



**PATIENT PRESENTING CLINICAL SIGNS**

King Howard King presents to MVCT for a CT of his entire spine, thorax, and abdomen. Slowly losing mobility- now gone for last 3 days. 5 most post-op for thyroid carcinoma and pheochromocytoma. Left partial CCL tear, prior left forelimb amputation. Possible IVDD at T3-L3.

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN, AND ENTIRE SPINE**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Pit Bull Thorax

The left thyroid gland is absent.

**SEX** The left front limb is absent, but the left scapula. Advanced atrophy of the left shoulder musculature is seen with secondary fatty replacement. In the distal aspect of the left infraspinatus fossa, a peripheral contrast enhancing nodule is seen, measuring 13 mm in diameter.

MN

Along the right humeral diaphysis, lamellar periosteal new bone formation is noted. Exostosis formation is seen level with the insertion of the right infraspinatus muscle.

**AGE**

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Multifocal convex shaped, plaque like thickening of the pleural lining of the right & left pleural cavity is seen – causing extrapleural mass effect at the lung at the same level.

**INTERPRETED BY**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

At the lateral aspect of the right atrium, a soft tissue nodule is appreciated.

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The bronchial walls are mildly thickened. The peripheral pulmonary arteries present multifocal mild mineralization.

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The lung parenchyma presents the expected architecture and attenuation behavior, but a zone with plate like atelectasis of the right middle lung lobe.

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

Akshay Verdema,  
DVM

Abdomen

The serosal fat presents normal attenuation behavior. Throughout the peritoneal cavity, multiple small (<4 mm) soft tissue nodules are appreciated.. At the cranioventral aspect of the urinary bladder, an ovoid shaped, soft tissue nodule is appreciated within left ventral abdominal wall.

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59014 A separate left & right caudal vena cava of the pre-renal segment is appreciated-

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In the right kidney, a well-defined parenchymal filling defect is seen, mildly protruding beyond the renal surface. Both kidneys present intraparenchymal, post contrast mild hypoattenuating roundish lesions, measuring up to 18 mm in diameter.

The left adrenal gland is absent. An irregular marginated, uniform soft tissue attenuating and contrast enhancing nodule is seen level with the left renal lymph node, measuring 2.5 x 2.3 x 4.7 cm



**PATIENT** King Howard  
 The hepatic volume is increased and throughout the hepatic parenchyma, variable sized, hypoattenuating and post contrast heterogeneous mild contrast enhancing nodular lesions are appreciated.

The left hepatic lymph node is prominent and rounded.

**SPECIES** Canine  
 The spleen has decreased volume and mild irregular margins.

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

**BREED** Pit Bull  
 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.

Spine

**SEX** MN  
 Post contrast administration, level with C4, in the left lateral aspect of the vertebral canal, a shallow convex shaped contrast enhancing lesion, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level, is distorting the dural tube.

The remainder of the osseous and soft tissue structures of the spine are within normal limits.

**AGE** 9  
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

- Extradural plaque like contrast enhancing lesion level with C4
- Multifocal plaque like pleural thickening
- Multiple hepatic intraparenchymal nodules
- Soft tissue nodule distal aspect left infraspinatus fossa
- Lymphadenopathy hepatic and left renal lymph node
- Peritoneal soft tissue nodules
- Intermuscular nodule left ventral abdominal wall
- Soft tissue nodule lateral aspect of the heart
- Intraparenchymal post contrast mild hypoattenuating renal lesions bilaterally
- Renal cortical cyst right kidney
- History of amputation left front limb
- History of excision of thyroid carcinoma
- History of excised left adrenal pheochromocytoma
- Incidental splenocirrhosis
- Double caudal vena cava, pre-renal segment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appreciated lesions are highly suggestive for metastatic disease – most likely secondary to carcinoma. The extradural lesion level with C4 is a potential cause for the described progressive neurological deficits.

An MRI study or myelographic CT study as well as FNA sampling of the pleural and hepatic lesions will be needed to confirm the diagnosis.



