



PATIENT

Hunter Figueredo

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8Y

WEIGHT

92lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74207

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- Hunter had presented to his rdvm for recheck radiographs to monitor splenic nodule, which was previously seen in an abdominal ultrasound. Xrays revealed a mass in addition to the nodule. Splenectomy was performed on 2/24/26. Excisional biopsy was took of spleen and sent it to pathology (2/24/26), the results show us an Hemangiosarcoma with mitotic count of 8 in 10 HPF, and a Benign complex hyperplastic nodule.
- CT was requested to assess for Metastasis.

Abnormal PE/Chem/CBC/UA Results: PE: T 100.0 F, HR 116, RR Panting, MM Pink, CRT <2 seg. H/L: WNL. Nuclear Sclerosis OU, Dental calculus 4/4. Acral lick granuloma on the left forelimb. Bloodwork (3/16/26): NSF Urinalysis (3/3/26): Urine Protein 30 mg/dL, Blood/Hemoglobin 250 Ery/uL.

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

Post contrast administration, throughout the skeletal muscles, multiple small hypoattenuating areas are appreciated.

In the left axillary region, a well-defined, ovoid shaped lipoma is seen.

Along the thoracic spine, multifocal spondylosis formation is seen.

The sternal lymph nodes are prominent.

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.

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

Abdomen

The serosal fat presents mild to moderate soft tissue striation. In the peritoneal cavity, a moderate amount of free gas is seen.

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 spleen is absent. In the peritoneum in the region of the absent spleen, multiple nodular soft issue attenuating lesions are appreciated as well as along the peritoneal fat in the ventral abdomen.

Throughout the hepatic parenchyma, multiple, well-defined variable sized, parenchymal filling defects are seen.



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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.

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

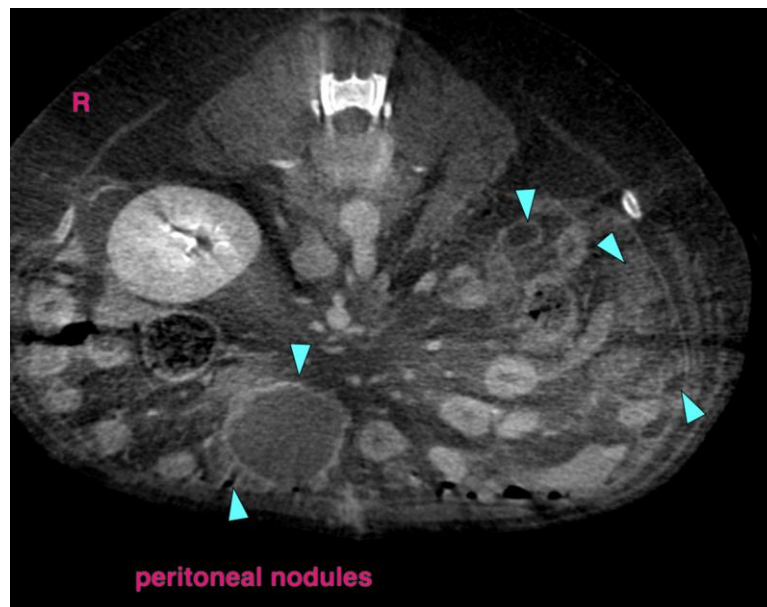
- History of recent splenectomy with residual pneumoperitoneum – can be seen up to 4 weeks post operatively
- Multiple peritoneal soft tissue nodules
- Contrast enhancing muscular lesions
- Lymphadenopathy sternal lymph nodes
- Osteoarthritis coxofemoral joints
- Lipoma left axillary region
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The peritoneal soft tissue nodules in combination with the history of excised splenic hemangiosarcoma is consistent with peritoneal metastatic spread. The contrast enhancing muscular lesions are indicative for muscle metastasis.

The hypoattenuating hepatic parenchymal lesions can present benign hepatic cysts or metastatic disease.

The prominent sternal lymph nodes are suggestive for reactive lymphoid hyperplasia due to preceding celiotomy and mild peritonitis.





