



PATIENT

Benny Laplaca

SPECIES

Canine

BREED

Doberman

SEX

MN

AGE

8.11

WEIGHT

71

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Corrina /Kim

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Marisa Schreiner, DVM

INVOICE

73334

DATE

1-14-26

PRESENTING CLINICAL SIGNS

Benny is a 9 yr old MN, Doberman who presented on 1/12 for hyporexia and abnormal episodes. During these episodes, Benny will freeze, stare off into space, lower his ears to the side with a kyphotic posture, and drool. Episodes will last for a few minutes and then resolve - per owner occurred repeatedly on 1/12. Only two episodes were noted since being hospitalized. An echo showed mild fractional shortening and mild LAE raising concern for early, occult DCM. A cardiopet indicated an accelerated idioventricular rhythm most commonly seen association with myocardial irritation post-GDV, hemoabdomen, GI obstruction, or trauma. Blood pressures have been normal. Abdominal radiographs and ultrasound were suggestive of colitis. A CBC showed a leukocytosis and neutrophilia. Thoracic radiographs reviewed by cardiologist and overall unremarkable.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The tooth elements 305 and 405 are absent.

Generalized mild thickening of the mucosal lining of the left nasal cavity is appreciated – consider as a sequela to the physiological nasal mucosal cycle.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

At the caudal aspect of the ventral vertebral arch of C1, an isolated ossification center is seen. The dural tube along the cervical and thoracic spine presents mild to moderate peripheral mineralization.

The thyroid gland bilaterally has the expected shape, size and attenuation behavior.

Thorax

In the pleural cavity, a moderate volume of gravity dependent, fluid attenuating material is visible. The lung lobes are retracted from the thoracic wall by the fluid attenuating material.

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.

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

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.



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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

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

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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.

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

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

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

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

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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pleural effusion
- Absent triadan 305 and 405
- Isolated ossification center caudoventral aspect C1 - incidental
- Mineralization dural tube - incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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An underlying cause for the pleural effusion cannot be specified, and further workup warrants a fluid tap for complete fluid analysis.

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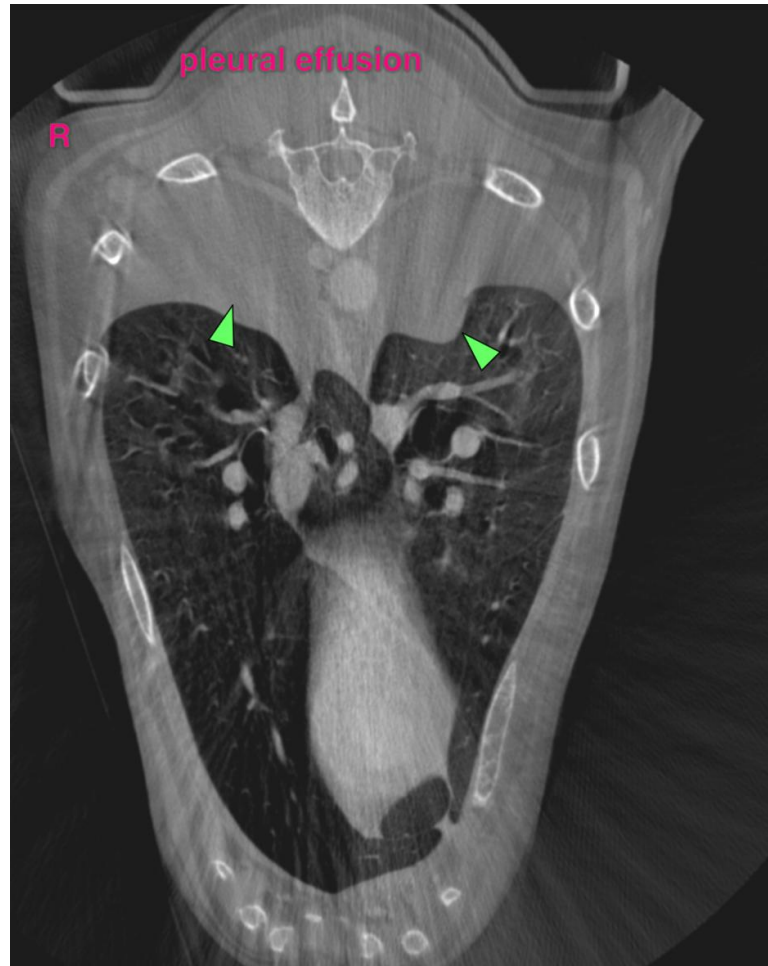
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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