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**SPECIES**

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Pit Bull

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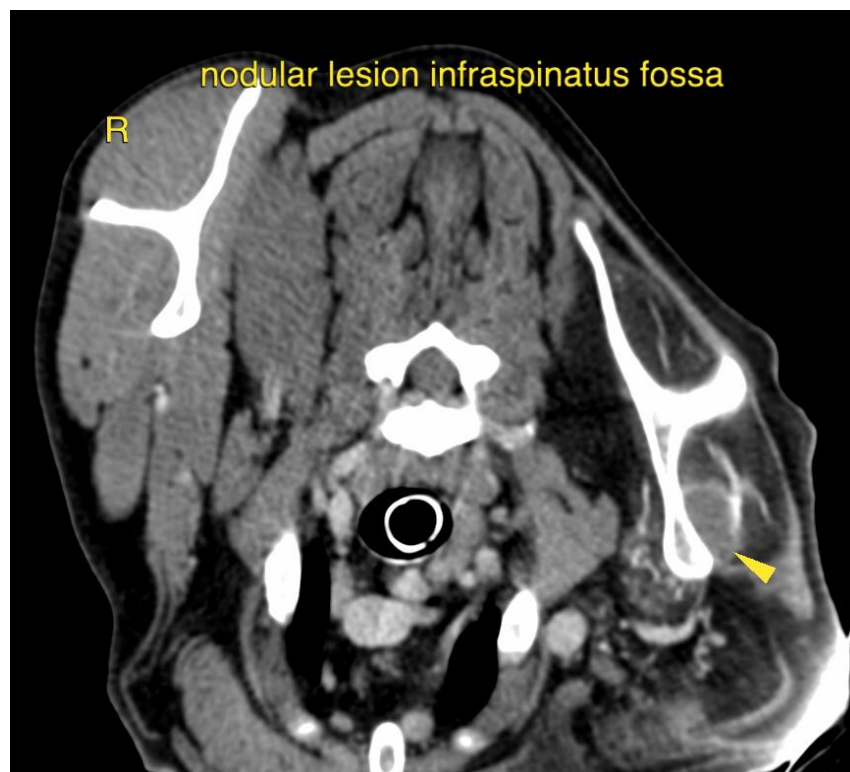
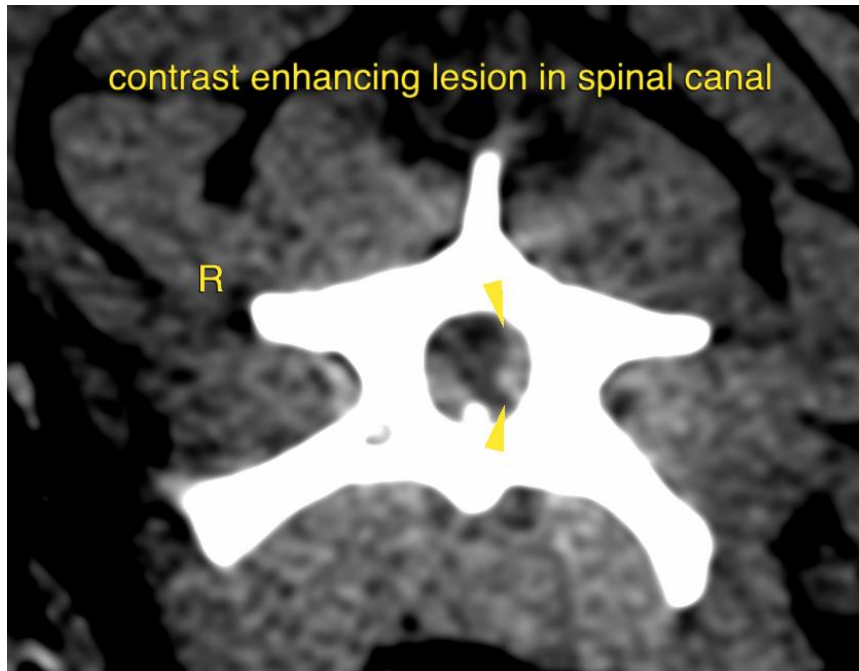
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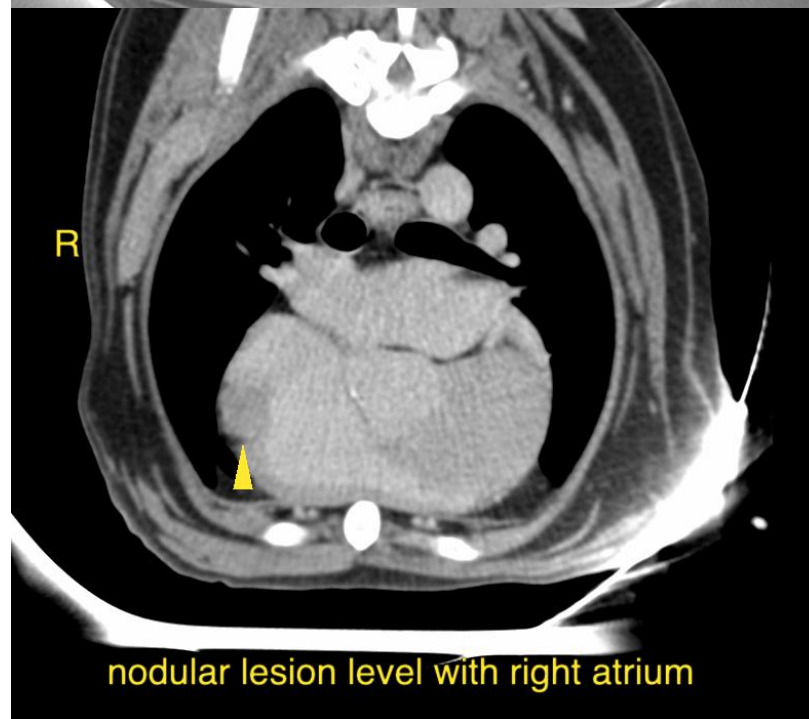
