



**PATIENT PRESENTING CLINICAL SIGNS**

Kash Atwater Abdominal mass, Renal Disease, vomiting  
 Abnormal PE/Chem/CBC/UA Results: Bun 66, Crea, 3.0 Alt: 401 Alp:295

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED Thorax**

Boxer The vertebral body of T3, T4, T6, T11, T12, L3 to L6 present with ill-defined geographic osteolytic lesions, partially with indistinct cortex.

**SEX** Multifocal moderate spondylosis formation is seen along the thoracic spine.

Neutered Male 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.

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

7 Gas can be seen along the broncho-vascular sheaths of the caudal lung lobes bilaterally and a very mild amount of free gas is appreciated in the mediastinum in the hilar region of the heart.

**INTERPRETED BY** The lung parenchyma presents the expected architecture and attenuation behavior with multifocal randomly interspersed punctuate mineralization.

Sebastian Schaub, DVM Dr. med. vet. DipECVDI Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**HOSPITAL NAME Abdomen**

Mobile Pet Imaging The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**REFERRING VET** The right kidney presents with multiple, well-defined parenchymal filling defects, measuring up to 2.2 cm in diameter, protruding beyond the renal surface. Protruding from the cranial pole of the left kidney, a well-defined spherical, fluid attenuating mass is appreciated, demarcated by a thin contrast enhancing capsule and presenting multiple thin septa extending from the periphery into the lumen; measuring up to 13 mm in diameter. The intestinal tract is displaced ventrally and to the right by the mass effect. The caudal aspects of the left kidney present with roundish parenchymal filling defects, measuring up to 1.9 cm in size.

**INVOICE** 53426 The left renal lymph node is prominent.

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

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

8-11-22 The hepatic lymph nodes are moderately enlarged and uniform soft tissue attenuating.



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

Kash Atwater The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**SPECIES** Multifocal moderate spondylosis formation and spondylarthrosis is seen along the lumbar spine.

Canine **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect polyostotic semiaggressive osteolytic lesions of multiple thoracic & lumbar vertebra
- Lymphadenopathy hepatic lymph nodes and left renal lymph node
- Renal cysts bilaterally with large renal cyst originating from the cranial pole of the left kidney
- Spondylarthrosis
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

**BREED**

Boxer

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** The abdominal mass is caused by large renal cyst originating from the left kidney. Theoretically cystic renal carcinoma is a potential, but I would consider this unlikely.

7 The hepatic lymph nodes and the left renal lymph node are moderately enlarged and reactive hyperplasia and neoplastic transformation (e.g. round cell tumor) need to be considered. Multiple vertebra present regions of ill-defined geographic osteolysis the findings are equivocal for fatty bone marrow replacement or neoplastic infiltration (e.g. round cell tumor). Recommend ultrasound guided FNA sampling of the hepatic lymph nodes. Consider complete urinalysis to check for proteinuria that might support diagnosis of myeloma. MRI can be considered for differentiation between fatty bone marrow replacement or neoplastic infiltration of the vertebra as well.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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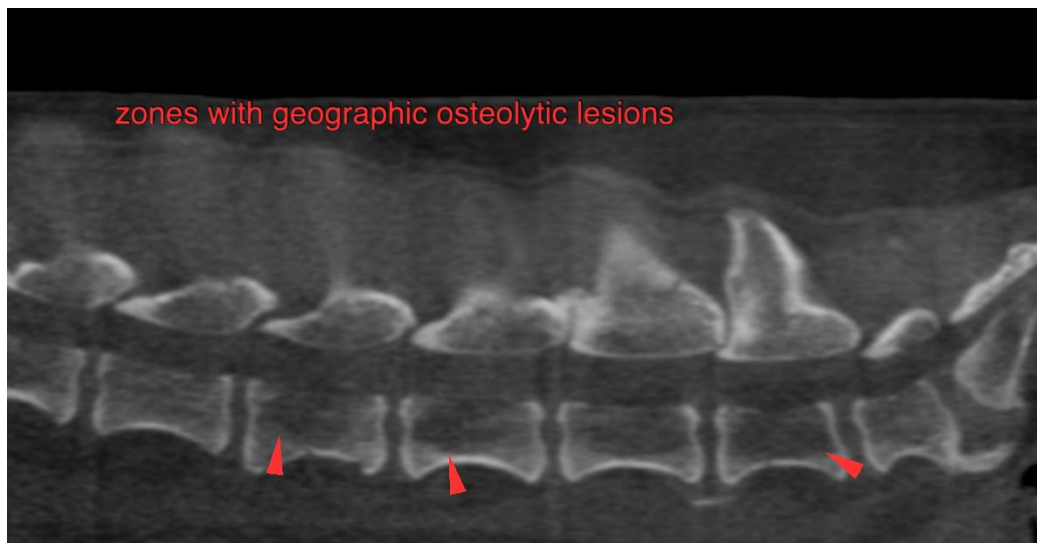
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**PATIENT**

