



**PATIENT PRESENTING CLINICAL SIGNS**

Koa Ries Very large cavitated vs cystic abdominal mass with no obvious free fluid. Hyporexia noted at home but no other clinical signs Want CT of chest and abdomen for possible surgical planning and to look for mets prior to surgery

**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.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Lab Mix Thorax

In the subcutaneous tissue along the right thoracic wall, caudal to the right scapula, a well-defined, uniform fat attenuating mass is seen 13.1 x 4.3 x 18.6 cm.

**SEX** The sternal lymph nodes are prominent.

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

**AGE** 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.

14 Years The lung parenchyma presents the expected architecture and attenuation behavior.

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

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Abdomen

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

**HOSPITAL NAME**

Advanced Animal Imaging

The left adrenal gland is enlarged, measuring 2.3 x 2.7 x 3.2 cm. The parenchyma of the left adrenal gland presents mild irregular mineralization and is mild irregular contrast enhancing.

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

**REFERRING VET**

Blair Hollowell, DVM

Originating from the body of the spleen, an ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 19.3 x 14.9 x 23.8 cm. The surrounding peritoneal fat presents a moderate soft tissue striation and a small volume of fluid attenuating material is seen in the peritoneal cavity. The intestinal tract is displaced centrifugally by the mass effect.

**INVOICE** The splenic, hepatic and pancreaticoduodenal lymph nodes are prominent.

59790 The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

8-17-23 Multiple intervertebral discs along the lumbar spine are protruding into the vertebral canal, occupying approximately up to 15% of the cross-sectional area of the vertebral canal at the same level.



**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

- |                |          |   |
|----------------|----------|---|
| <b>PATIENT</b> | Koa Ries | <ul style="list-style-type: none"> <li>• Large splenic soft tissue mass with surrounding peritonitis and mild peritoneal effusion</li> <li>• Lymphadenopathy sternal, hepatic, lienal and pancreaticoduodenal lymph node</li> <li>• Left adrenal mass with dystrophic mineralization</li> </ul> |
| <b>SPECIES</b> | Canine   | <ul style="list-style-type: none"> <li>• Chronic nephropathy</li> <li>• Large subcutaneous lipoma along the right thoracic wall</li> <li>• Renal cortical cysts</li> <li>• Multifocal intervertebral disc protrusion along the lumbar spine with possible dynamic myelocompression</li> </ul>   |
| <b>BREED</b>   | Lab Mix  | <ul style="list-style-type: none"> <li>• Spondylosis deformans</li> <li>• No evidence of pulmonary metastatic disease</li> </ul>  |

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX** MN The large, likely cavitated abdominal mass is originating from the spleen and primary splenic neoplasm is considered likely – such as hemangiosarcoma or round cell tumor. The enlarged tributary lymph nodes can present reactive hyperplasia or are the result of metastatic disease. Complete surgical excision of the splenic mass is considered feasible. Recommend FNA sampling of the enlarged lymph nodes to confirm / rule out metastatic disease.

**AGE** 14 Years The left adrenal mass can present primary adrenal neoplasia – considered most likely, such as (non)functional adenoma, adenocarcinoma, pheochromocytoma or metastatic disease of the splenic mass. The left adrenal mass presents without signs of vascular invasion.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Advanced Animal  
Imaging