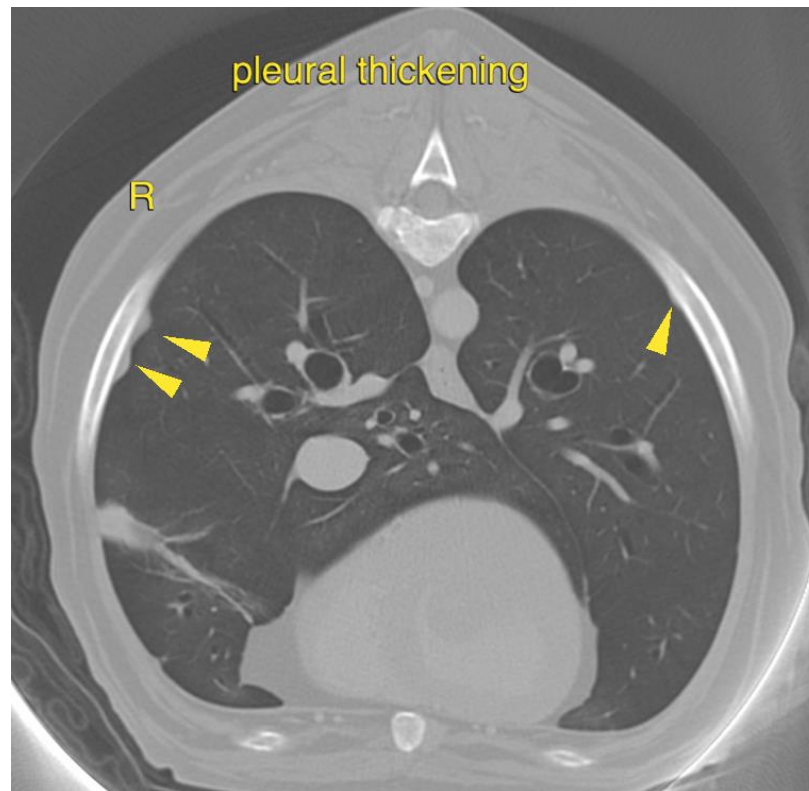
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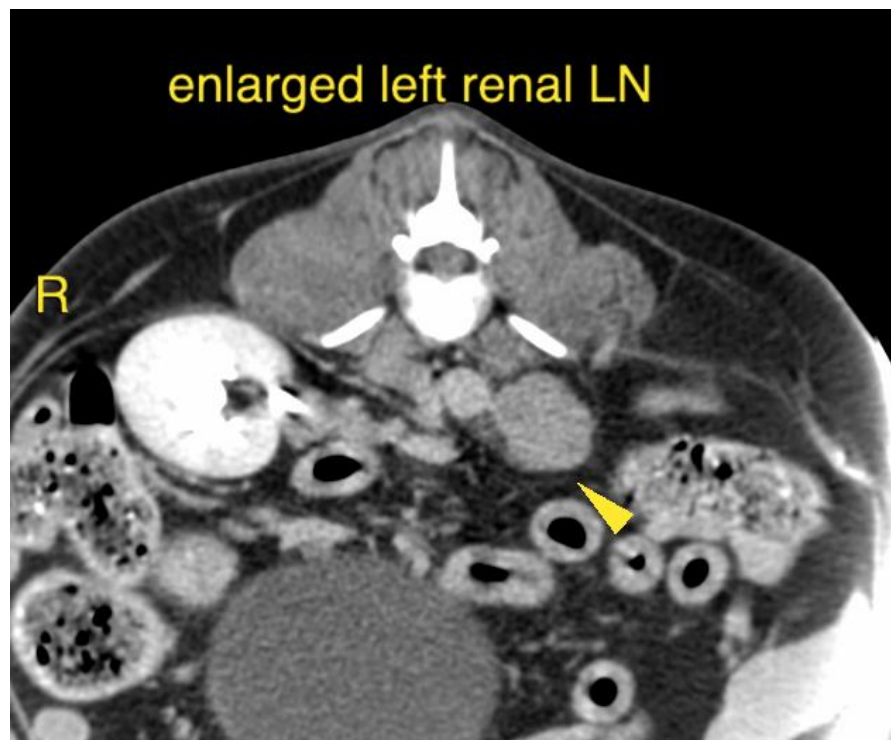
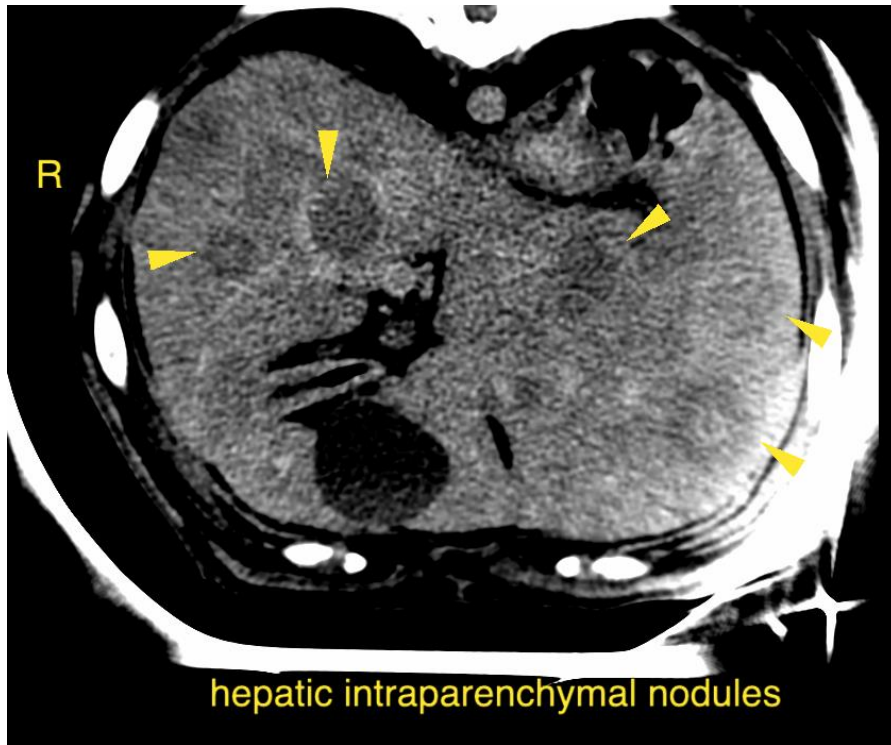
Akshay Verdem, DVM