Kash Atwater

**SPECIES**

Canine

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Boxer

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Neutered Male

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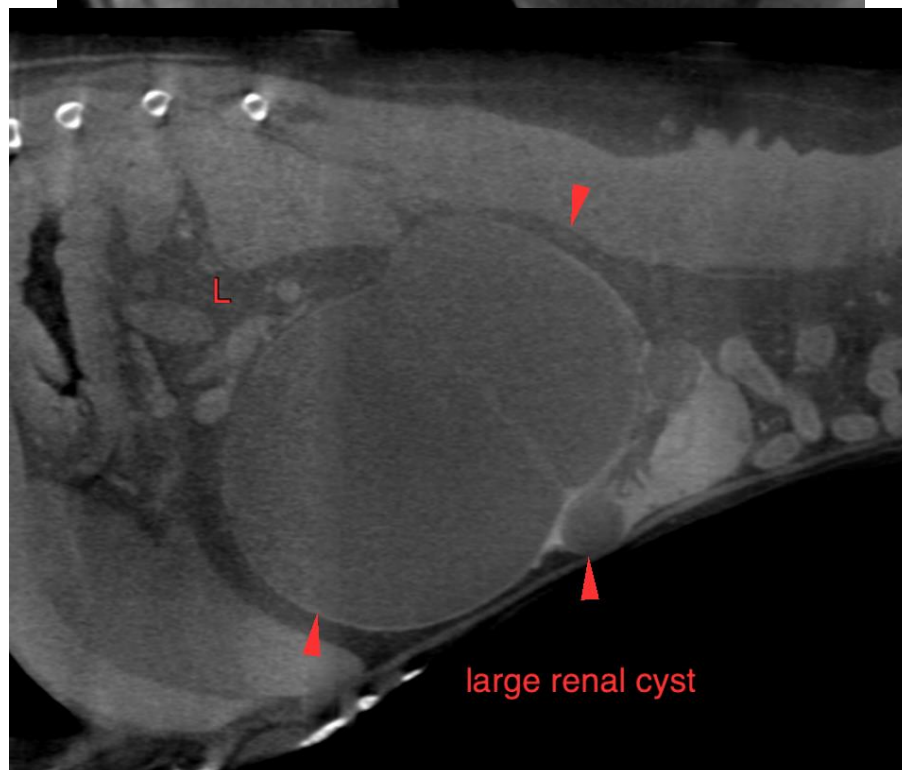
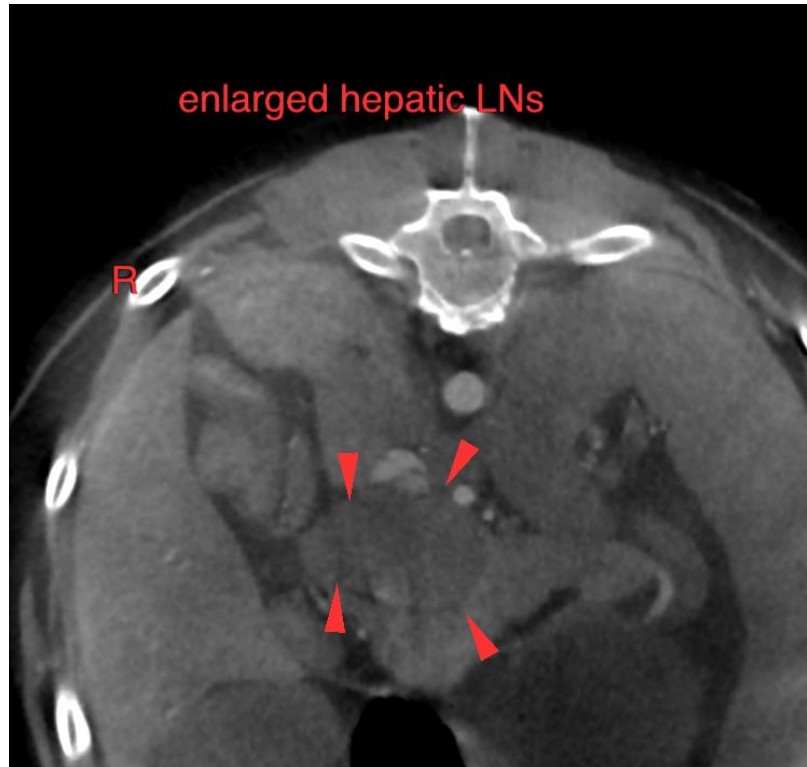
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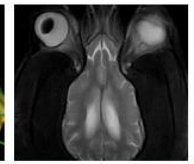
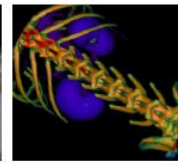
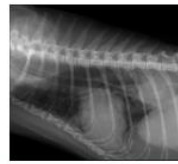
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**PATIENT**

