



**PATIENT**

Buffy McCleery

**PRESENTING CLINICAL SIGNS**

HX OF HEART MURMUR, COUGH, STAGE 2 KIDNEY DISEASE, WEIGHT LOSS. ABD U/S SHOWED SOFT TISSUE MASS CAUDOL ABDOMEN UNABLE TO DETERMINE TISSUE OF ORIGIN

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE ABDOMEN & THORAX**

A high resolution post-contrast CT study of the abdomen and a plain CT study of the thorax are provided for review.

**BREED**

Chihuahua Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Both shoulder joints present moderate osteophyte new bone formation.

**SEX**

Spayed Female

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

**AGE**

15 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The caudodorsal dependent aspects of the lung parenchyma present regions of dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

**HOSPITAL NAME**

Aloha Pet & Bird  
Hospital

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

Abdomen

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

**REFERRING VET**

Dr. Dan Pepen

Moderate motion artefact of the caudal abdomen is seen.

Both kidneys present a mild decreased volume and mild irregular margins. A mild amount of mineralized material is seen in the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**INVOICE**

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In the peritoneal cavity, at the right ventral aspect of the urinary bladder, a moderate contrast enhancing soft tissue nodule, measuring approximately 1.8 cm in diameter is visible.

**DATE**

4-26-22

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

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



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout. The left anal sac is not appreciated. In the left aspect of the pelvic canal, a fusiform shaped lipoma is seen, deviating the rectum to the right.

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Mineralized material is seen in the right neuroforamen L1/L2. The intervertebral disc L5/L6 is moderately protruding into the vertebral canal.

**BREED**

Chihuahua Mix

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bilateral chronic nephropathy with mild nephrolithiasis – no signs of mechanical obstruction
- Peritoneal soft tissue nodule right caudal abdomen
- Intervertebral disc protrusion L5/L6 with possible dynamic spinal cord compression
- Right sided chronic foraminal intervertebral disc extrusion with neuroforaminal stenosis
- Suspect lipoma in left aspect of the pelvic canal
- Moderate degenerative osteoarthritis shoulder joints bilaterally
- Absent left anal sac
- Pulmonary osteomas and regions of dystelectasis of the lung parenchyma
- No evidence of pulmonary metastatic disease

**SEX**

Spayed Female

**AGE**

15 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No organ of origin of the right caudal abdominal soft tissue nodule is appreciated and potentials include mesenteric granuloma, neoplasia (mesentery, urinary bladder, jejunum) or less likely aberrant lymph node. If not done so yet, ultrasound guided FNA sampling of the mesenteric nodule can be used as advanced diagnostic test.

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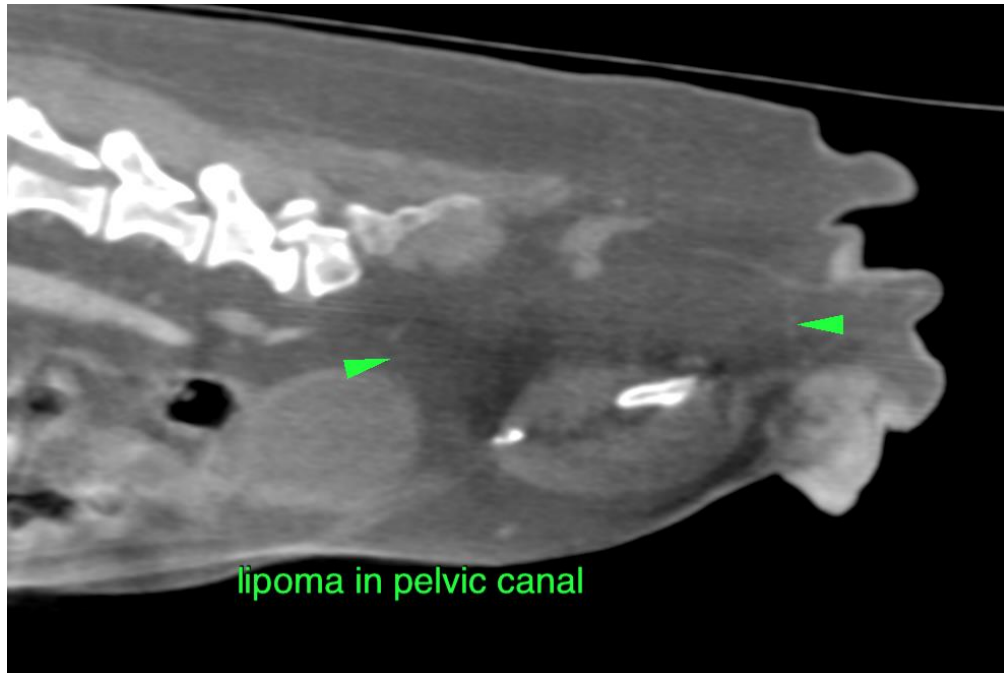
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com