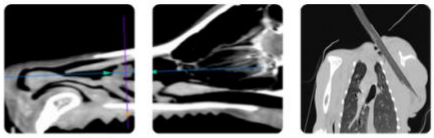


PATIENT

Ned Kerr

SPECIES

Canine

BREED

Staffy

SEX

Neutered Male

AGE

12

WEIGHT

22

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

37128

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: COUGHING OVER THE LAST TWO WEEKS
Abnormal PE/Chem/CBC/UA Results: ASPIRATES OF MASS PENDING

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

In the pleural cavity, a small volume of gravity dependent, fluid attenuating material is appreciated, L>R. The lung lobes are retracted from the thoracic wall by the fluid attenuating material.

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.

In the cranial aspect of the cranial part of the left cranial lung lobe, a soft tissue attenuating and mild irregular contrast enhancing mass with interspersed sporadic punctuate mineralization is seen; measuring 6.5 x 4.8 x 6.2 cm. Convex bulging of the margins of the left cranial lung lobe level with the mass is appreciated. The aerated parts of the lung present the expected architecture with zones of dystelectasis.

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.

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 liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement – but an irregular roundish parenchymal filling defect in the craniodorsal aspect of the caudate process of the caudate liver lobe.

In the hilary region of the body of the spleen, a roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is protruding beyond the splenic surface, measuring 4.1 cm in diameter.

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

PATIENT

Ned Kerr

SPECIES

Canine

BREED

Staffy

SEX

Neutered Male

AGE

12

WEIGHT

22

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

37128

DATE

5/14/26

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

In the right aspect of the vertebral body of L7, a well-defined geographic osteolytic lesion is seen – presenting a hypoattenuating center (up to -280 HU). The vertebral endplates L7/S1 present moderate spondylosis formation.

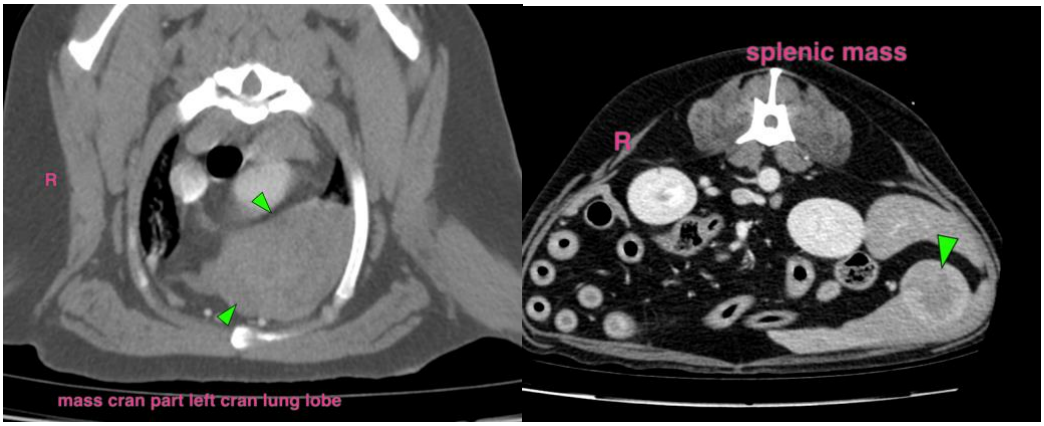
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass cranial part of left cranial lung lobe with dystrophic mineralization
- Mild pleural effusion
- Splenic soft tissue mass
- Solitary simple hepatic cyst caudate process

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary soft tissue mass originating from the left cranial lung lobe is consistent with primary pulmonary neoplasia – carcinoma is most common. The remainder of the lung reveal no signs of metastatic disease. The mild pleural effusion can be a paraneoplastic finding or secondary to preceding FNA sampling of the pulmonary mass and hemorrhage. Complete surgical resection of the pulmonary mass via (partial) lobectomy of the affected lung lobe is feasible.

The splenic mass can present benign nodular hyperplasia versus neoplastic transformation (e.g. metastasis or primary splenic neoplasia, such as hemangiosarcoma, round cell tumor).



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com