



## PATIENT

Baru Gremli

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

MN

## AGE

12Y, 8M

## WEIGHT

58lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Monika Salgado

## HOSPITAL NAME

Westchester Animal  
Hospital

## REFERRING VET

Randy Dominguez

## INVOICE

74211

## DATE

3-16-26

## PRESENTING CLINICAL SIGNS

- Referred from Dr. Juan Granado with several abdominal tumors in the abdomen.

Abnormal PE/Chem/CBC/UA Results: BUN 39 mg/dl. Otherwise unremarkable

## 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

Along the thoracic spine, multifocal spondylosis formation is seen. The subchondral bone of multiple vertebral endplates along the thoracic spine present moderate sclerosis and moth eaten defects.

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 with randomly distributed interspersed punctuate mineralization and zones of dystelectasis in the right lung lobes.

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

### Abdomen

Both kidneys present irregular margins with multiple concave depressions of the renal surface. At the caudal pole of the left kidney, a well-defined, roundish fluid attenuating lesion is seen – bulging beyond the renal surface. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Nodular enlargement of both adrenal glands is appreciated, measuring up to 13 mm in diameter.

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

Originating from the right medial liver lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing, irregular roundish mass is seen; measuring 7.6 x 10.5 x 10.8 cm. The gallbladder is deviated to the left by the mass effect. The remainder of the liver present smooth margins and a homogenous soft tissue attenuating and contrast enhancing parenchyma. The peritoneal fat adjacent to the hepatic mass presents mild soft tissue striation.

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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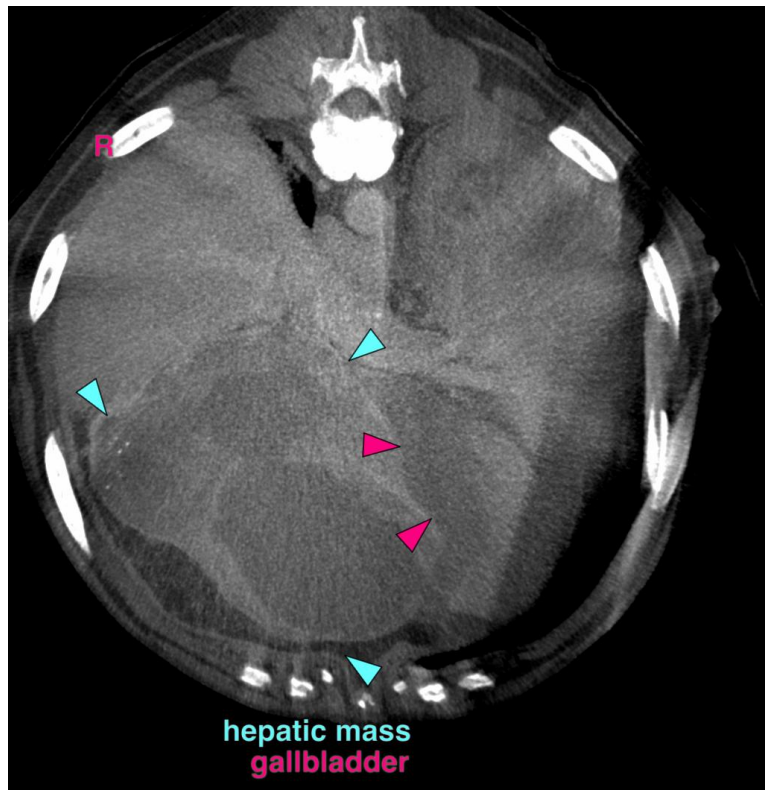
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass right medial liver lobe with mild dystrophic mineralization with mild surrounding peritonitis
- Nodular enlargement adrenal gland bilaterally without vascular invasion
- Multiple chronic renal infarcts
- Simple renal cortical cyst left kidney
- Multifocal chronic discopathy along the thoracic spine with secondary remodeling of multiple vertebral endplates
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right divisional hepatic soft tissue mass is consistent with primary hepatic soft tissue neoplasia – such as hepatocellular carcinoma, sarcoma or neuroendocrine tumor. Complete surgical resection appears feasible but adhesion with the gallbladder are possible.

The adrenal nodules are not specific and are most suggestive for (non)functional adrenal nodular hyperplasia or adrenal neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).





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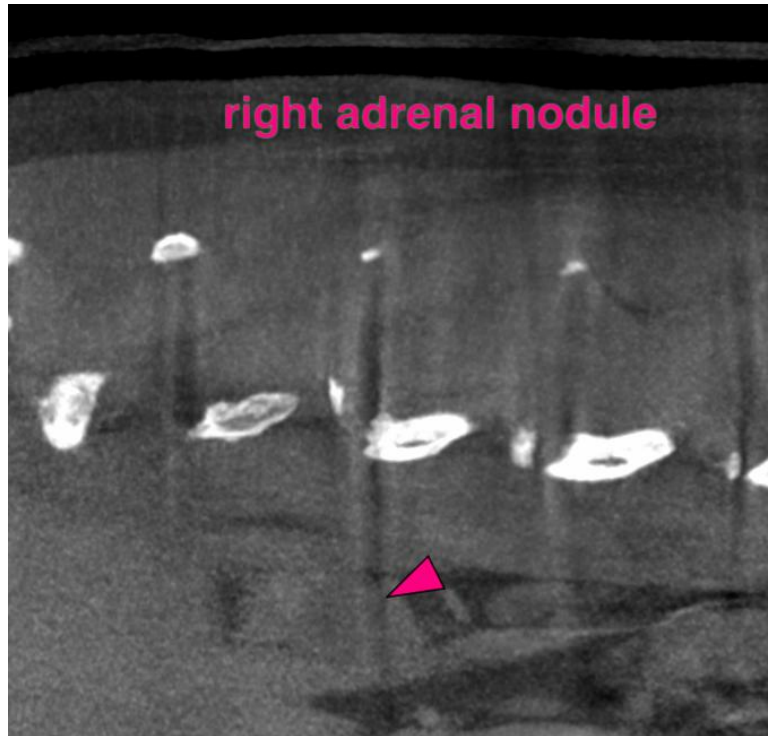
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)