



PATIENT

Blue Betancourt Rivera

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12 Years

WEIGHT

70.4 pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT- CT Scan
Technician

HOSPITAL NAME

Veterinary Imaging
Center

REFERRING VET

Dr. N. García DVM

INVOICE

14344

DATE

03/15/26

PRESENTING CLINICAL SIGNS

- Patient presented for an evaluation after having difficulty walking for two weeks. Pt was placed on Rimadyl at another vet clinic, but no improvement seen. Pt is urinating and defecating on himself. Upon PE, there's ataxia and marked CP deficits from both HLs. On abdominal x-rays, a large, round soft tissue opacity was seen; DDx: splenic mass.

Abnormal PE/Chem/CBC/UA Results: CBC --- RETIC-HGB mild decreased (22.0), LYM mild to moderate (0.82), EOS severe decreased (0.01) CHEM --- TP mild increased (8.4) and GLOB mild increased (4.7)

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, ABDOMEN & THORACIC & LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Parts of the crown of triadan 304 are absent, exposing the pulp cavity to the dental surface.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Abdomen

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

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

Protruding from the caudal extremity of the spleen, a spherical, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 8.7 cm in diameter.

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.



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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.

The bony and surrounding soft tissue structures reveal no abnormalities.

Spine

In the dorsal aspect of the right caudal lung lobe, an irregular roundish, soft tissue attenuating and peripherally accentuated contrast enhancing mass is seen; measuring 3.2 cm.

Post contrast administration, level with L5 in the dorsal aspect of the dorsal tube, a spindle shaped irregular contrast enhancing lesion is noted; measuring 19 mm in length and 6 mm in diameter.

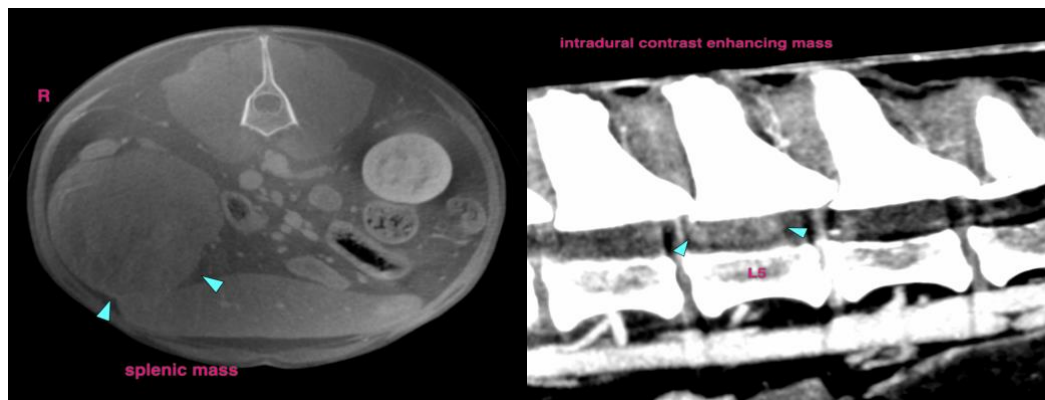
The remainder of osseous and soft tissue structures of the thoracic and lumbar spine reveal no abnormalities – the dural tube has the expected diameter throughout

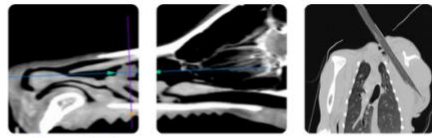
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenic soft tissue mass
- Intradural strong contrast enhancing mass level L5
- Soft tissue mass dorsal aspect right caudal lung lobe
- Complicated dental fracture 304

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic soft tissue mass is consistent with primary splenic neoplasia – such as hemangiosarcoma, round cell tumor, other. The pulmonary mass and the intradural contrast enhancing lesion are highly suggestive for metastatic spread. The intradural lesion is explaining the presenting neurological clinical signs.





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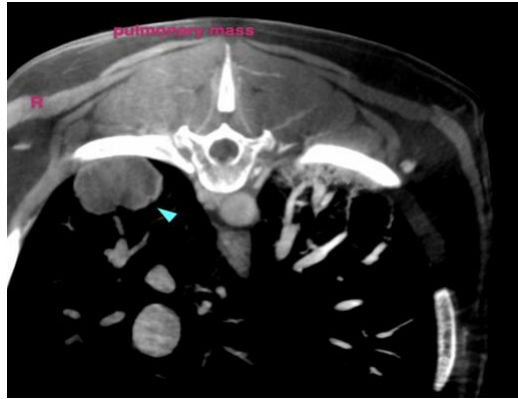
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. DipECVDI
info@sonopath.com