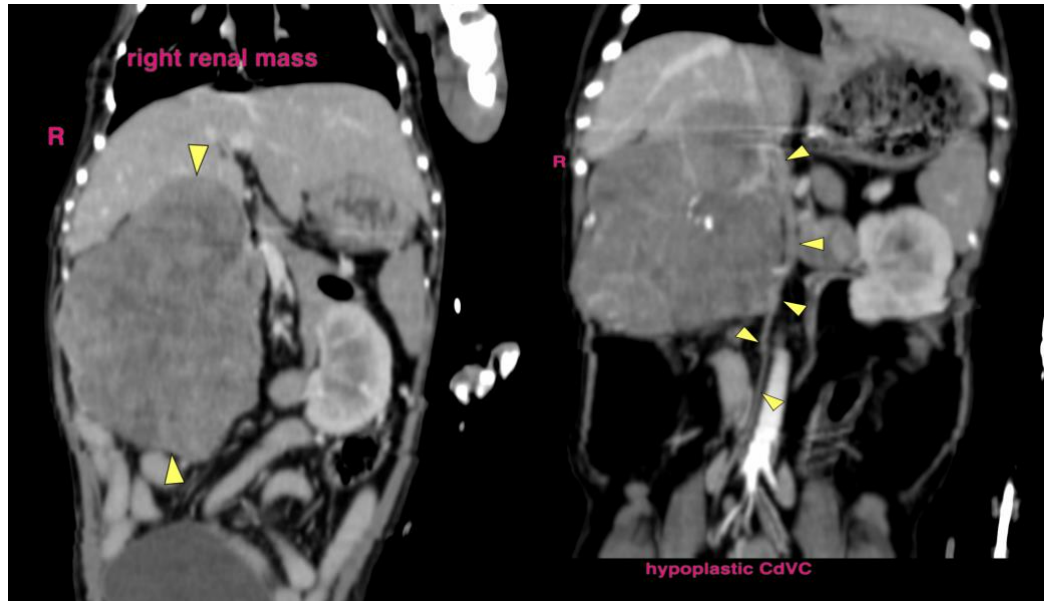
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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. DipECVCI  
[info@sonopath.com](mailto:info@sonopath.com)