



PATIENT PRESENTING CLINICAL SIGNS

Lala Redondo Patient presented to clinic for difficult breathing and possible syncope. A digital radiographs was performed. Radiographs Interpretation: * Right cranial lung lobe mass. This could be due to primary pulmonary neoplasia such as adenocarcinoma, granuloma, abscess, and less likely cyst. This mass could result in clinical signs of coughing; however, dyspnea and collapse are not expected to be caused by this mass. * Laryngeal paralysis and pulmonary hypertension could be a cause of dyspnea and collapse.
SPECIES Canine Abnormal PE/Chem/CBC/UA Results: CBC --- NEU mild increased CHEM --- TP and GLOB mild increased

BREED COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX Thorax

SF 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.

AGE

12 Years The cardiovascular structures including the pulmonary vasculature are within normal limits.

INTERPRETED BY

In the caudodorsal aspect of the right caudal lung lobe, a well-defined, soft tissue attenuating and mild irregular soft contrast enhancing mass is seen, measuring 4.0 x 2.5 x 4.2 cm in size. The bronchi level with the mass are compressed. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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

Veterinary Image Center

Abdomen

Both kidneys present with variable sized intraparenchymal, well-defined, roundish filling defects, measuring up to 8 mm in size.

REFERRING VET

The right adrenal gland is within normal limits for size, shape and organ architecture.

Dr. Díaz Umpierre, DVM

Originating from the cranial pole of the left adrenal gland, an irregular shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 2.8 x 2.0 x 1.7 cm in size.

INVOICE

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

57260

Protruding from the body of the spleen, an irregular shaped, uniform soft tissue attenuating and peripherally accentuated irregular contrast enhancing mass is seen, measuring 6.7 x 5.7 x 7.9 cm in size. The peritoneal fat level with the mass presents focal moderate fat-stranding.

DATE

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

3-15-23



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

Lala Redondo

Multifocal mild spondylosis formation is seen along the lumbar spine.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass right caudal lung lobe
- Splenic soft tissue mass with mild surrounding peritonitis
- Left adrenal soft tissue mass without signs of vascular invasion
- Pulmonary osteomas
- Renal cortical cysts
- Spondylosis deformans

BREED

Boxer mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

SF

The appreciated soft tissue mass in the right caudal lung lobe, spleen and the cranial pole of the left adrenal gland may represent metastatic disease (e.g. hemangiosarcoma, carcinoma) or separate neoplastic entities – such as splenic hemangiosarcoma, pulmonary carcinoma, adrenal adenoma/carcinoma/pheochromocytoma. Surgical management may be considered as there are no signs for metastatic disease throughout the remaining lung lobes or the abdomen.

AGE

12 Years

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Lala Redondo

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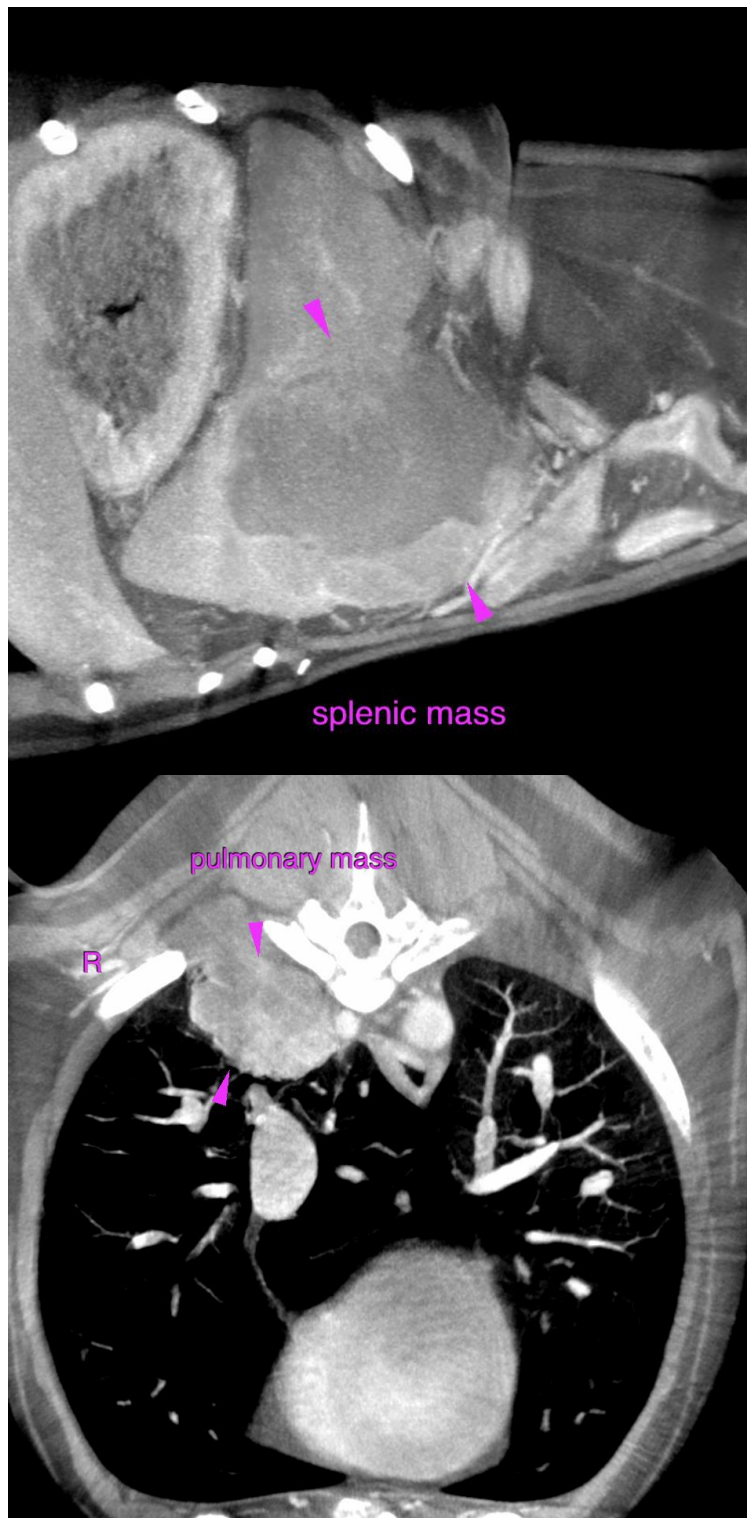
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PATIENT

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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.

SPECIES

Canine

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.

BREED

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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