



PATIENT

Murphy Pohl

SPECIES

Canine

BREED

Pyrenees/Poodle Mix

SEX

Neutered Male

AGE

8Y

WEIGHT

38.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lisette G.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Matthew Keats

INVOICE

75167

DATE

5-27-26

PRESENTING CLINICAL SIGNS

Approx. 2 month history of PU/PD. Large, heterogeneous hepatic mass found incidentally on abdominal ultrasound as part of this work up on 05/15/2026, along with hypoechoic splenic nodules. CT scan performed 05/27/26 for surgical mapping + metastasis check. Upon exploratory laparotomy, mass is actually attached at the stomach. Splenectomy also performed at same time. Abnormal PE/Chem/CBC/UA Results: BUN 3mg/dL. Otherwise preoperative labwork unremarkable. Normal coag panel.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

The sternal lymph nodes are prominent.

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 with randomly distributed interspersed punctuate mineralization.

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.

In the cranioventral abdomen, ventral to the pyloric antrum, an ovoid shaped, peripherally sporadic faint mineralized and heterogeneous contrast enhancing mass is seen; measuring 11.8 x 8.6 x 11.8 cm. The stomach is deviated dorsally by the mass effect. The peritoneal fat surrounding the cranioventral abdominal mass presents mild to moderate soft tissue striation. The cranioventral abdominal mass presents a small contact zone with the left medial liver lobe.

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.

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

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.

The bony and surrounding soft tissue structures reveal no abnormalities.



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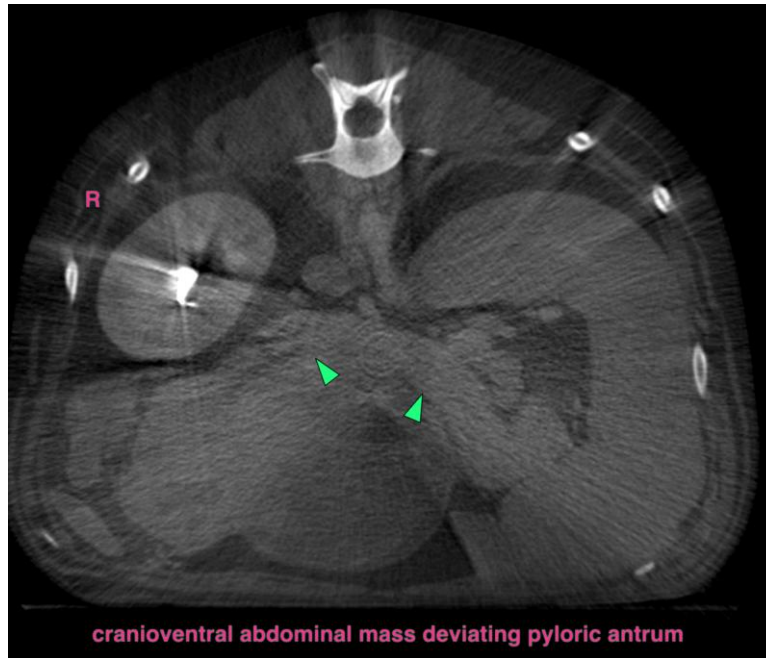
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral abdominal soft tissue mass with mild surrounding peritonitis
- Lymphadenopathy sternal lymph nodes
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the odds for a pedunculated hepatic mass are high – hepatocellular adenoma or carcinoma are common – a primary mesenteric soft tissue mass (e.g. sarcoma) or eccentric gastric mass (e.g. leiomyosarcoma) are differentials here. Completes surgical resection of the mass is considered feasible.

The prominent sternal lymph nodes are most suggestive for reactive lymphoid hyperplasia due to the cranial abdominal pathology; metastasis is a differential – ultrasound guided FNA sampling can be tried for specification.





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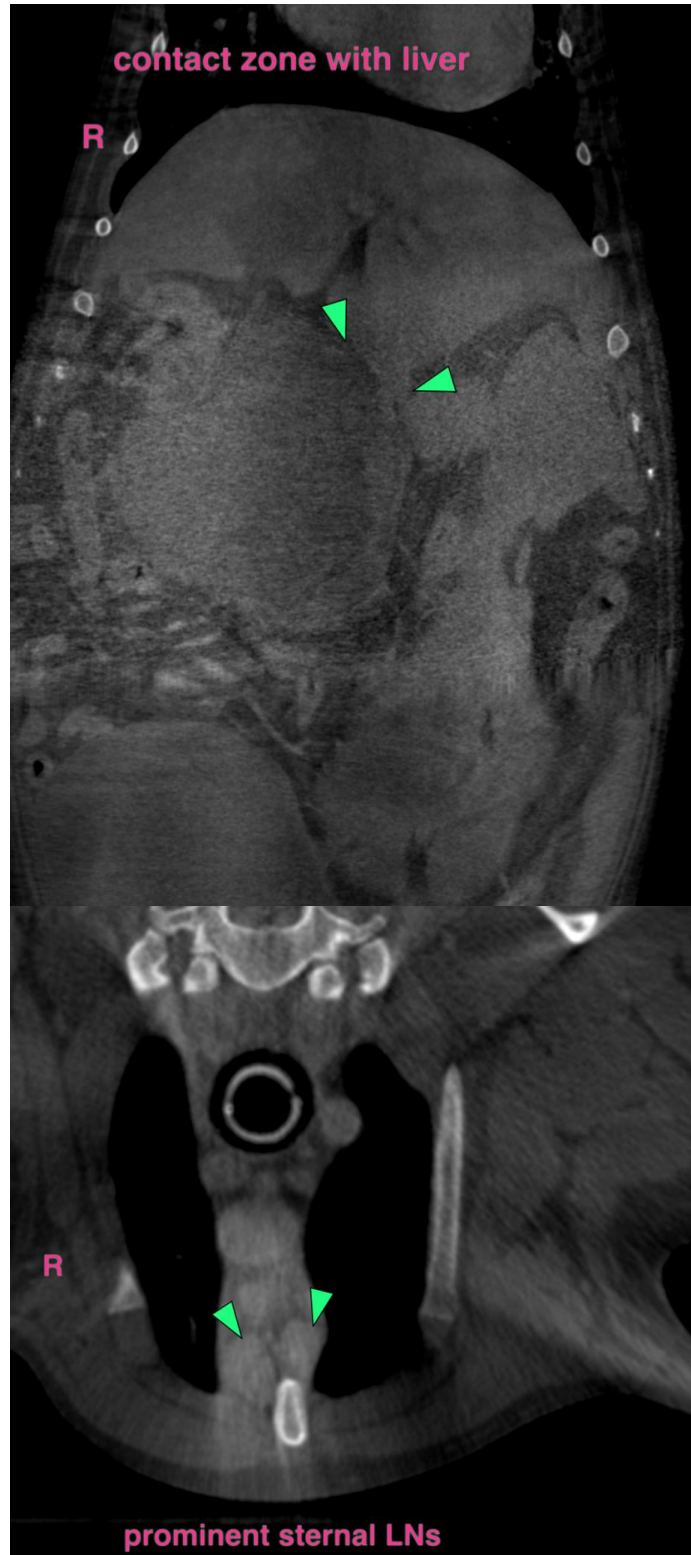
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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