



## PATIENT

Mindy Crossman

## SPECIES

Canine

## BREED

Husky

## SEX

Spayed Female

## AGE

8 Years 1 Month

## WEIGHT

38.6 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater VH & WC

## REFERRING VET

Dr. Joel Habinski

## INVOICE

37254

## DATE

6/1/26

## PRESENTING CLINICAL SIGNS

History: 6-8 week history of hematuria unresponsive to UTI management. Further workup revealed an encapsulated tumor proliferating from the cranial portion of the right kidney. There does not seem to be any electrolyte disturbance, but we have not ruled out an adrenal origin. Some fluid in retroperitoneal space. CT for surgical planning.

Abnormal PE/Chem/CBC/UA Results: SDMA normal, decreased RBC, hgb, hct (regenerative anemia has resulted in serially stable hematocrit). Increased TP, globs, GGT

## COMPUTED TOMOGRAPHIC STUDY 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

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

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 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 normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The left kidney presents within normal limits for size and organ architecture and has irregular margins with multiple concave depressions of the renal surface.

Protruding from the cranial pole of the right kidney, a globoid, uniform soft tissue attenuating and heterogeneous contrast enhancing mass – presenting multiple fluid attenuating regions – is seen; measuring up to 10 cm in diameter. The right kidney presents a small amount of subcapsular fluid attenuating material.

The adrenal glands are within normal limits for size, shape and organ architecture.

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

The hepatic volume is decreased, and the hepatic margins are mild irregularly rounded.



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At the medial aspect of the left kidney, multiple small abnormal tortuous vessels are appreciated. Originating from the vein of the caudal extremity of the spleen, an abnormal vessel is coursing caudally up to the level of the urinary bladder, coursing dorsally, draining to an iliac vein.

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.

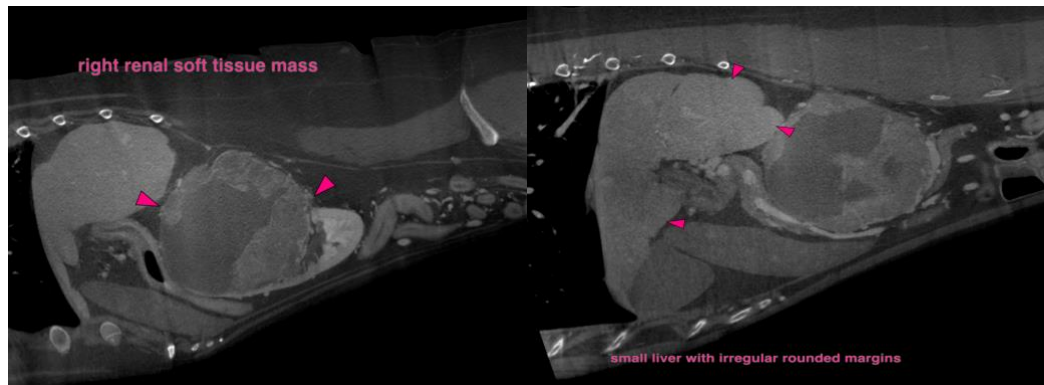
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right renal soft tissue mass with zones of cavitation and subcapsular fluid accumulation (e.g. hemorrhage)
- Microhepatica with mild irregular margins
- Multiple acquired extrahepatic portosystemic shunts
- Left sided chronic nephropathy
- Normal thorax, no evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals a large right renal soft tissue mass, consistent with primary renal soft tissue neoplasia – such as cystic renal cell carcinoma or hemangiosarcoma. Surgical management via nephrectomy is feasible.

The acquired portosystemic shunting along with the microhepatica is indicative for chronic hepatic disease (e.g. hepatitis) with secondary hepatic cirrhosis and portal hypertension. Hepatic biopsy can be performed for specification. The clinical relevance of the finding is unclear.





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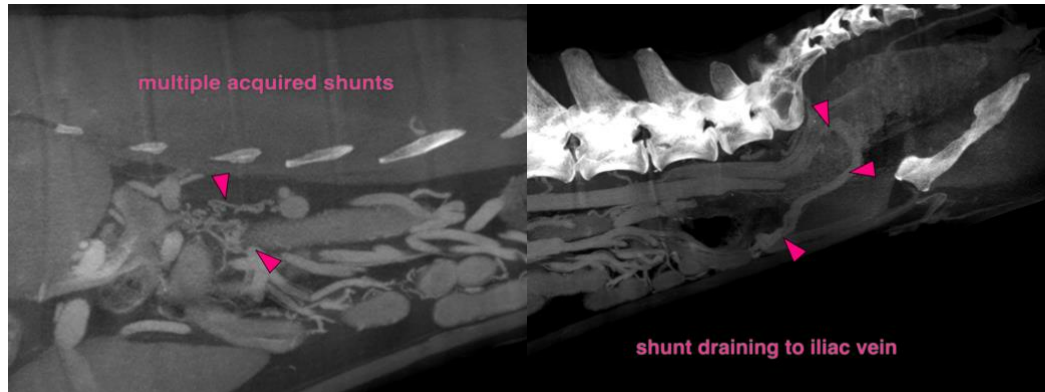
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)