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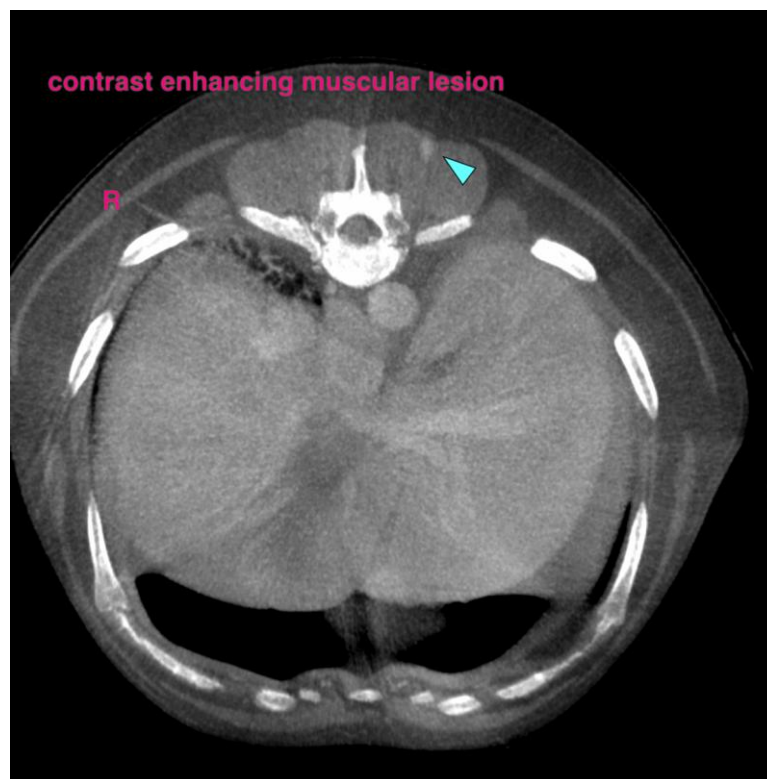
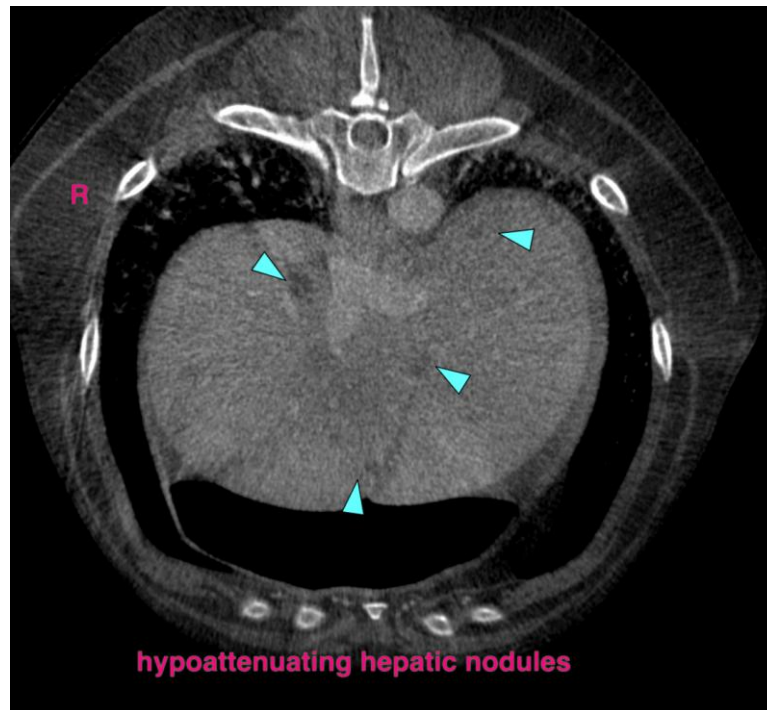
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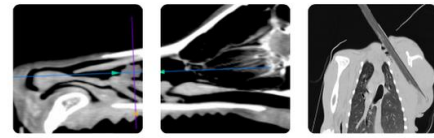
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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