



PATIENT PRESENTING CLINICAL SIGNS

Rafa Janes Levitt Large multilobulated, hypoechoic, mottled, intra-abdominal mass near the right cranial abdomen. Caudal to the right lobe of the liver. The mass measures approximately 43mm X 28mm. The origin of the mass is unable to be determine origin. Intestinal mass v colonic mass v mesenteric lymph node v pancreatic mass v other abdominal mass.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Painful right side of abdomen upon palpation. Chronic diarrhea for about 6 months. Elevated BUN and Creatine.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

BREED

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

Chihuahua

COMPUTED TOMOGRAPHIC FINDING

Thorax

SEX

Multiple cutaneous wart-like lesions are appreciated along the thoracic wall.

MN

Left sided kinking of the sternum between the 6th and 7th sternebra is present.

The left axillary lymph node is prominent.

AGE

15

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.

INTERPRETED BY

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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My Pet Mobile Vet

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

Abdomen

REFERRING VET

Dr. Ren Garcia

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the mid ventral abdomen, a bean shaped soft tissue attenuating mass with granular mineralization is appreciated, measuring 5.3 x 3.4 x 3.8 cm – a small intestinal loop is in contact with the peritoneal mass.

INVOICE

59467

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.

DATE

7-20-23

Nodular enlargement of both adrenal glands is appreciated and the adrenal glands present a heterogeneous contrast enhancement pattern; the right adrenal is measuring up to 14 mm in diameter and the left adrenal gland is measuring up to 16 mm in diameter. Level with the right adrenal gland, the caudal vena cava is mildly dilated and post contrast administration an intraluminal filling defect is appreciated, occupying approximately 80-90% of the cross-sectional area of the caudal vena cava.

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



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

Rafa Janes Levitt

- Cranioventral abdominal soft tissue mass with granular mineralization
- Bilateral adrenal nodular enlargement with possible vascular enlargement at least of the right adrenal

SPECIES

Canine

- Lymphadenopathy left axillary lymph node
- Multiple cutaneous wart-like lesions
- Malformed sternum with left sided kinking of the axis
- No evidence of pulmonary metastatic disease

BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chihuahua

The cranioventral abdominal mass is in contact with a small intestinal loop and might present an eccentric small intestinal soft tissue neoplasia (e.g. carcinoma, sarcoma, gastrointestinal stromal cell tumor), enteric duplication cyst or abscess. However, the small intestinal loop might just incidentally be in contact with the mass and a peritoneal mass (granuloma versus neoplasia), pancreatic pseudocyst or due to the position less likely enlarged lymph node are considerations. Unfortunately, definitive specification of the origin of the mass via CT is also not possible. Complete surgical excision of the mass is considered feasible.

SEX

MN

AGE

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The bilateral adrenal enlargement is compatible with adrenal neoplastic transformation – such as (non)functional adenoma, carcinoma or pheochromocytoma. There appears to be an intraluminal filling defect in the cauda vena cava level with the right adrenal gland, concerning for vascular invasion – as there are multiple image artefacts, resulting in a mottled appearance of the contrast within the vascular system the filling defect can also just present an artefact. Ultrasound can be used for assessment of the vasculature near the adrenal glands (caudal vena cava & renal veins).

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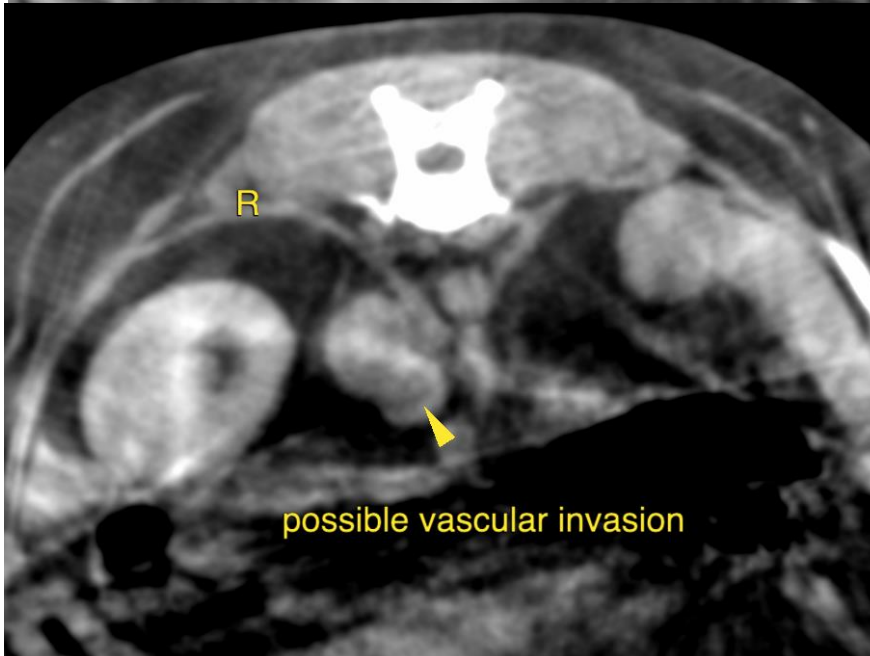
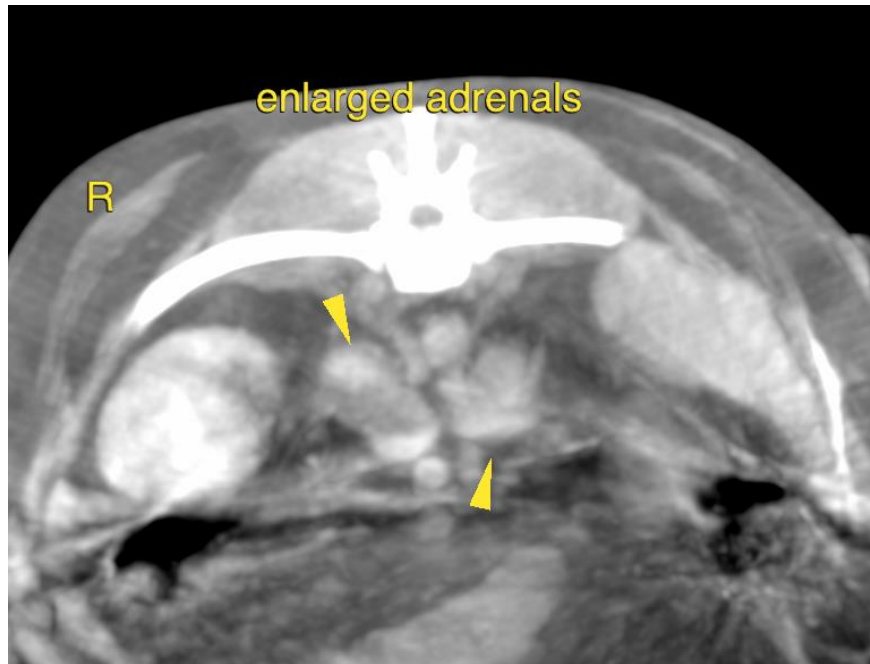
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PATIENT The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Rafa Janes Levitt

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

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