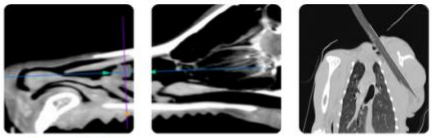


PATIENT

Wilson Vogel

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

62 Pounds

INTERPRETED BY

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Armstrong

INVOICE

37248

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Pet has an abdominal and thoracic mass. surgical planning.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the dorsal aspect of the 7th left intercostal space, an ovoid shaped, fat attenuating attenuating and peripherally mild irregular contrast enhancing mass is protruding into the left pleural cavity; measuring 4.4 x 3.9 x 4.5 cm. The mass is merging with the intercostal musculature at the same level and has feathered margins. The left caudal lung lobe is distorted by the extrapleural mass effect.

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 and contrast enhancement pattern is uniform and considered within normal limits.

Multiple peripheral pulmonary arteries present irregular mild central mineralization.

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.

Both kidneys present irregular margins. After contrast administration, well-defined, roundish parenchymal filling defects are seen throughout the renal cortex.

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, unremarkable.

The caudal extremity of the spleen presents a spherical, uniform soft tissue attenuating and contrast enhancing mass, protruding from beyond the splenic surface; measuring 5 cm in diameter.

PATIENT

Wilson Vogel

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

62 Pounds

INTERPRETED BY

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Armstrong

INVOICE

37248

DATE

5/29/26

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.

Level with the intervertebral disc spaces T12/T13 to L5/L6, disc material is protruding into the vertebral canal, occupying approximately up to 20% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

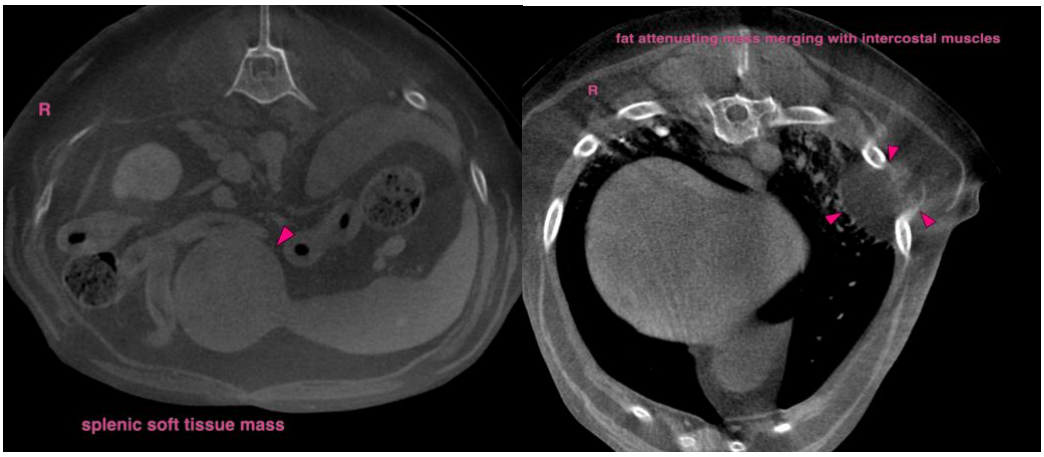
- Extrapleural infiltrative lipoma dorsal aspect left 7th intercostal space
- Splenic soft tissue mass
- Intervetrebral disc protrusion T12/T13 to L4/L5 with likely dynamic myelocompression
- Peirpheral pulmonary artery mineralization
- Multiple simple renal cortical cysts
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass in the dorsal aspect of the left 7th intercostal space is consistent with infiltrative lipoma – complete surgical resection either marginal resection or partial resection of the affected aspects of the thoracic wall is feasible.

The splenic soft tissue mass can present both benign nodular hyperplasia or malignant splenic neoplasia, such as sarcoma. Splenectomy is beneficial.

The changes of the pulmonary arteries are likely a sequela to preceding or ongoing parasitic infection, such as Dirofilariosis. Testing for potential infection following the guidelines of the "American Heartworm Society" https://www.heartwormsociety.org may be beneficial.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology

PATIENT

Wilson Vogel

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

62 Pounds

INTERPRETED BY

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Armstrong

INVOICE

37248

DATE

5/29/26

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