



PATIENT

Jax Strika

SPECIES

Canine

BREED

Great Dane

SEX

Male Neutered

AGE

5Y, 11M, 2D

WEIGHT

123.60lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

72475

DATE

11-3-25

PRESENTING CLINICAL SIGNS

Reason for Visit: Concern about kidney irregularity and possible chest nodule. History: Owner initially presented Jax for a concern with his eye, describing it as possibly a 'sky or something' on his eye.

Owner reported that the eye issue became less significant due to more pressing medical problems. Owner confirmed Jax is currently on antibiotics, originally prescribed due to a concern for a urinary tract infection. Owner noted that previous blood work 'did not look bad' but urine results 'weren't good'. Owner mentioned Jax underwent gastropexy at the time of his neuter. No other current symptoms, medication history, dietary information, behavioral changes, or recent injuries were reported by the owner. Onset of Symptoms: Symptoms began on Sunday with an eye concern; subsequent issues developed starting Wednesday. Progression of Symptoms: Owner described a shift in concern from the eye issue to more serious medical problems; no further details on progression provided. C/S/V/D (Coughing, Sneezing, Vomiting, or Diarrhea): Owner did not report any coughing, sneezing, vomiting, or diarrhea. Urination and Defecation Patterns: Currently on antibiotics for urinary tract infection. Owner reports previous concerns regarding urine quality; urine described as abnormal, but no details regarding frequency, color, consistency, or defecation patterns provided.

Abnormal PE/Chem/CBC/UA Results: PE: WNL UA: Globulin 3.8; Alk Phosphatase 219; GGTP 21; SDMA 8.9; CPK 44; CBC: RBC 9.35; MCV 58.1; MCH 18.4; MCHC 31.7; Reticulocyte Hemoglobin 20.7; Monocytes 1.19;

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, multilobulated mass effect is identified arising from the mid to cranial pole of the left kidney. The lesion is irregular and composed of multiple hypoattenuating, cystic-cavitary components, resulting in marked distortion of the renal parenchymal morphology. The mass exerts significant mass effect and compression on the renal pelvis and hilum. The lesion measures approximately 11.7 × 10.6 × 11.3 cm.

The left renal pelvis appears irregular. Despite the compressive changes, the left ureter remains distinguishable; it is contrast-opacified, with mild proximal dilation and irregularity.

The right kidney is preserved, with normal size, shape, and attenuation. The right renal pelvis and ureter are unremarkable.

The urinary bladder is moderately filled by homogeneously hypoattenuating fluid material admixed with hyperattenuating contrast material. Normal wall thickness.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder, cystic duct and common bile duct are within normal limits.



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A single enlarged portal lymph node is present. The remaining abdominal lymph nodes are within normal limits.

A small, superficial nodule is observed on the mesenteric surface of the spleen, measuring 1.2 cm in diameter. The remaining splenic parenchyma is preserved, exhibiting homogeneous attenuation and normal enhancement.

The gastrointestinal tract demonstrates normal anatomical distribution and luminal distention, with no evidence of mural mass effect.

The descending colon is moderately filled with heterogeneously attenuating fecal and gaseous content and is ventrally displaced due to the mass effect from the left kidney. The colonic wall remains of normal thickness, with no evidence of mural alteration.

The pancreas and adrenal glands are within normal limits.

The serosal fat presents normal attenuation behavior.

The prostate is within normal limits.

THORAX

The trachea and main bronchi are within normal limits.

Multiple subpleural soft tissue nodules and few micronodules are identified within the pulmonary parenchyma. The nodules are well-defined, ovoid, and soft tissue attenuating, ranging in size from approximately 0.7 cm to 1.8 cm in diameter. They are distributed throughout all lung lobes. In addition, mild ground-glass attenuation with reduction of the volume expansion of the left lung lobes, pulmonary atelectasis.

The cardiac silhouette and pulmonary vessels appear normal.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

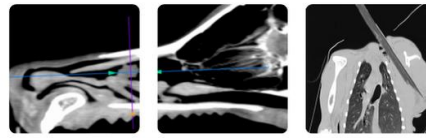
The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

There are multifocal complete and incomplete bridging spondylosis deformans changes affecting the thoracic and lumbar vertebral endplates.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, multilobulated, cystic-cavitary mass involving the cranial to mid-pole of the left kidney, causing marked parenchymal distortion and compression of the renal pelvis and hilum. Differential diagnoses include renal neoplasia (e.g., renal carcinoma, cystic renal carcinoma, hemangiosarcoma)
- Single enlarged portal lymph node, compatible with reactive lymphadenitis or possible metastatic involvement.
- Small, superficial splenic nodule, indeterminate; differential diagnoses include metastatic focus (serosal or mesenteric attached) nodular hyperplasia, or small hematoma.