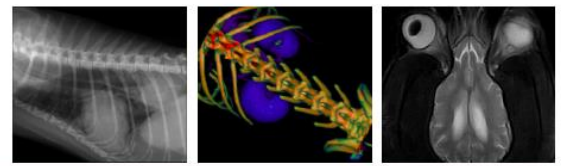
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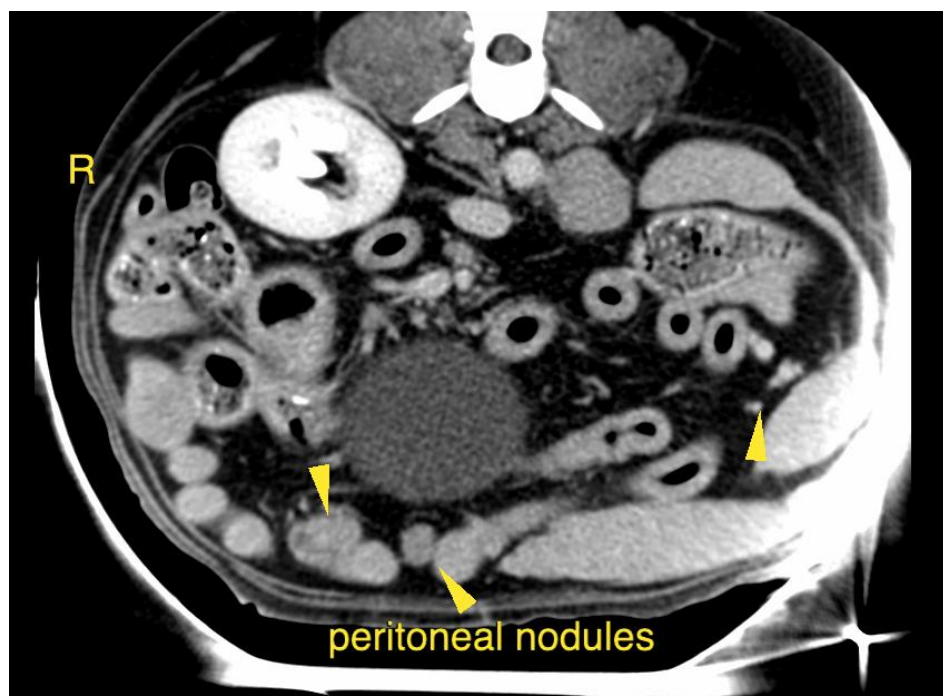
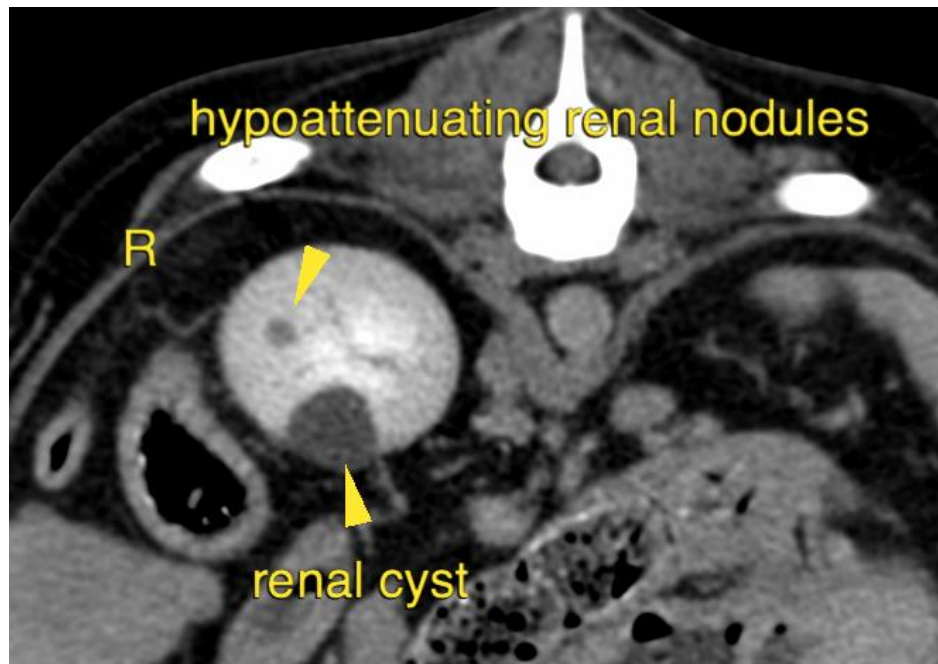
Akshay Verdema,  
DVM

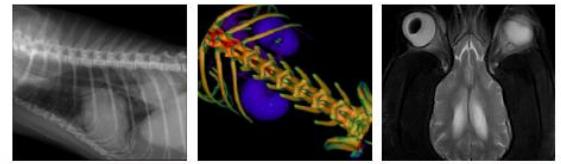
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**PATIENT** The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

King Howard

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.

**SPECIES**

Canine

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

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