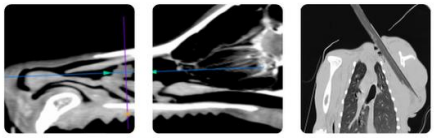


PATIENT

Canela Lopez

SPECIES

Canine

BREED

Dachshund

SEX

SF

AGE

13Y

WEIGHT

11.0lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

José R. Ramírez, DVM

INVOICE

75125

DATE

5-25-26

PRESENTING CLINICAL SIGNS

Canela came in 5/13/26 because she could not get up. She did not want to eat.
On physical exam she had a tense thoracolumbar area, femoral pulse was normal, no proprioception reflex, minimal withdrawal and pain reflex.
Radiographs showed decrease intervertebral space between L3-L4 and L4-L5.
She was injected with dexamethasone and sent home on prednisone and gabapentin. Laser therapy was also started. Recommended CT to see if she needs surgery.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- ALT mild increased (140)

COMPUTED TOMOGRAPHY OF THE ABDOMEN AND THORACIC & LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

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 throughout the renal parenchyma, multiple well-defined, roundish parenchymal filling defects are seen.

Nodular enlargement of the caudal pole of the left adrenal gland is appreciated, measuring 8.7 mm in diameter, presenting a mild irregular contrast enhancement pattern.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. In the gallbladder, a small amount of gravity dependent, mild hyperattenuating sludge is seen.

The hilar region of the caudal extremity of the spleen presents focal convex bulging of the splenic surface. The splenic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern, presenting multiple nodular hyperattenuating intraparenchymal lesions.

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

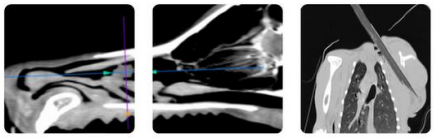
The cardia of the stomach presents an intramural, uniform soft tissue attenuating and post contrast mild hypoattenuating nodular lesion; measuring 13 mm in diameter.

At the caudal duodenal flexure in the caudal abdomen an eccentric roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass with interspersed granular mineralization is protruding from the duodenal wall; measuring 2.4 cm in diameter.

Thoracic & Lumbar spine

Multifocal throughout the subcutaneous tissue along the trunk, multiple, variable sized, well-defined, soft tissue attenuating nodules are present.

All intervertebral discs along the thoracic and lumbar spine present variable degree of central mineralization.



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Level with L2, in the right lateral aspect of the vertebral canal, in the post contrast series mild hyperattenuating material is appreciated occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level.

Level with the intervertebral disc spaces L4/L5 to L7/S1, disc material is protruding into the vertebral canal, occupying approximately ≤15% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect right sided extradural mild contrast enhancing material level L2
- Eccentric intramural duodenal soft tissue mass with dystrophic mineralization
- Intramural soft tissue mass cardia
- Nodular enlargement caudal extremity of the spleen and irregular contrast enhancing splenic parenchyma
- Multiple subcutaneous soft tissue nodules along the trunk
- Nodular enlargement caudal pole left adrenal gland
- Intervertebral disc protrusion L4/L5 to L7/S1 without compressive myelopathy
- Generalized chondroid disc degeneration along the thoracic and lumbar spine
- Biliary sludge with mechanical obstruction
- Multiple simple renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be faint contrast enhancing soft tissue material located in the epidural space level L, the finding is equivocal for soft tissue proliferation versus extradural disc herniation/hemorrhage. In combination with the duodenal mass and splenic nodules the odds for underlying disseminated neoplastic disease are increased (e.g. carcinomatosis, round cell tumor). However, multiple entities may be present here and the duodenal mass and splenic mass can be unrelated to the supposed material level L2. Workup should be complemented by a myelographic CT or MRI study to confirm myelocompression level L2. FNA sampling of the duodenal mass and splenic nodules ± subcutaneous nodules are beneficial for specification as well.

The small intramural mass level with the cardia of the stomach is most consistent with benign leiomyoma and can be an incidental finding.

The nodular enlargement of the left adrenal gland can present (non)functional nodular hyperplasia versus neoplastic transformation (primary versus metastasis).

