



PATIENT

Dodge Lesser

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7

WEIGHT

26

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

36480

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: ileo - colic mass noted in ultrasound

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

A high-resolution post-contrast CT study of the abdomen and pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple streak artefacts are appreciated throughout the abdomen.

The most cranial aspect of the abdomen is cropped by the field of view.

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 cannot be delineated, due to the streak artefacts – no overt abnormalities are appreciated in the respective region.

The spleen presents an increased volume has a uniformly contrast enhancement.

Evaluation of the structures of the gastrointestinal tract is limited by the streak artefacts.

Along the caudal lumbar spine, bridging spondylosis formation is seen. The vertebral body of L5 presents an ill-defined geographic osteolytic lesion caudodorsally.

The right hind limb is absent and the muscles along the right hemipelvis present a decreased volume with interspersed fatty material.

The bone density of the right hemipelvis is moderately decreased. The left hemipelvis and left coxofemoral joint present no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of ileo-colic mass
- History of amputation right hind limb with disuse atrophy of the right pelvic muscles and osteopenia of the right hemipelvis
- Monostotic semiaggressive osteolytic lesion L5
- Mild splenomegaly
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, due to the streak and motion artefacts throughout the peritoneal cavity, assessment of the abdominal organs is very limited, and the described mass appreciated in the ultrasound examination cannot be appreciated in the current CT series.

The osteolytic lesion in the vertebral body of L5 is most suggestive for fatty bone marrow replacement, differentials can include fibrous dysplasia, granuloma or metastasis.



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Potential causes for splenomegaly include extramedullary haematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia and infectious diseases. The splenomegaly might be accentuated by general anesthesia.



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.

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