



PATIENT

Charlie Sizemore-
LittleJohn

SPECIES

Canine

BREED

Doodle

SEX

M

AGE

8Y

WEIGHT

47.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kirsten Bodie

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Gavin

INVOICE

74464

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- Large cavitory mass noted on ultrasound potentially from kidney
- Historic reticulocytosis with rDVM
- Uncomfortable on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: UA: proteinuria 500 mg/dL, blood 250 mg/dL

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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

Abdomen

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.

Dorsal to the left kidney, an irregular ovoid shaped, heterogeneous soft tissue attenuating and patchy mild contrast enhancing mass is seen; measuring 8.2 x 9.3 x 13.1 cm. The left kidney is deviated ventrally by the mass effect. The left renal artery and the left ureter are coursing along the medial surface of the mass.

The prostate is symmetrically moderately enlarged, has a heterogeneous attenuation pattern with interspersed granular mineralization and irregular contrast uptake. The peritoneal fat surrounding the prostate presents moderate soft tissue striation.

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

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

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.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The vertebral endplates L6/L7 and L7/S1 present moderate spondylosis formation.

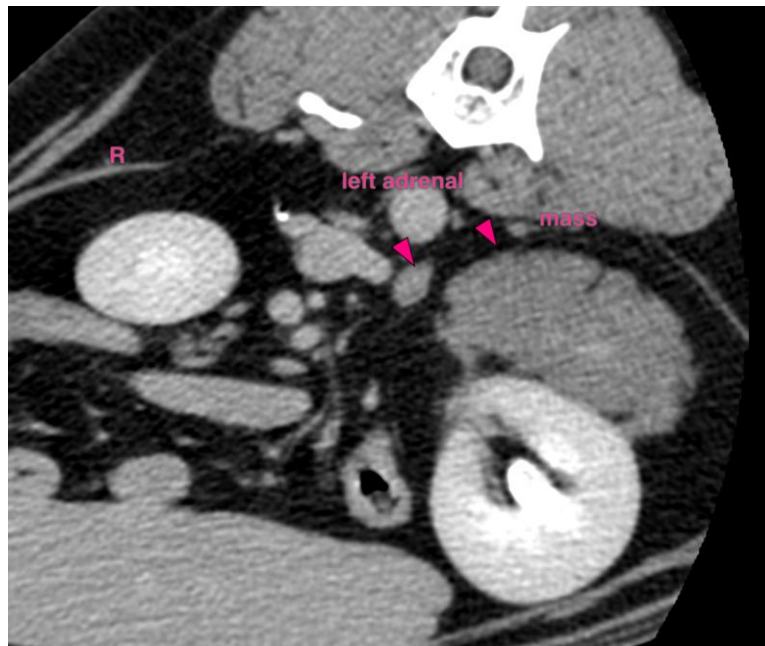
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass dorsal to left kidney
- Prostatomegaly with dystrophic mineralization and surrounding peritonitis
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass dorsal to the left kidney can present hematoma formation versus primary soft tissue neoplasia – such as sarcoma. Surgical management appears feasible but may warrant sacrificing the left kidney.

The prostatic changes are most consistent with benign prostatic hyperplasia ± chronic prostatitis and dystrophic mineralization. Recommend FNA sampling/biopsy of the prostate to rule out neoplastic transformation.





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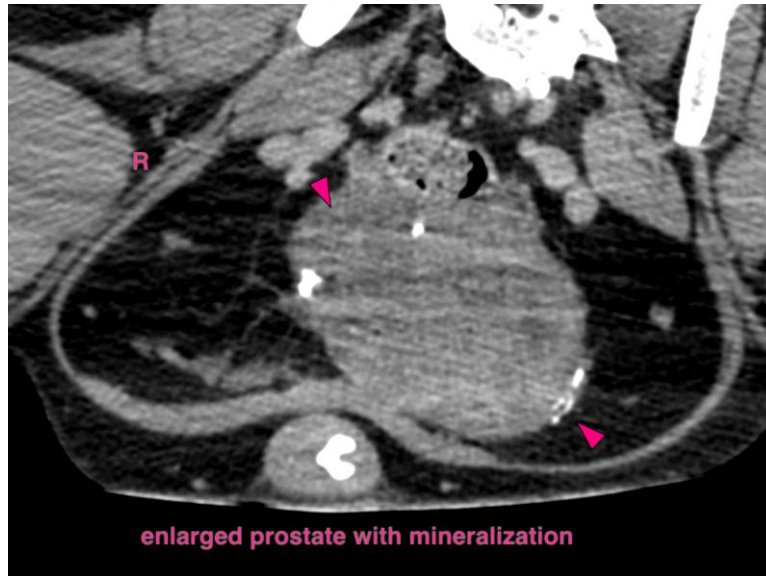
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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