



PATIENT

Gus Levin

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

13Y, 7M

WEIGHT

14.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hector B.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson Haggard

INVOICE

73404

DATE

1-20-26

PRESENTING CLINICAL SIGNS

History:

- Pt presented at primary veterinarian for diarrhea. Has hx of intermittent diarrhea episodes, hx of IBD managed with hills z/d diet. Owners report diarrhea typically resolves by itself after a couple of episodes. This time it progressed from soft stool to liquid diarrhea over the course of two weeks. Bloodwork performed raised concerns for liver and gallbladder. Abdominal ultrasound was recommended. Due to history of thyroid carcinoma, Owners opted to perform bicav CT scan. Owners report 1-2 episodes of vomiting in the past month. Appetite is normal, PU/PD since starting prednisone in September.

Abnormal PE/Chem/CBC/UA Results: 01/15/2026: ALT 532 U/L, ALKP 4,232 U/L, GGT 330 U/L, Lipase >1,800 U/L. T4: <0.4ug/dL 1/20/2026: ALT 680 U/L, ALKP 5,014 U/L, GGT 319 U/L.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Level with the right thyroid gland, a well-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 1.4 x 1.3 x 1.9 cm. The right common carotid artery is deviated dorsally by the mass effect.

The right medial retropharyngeal lymph node is moderately irregularly enlarged – measuring 2.7 x 2.6 x 4.9 cm – and has a heterogeneous contrast enhancement pattern.

The vertebral endplates T7/T8 present mild spondylosis formation.

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.

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.

Abdomen

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

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.

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



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

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue attenuating and contrast enhancing.

A small amount of sedimented hyperattenuating material is appreciated in the gallbladder and cystic duct.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right thyroid soft tissue mass without vascular invasion
- Lymphadenopathy right medial retropharyngeal lymph node
- Hepatomegaly
- Hyperattenuating biliary sludge without mechanical obstruction
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right thyroid mass is consistent with primary thyroid soft tissue neoplasia – thyroid carcinoma is most likely – and metastatic spread to the right medial retropharyngeal lymph node. Surgical management is considered feasible.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.



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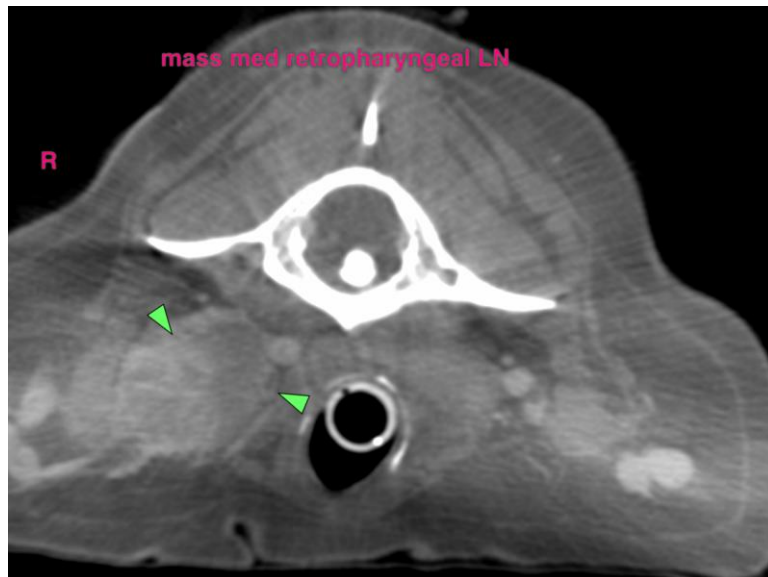
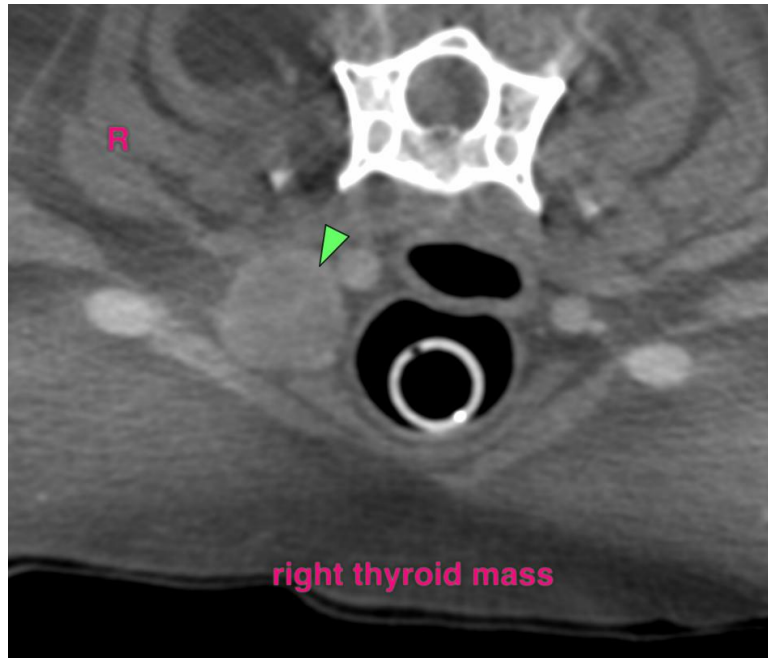
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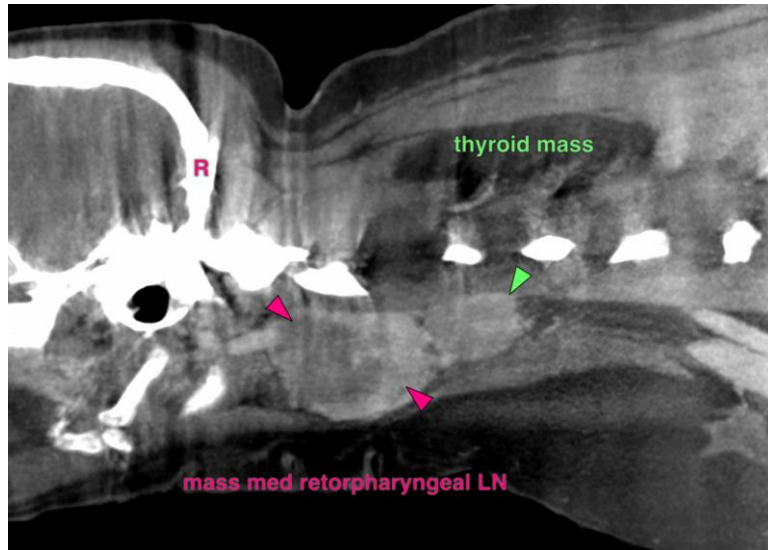
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com