



PATIENT

Koda Hamelin

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

6Y

WEIGHT

77.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. Jose Pepen

INVOICE

73609

DATE

2-3-26

PRESENTING CLINICAL SIGNS

No history provided.

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

The vertebral endplates T12/T13 present moderate spondylosis formation.

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.

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

Abdomen

In the post contrast series, the caudal abdomen is cropped by the field of view.

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 retroperitoneal fat level with the left kidney presents moderate soft tissue striation. The left ureter is mildly dilated, measuring up to 2 mm in diameter. Extending from the dorsal aspect of the pelvic canal cranially into the peritoneal cavity, a well-defined, ovoid shaped, fluid attenuating mass, demarcated by a thin, soft tissue attenuating capsule with multiple thin septa extending into the lumen – are seen; measuring approximately 25 x 10 x 16 cm. The colon and urinary bladder are deviated ventrally and the intestinal tract cranioventrally by the mass effect. The left ureter is coursing along the cranial and ventral aspects of the mass ventrally and caudally up to the urinary bladder

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

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

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.



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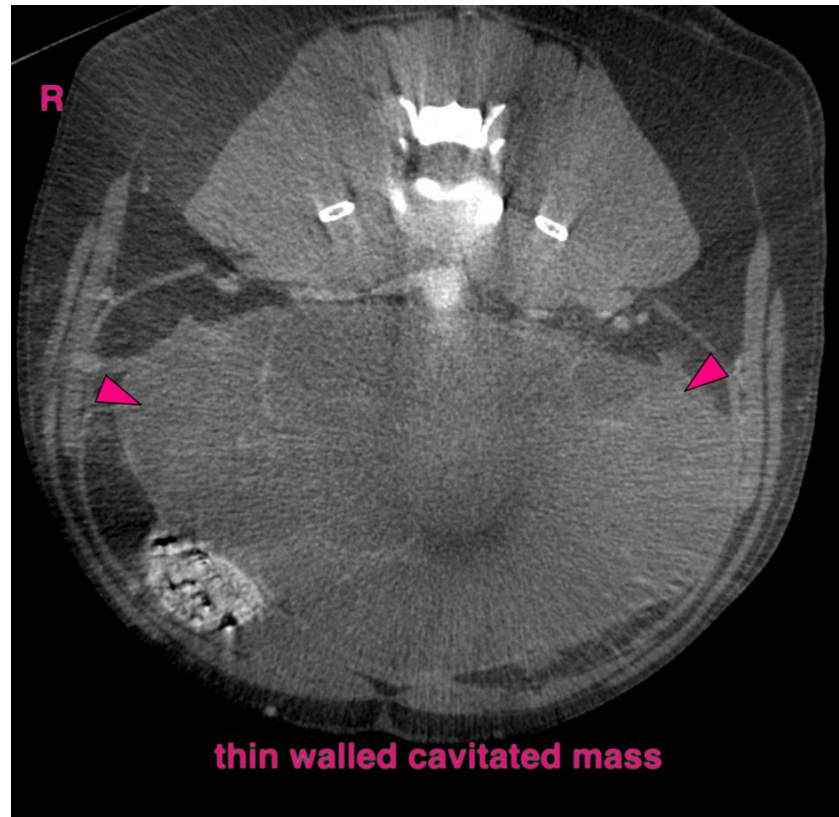
2-3-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large thin walled cavitory lesion caudal retroperitoneal space and dorsal aspect of pelvic canal
- Secondary mild dilation of the left ureter
- Mild retroperitoneal effusion
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated mass appears to be a thin walled cavitory mass – an organ of origin cannot be specified and potentials include Lymphangioma, neoplasia (e.g. cystic carcinoma, leiomyosarcoma), urinoma, epidermoid cyst, duplication cyst, parasitic, other. Diagnostic celiotomy is warranted for specification and at least partial or complete resection ± omentalization of the mass is considered as a feasible treatment – be aware of the left ureter coursing along the cranial and ventral aspects of the mass. Recommend a digital rectal exam to screen for any intramural rectal lesion as source of the cavitory mass.





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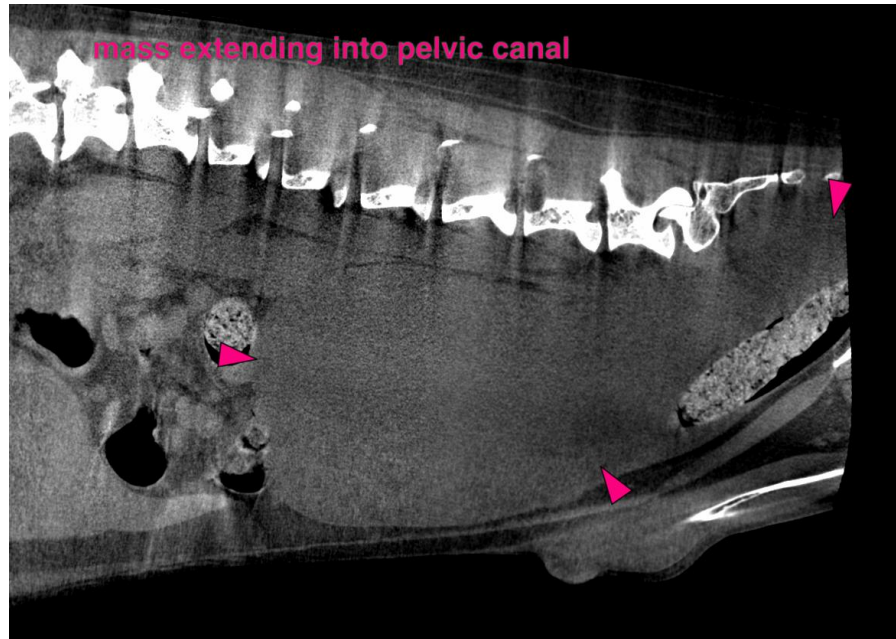
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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