



PATIENT

Koda Vacek

SPECIES

Canine

BREED

Shepard Mix

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

65 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Emily Sullivan

HOSPITAL NAME

Scottsdale VC

REFERRING VET

Dr. Blackmon

INVOICE

35585

DATE

1/22/26

PRESENTING CLINICAL SIGNS

History: Patient presented for a routine dental cleaning and annual parasite screen December 2025 and had low platelets (85k) and high proteins. The parasite screen was negative. A month later a manual platelet count was checked and 55k. A path review was performed and said smear was suggestive of ITP. Patient was started on prednisone and mycophenolate. Globulins are still elevated but platelets are normal today

Abnormal PE/Chem/CBC/UA Results: Total Protein 8.2 HIGH Globulin 4.7 HIGH ALT (GPT) 192 HIGH ALP 898 HIGH GGT 39 HIGH Platelets 234 WNL

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Streak artefacts are effacing the region of the cranial thoracic aperture.

The bony and surrounding soft tissue structures are within normal limits.

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 with randomly distributed interspersed punctuate mineralization.

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

Abdomen

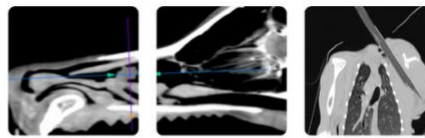
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

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

The left hepatic lymph node is moderately enlarged, rounded and has a heterogeneous contrast enhancement.



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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.

The bony and surrounding soft tissue structures reveal no abnormalities.

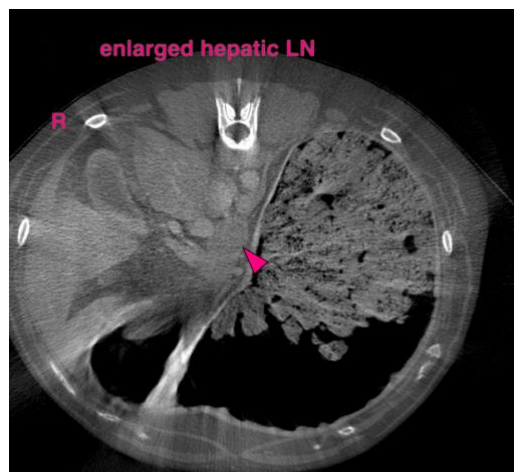
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy left hepatic lymph node
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged left hepatic lymph node is not specific and can present reactive lymphoid hyperplasia or neoplastic transformation – ultrasound guided FNA sampling can be tried for specification ± FNA sampling of the liver.

No additional clinically relevant abnormalities are appreciated.



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, DVM, Dr. med. vet. DipECVCI

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