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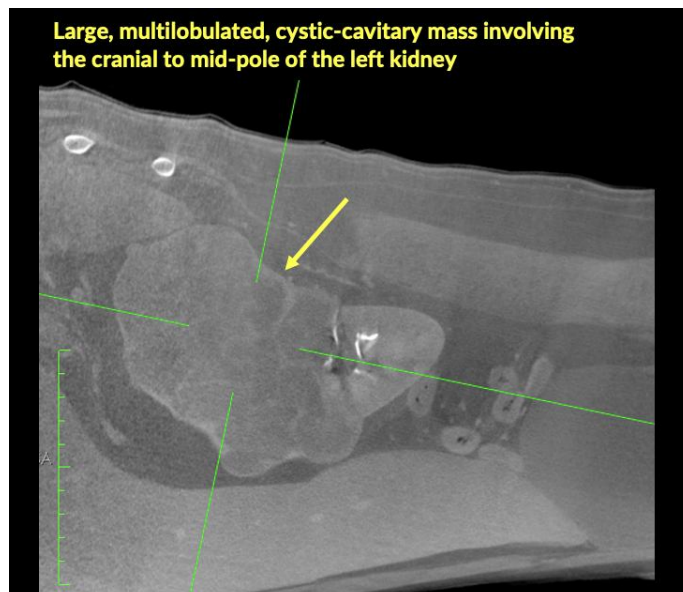
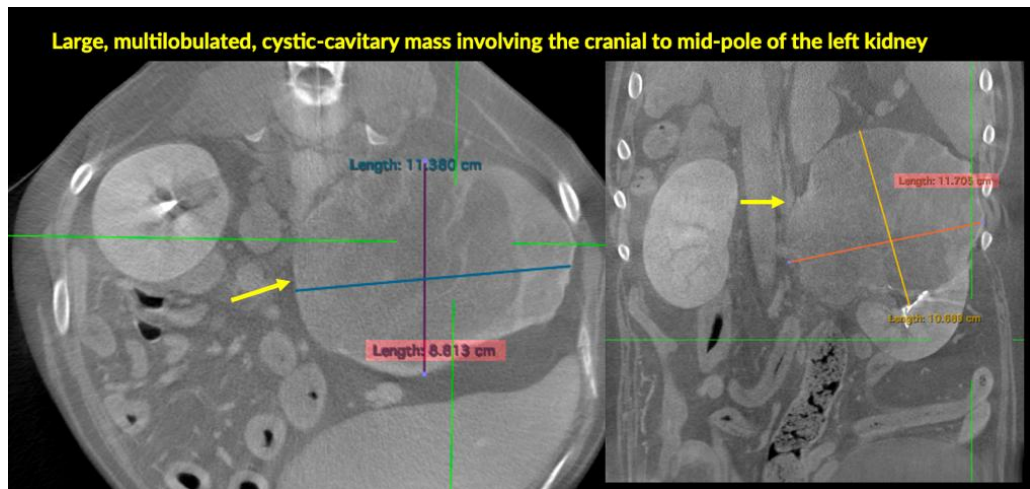
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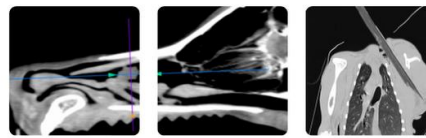
- Multiple, well-defined subpleural pulmonary nodules and micronodules, consistent with pulmonary metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a large, complex, cystic-cavitary mass arising from the left kidney, with distortion of renal architecture and compression of the renal pelvis and proximal ureter. These findings are most compatible with a renal neoplastic process, such as renal carcinoma, cystic renal carcinoma, hemangiosarcoma). Consider ultrasound-guided FNA or biopsy of the left renal mass for cytologic or histopathologic diagnosis. A urinary infection is likely secondary.

The presence of multiple pulmonary nodules and micronodules raises strong suspicion for metastatic dissemination. The portal lymph node enlargement and splenic nodule may represent either reactive or metastatic lesions.





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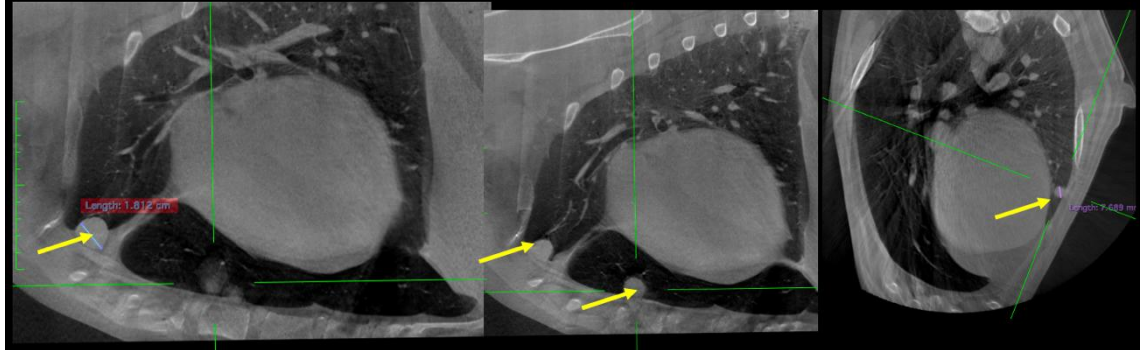
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Multiple, well-defined subpleural pulmonary nodules and micronodules



Single enlarged portal lymph node





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Small, superficial splenic nodule



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com