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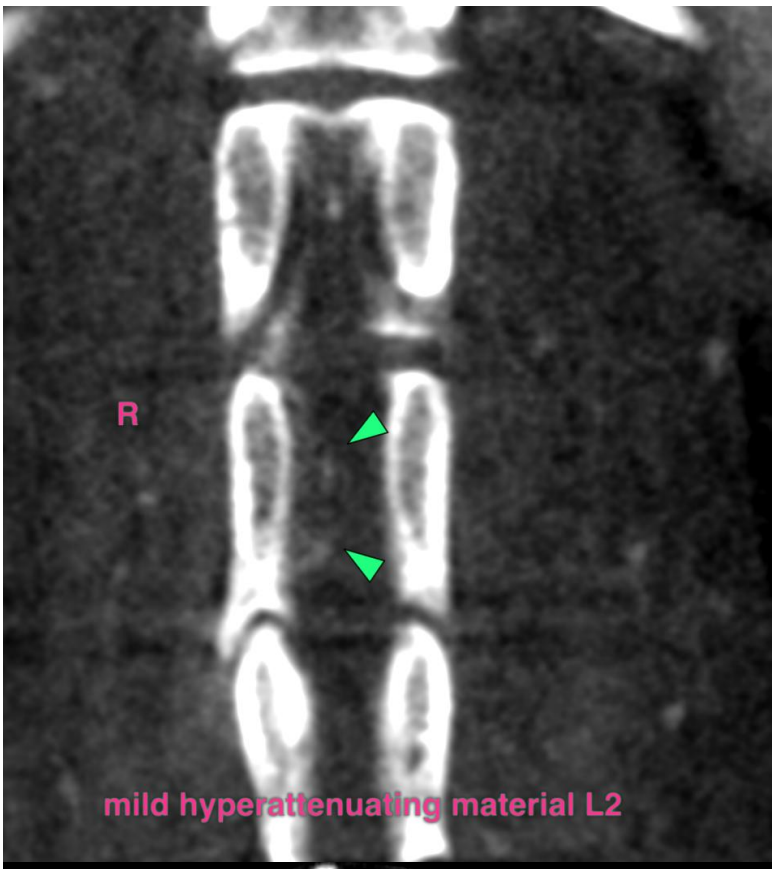

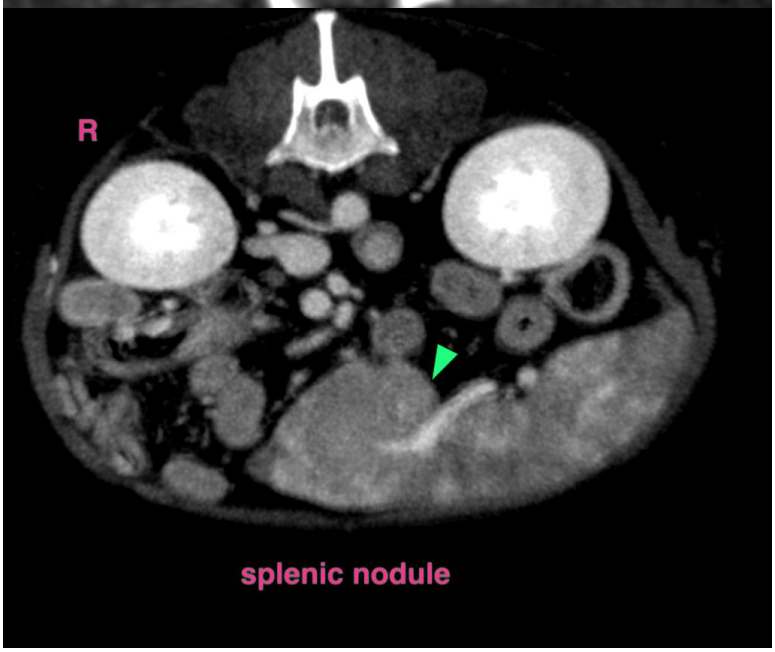

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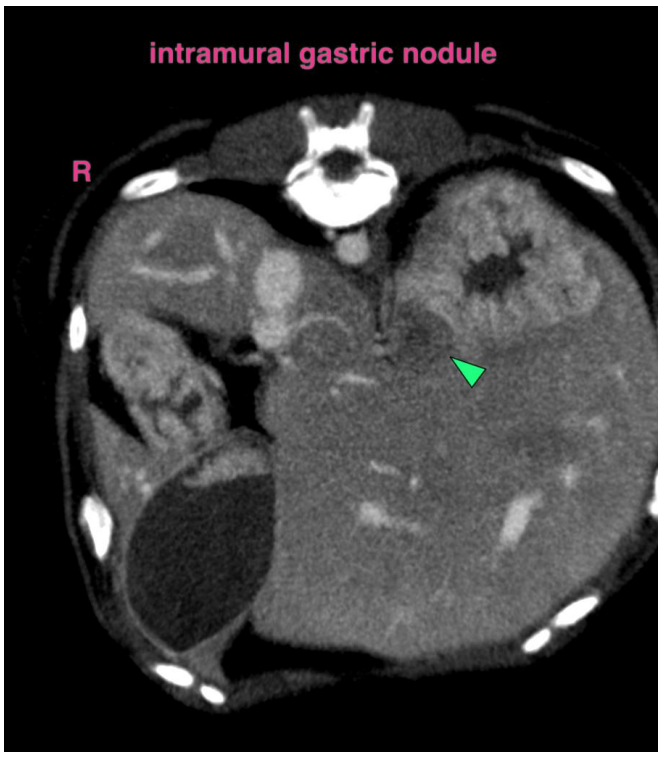

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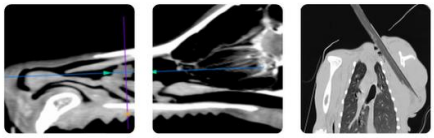

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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