**REFERRING VET**

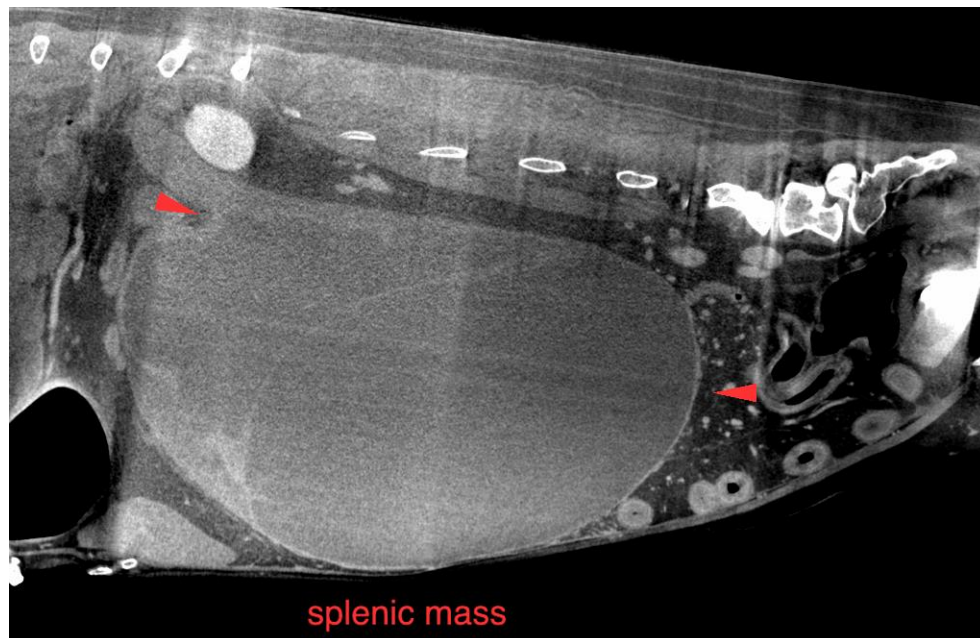
Blair Hollowell, DVM

**INVOICE**

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**DATE**

8-17-23





**PATIENT**

Koa Ries

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

14 Years

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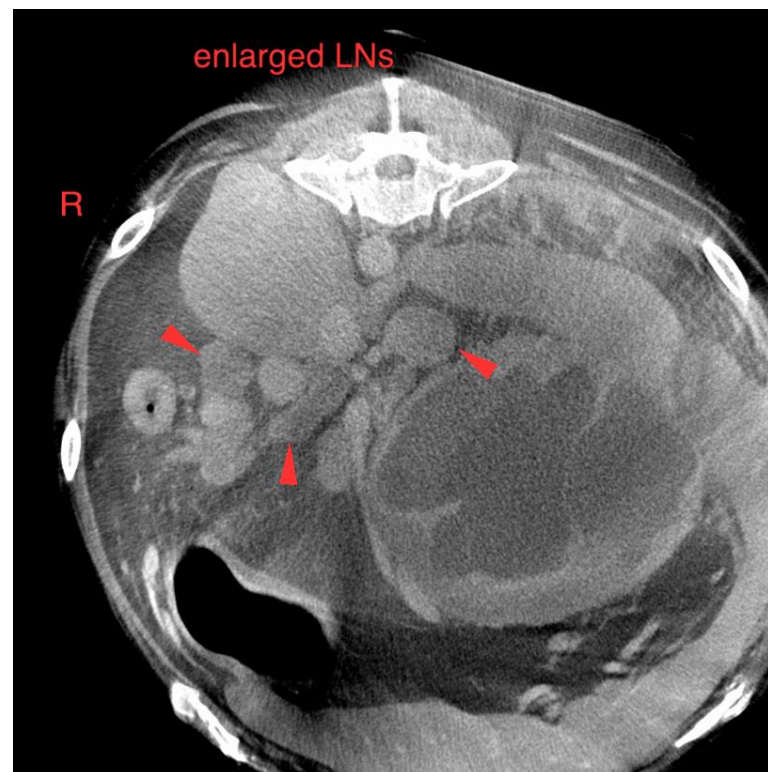
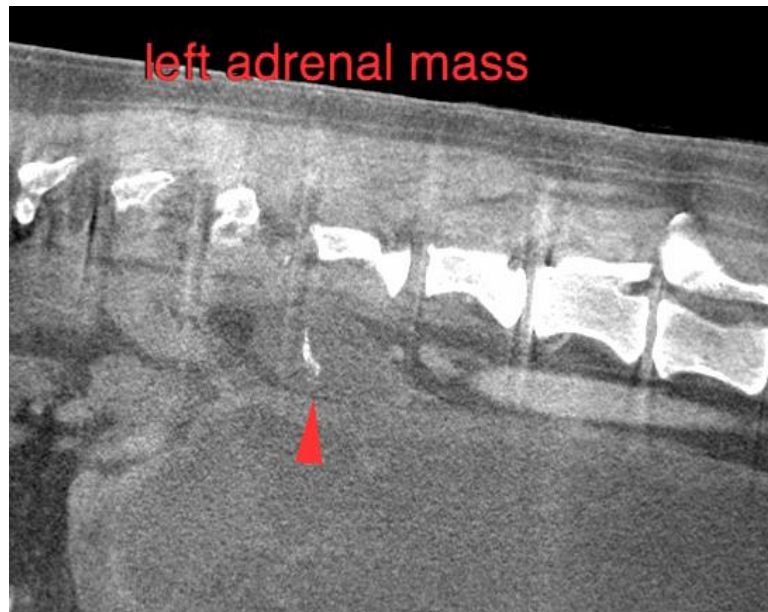
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**PATIENT** The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.  
Koa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

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  
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**BREED**

Lab Mix

**SEX**

MN

**AGE**

14 Years

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Dr. med. vet. DipECVDI

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