



PATIENT

Doom Fitzgerald
Eckenberg

SPECIES

Canine

BREED

Cane Corso

SEX

M Neutered

AGE

11Y

WEIGHT

63kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center
of Corona

REFERRING VET

Bart Huber

INVOICE

75042

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Presented 3 days ago for abdominal distension - found splenic mass on rads, ultrasound also showed some liver masses as well. We did splenectomy on Friday (5/15) as well as removed part of the right middle lobe with visual masses but could not remove entire lobe without taking the gall bladder. This is a met check, patient going to oncologist next week. We also did have to go back in today prior to the scan as we found out we left a scalpel blade in. It was retrieved, easily found but it did introduce more air into the abdomen.

It does appear to have more liver masses. Histopath of spleen and liver are pending.
Abnormal PE/Chem/CBC/UA Results: Actually, labs were very unremarkable other than a low PCV of 36% Chems were all normal as were clotting times.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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.

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 multiple zones with dystelectasis; the aerated aspects of the lung present the expected architecture and attenuation behavior.

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

Abdomen

The serosal fat presents generalized mild to moderate soft tissue striation. Multiple free gas bubbles are noted throughout the peritoneal cavity.

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.

Nodular enlargement of the right adrenal gland is appreciated, presenting an irregular contrast enhancement pattern.

The spleen is absent.

In the right division of the liver - likely right medial liver lobe - a zone with intraparenchymal gas bubbles is appreciate; post contrast administration the gas bubbles are in a fluid attenuating area, that is demarcated by an irregular thickened capsule, presenting a discontinuity in the lateroventral aspect - preceding lobectomy of the right medial liver lobe. Post contrast administration, throughout the left division of the liver multiple roundish, irregular contrast enhancing areas are appreciated; measuring up to 4.4 cm in diameter.



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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.

In the left lateral abdomen, a well-defined, ovoid shaped irregular contrast enhancing nodule is seen; measuring 2.3 cm.

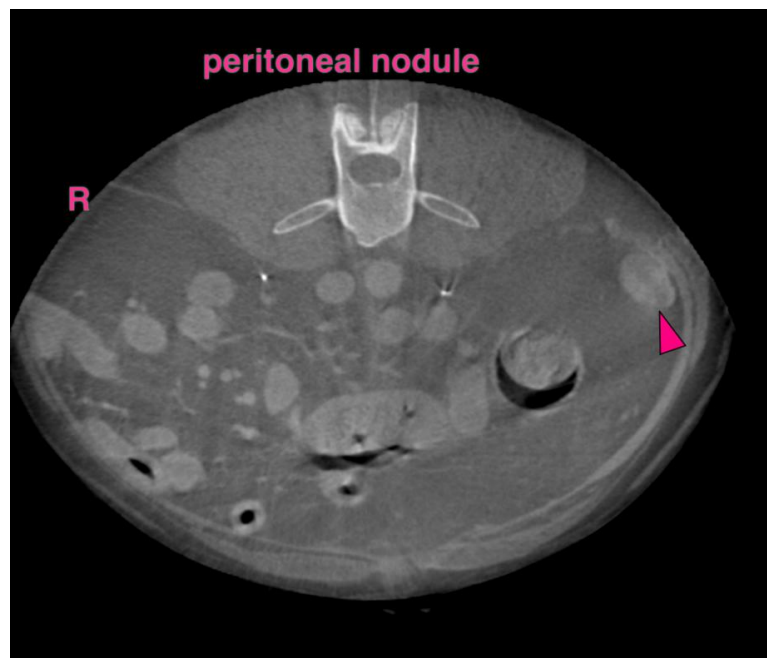
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple irregular contrast enhancing intraparenchymal hepatic lesions
- History of preceding partial lobectomy right medial liver lobe
- Peritoneal soft tissue nodule left lateral abdomen
- Nodular enlargement right adrenal gland without vascular invasion
- Peritonitis and pneumomediastinum – due to preceding laparotomy
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic masses in combination with the history of splenic mass are highly concerning for hepatic metastasis. The peritoneal nodule in the left caudal abdomen can present nodular fat necrosis, granuloma or peritoneal metastasis.

The nodular enlargement of the right adrenal gland can present nodular hyperplasia, (non)functional neoplasia (e.g. adenoma, adenocarcinoma) or metastasis.





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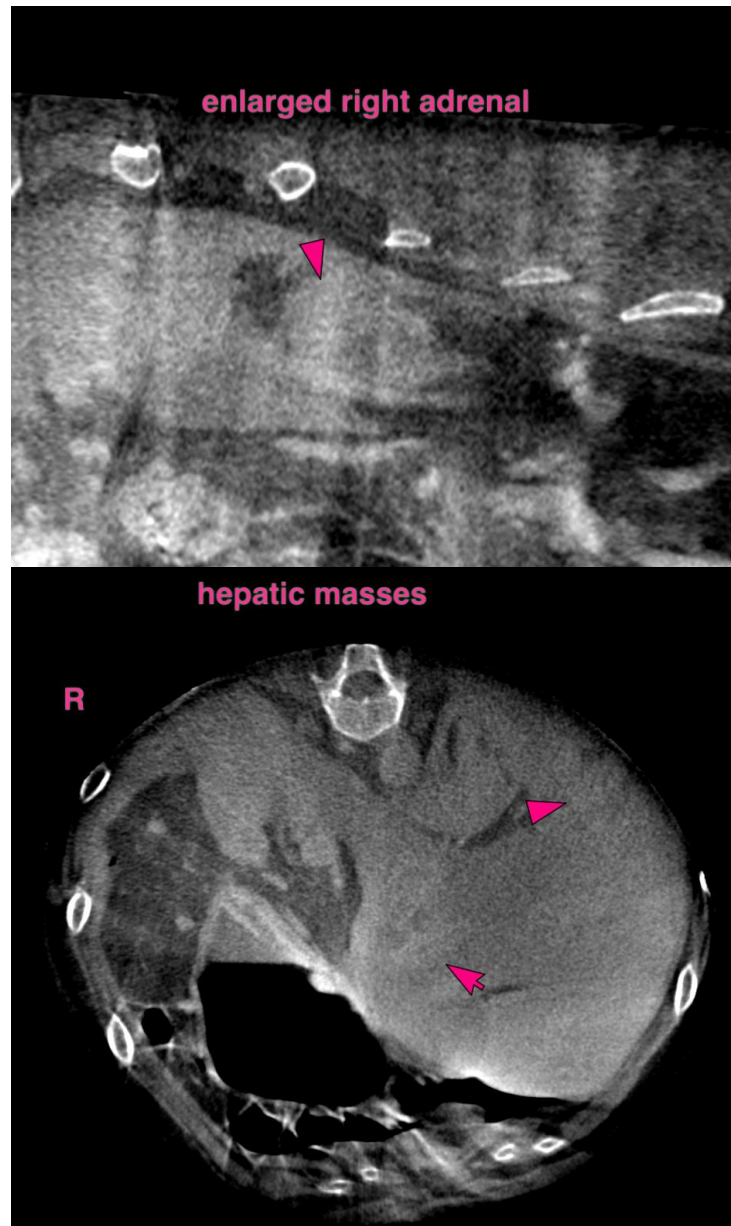
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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