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**SPECIES**

Canine

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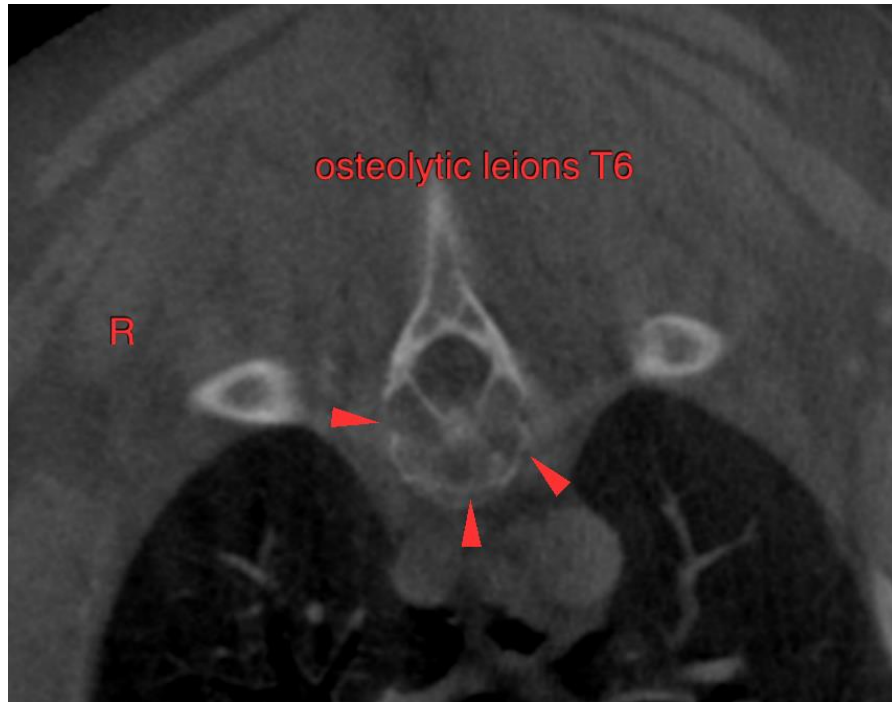
Boxer

**SEX**

Neutered Male

**AGE**

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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.

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