



PATIENT

Luna Benincosa

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

11 Years

WEIGHT

24 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

White Hall AC

REFERRING VET

Amanda Hartman,
DVM

INVOICE

35567

DATE

1/22/26

PRESENTING CLINICAL SIGNS

History: Low grade 2 STS removed from lateral left elbow; clean but narrow margins; Met check and baseline imaging of area for recurrence monitoring.

Abnormal PE/Chem/CBC/UA Results: Normal; rads and ultrasound were normal; going to stick with CT imaging every 3-6 months for monitoring of local recurrence (3 mo) and metastasis (6 mo). First scan; Surgery was 11/19/2025; patient doing well

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND ELBOW JOINTS

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Elbow Joints

Along the thoracic spine, multifocal spondylosis formation is seen.

Both elbow joints present smooth margins of the periarticular bones. The medial coronoid process of both elbow joints is well-defined and has a homogeneous density. At the proximolateral aspect of the left elbow joint, focal, ill-defined nodular cutaneous thickening with a mild irregular surface is appreciated, measuring approximately 9 x 6 x 9 mm.

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.

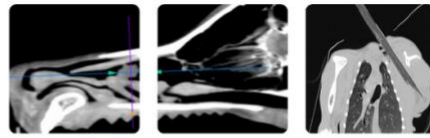
Abdomen

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.

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



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In the left branch of the portal vein, an intraluminal filling defect is seen, obliterating approximately 50% of the cross-sectional area.

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.

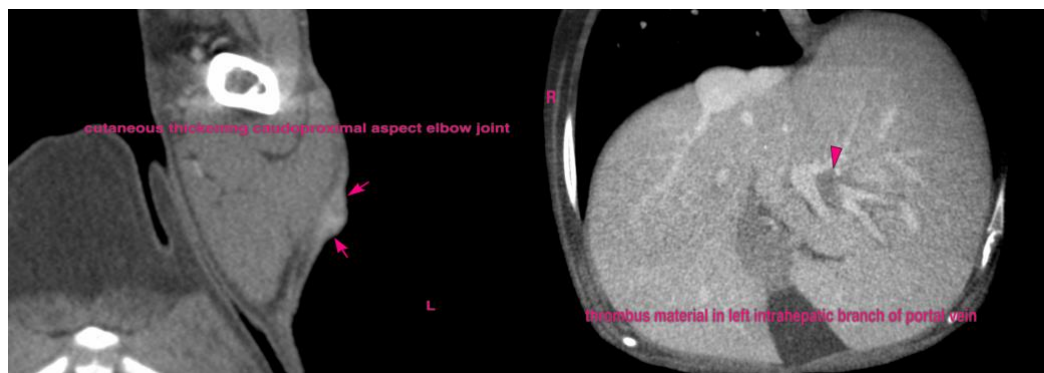
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised soft tissue sarcoma lateral aspect left elbow joint, focal cutaneous nodular thickening caudoproximal aspect left elbow joint
- Thrombus in left intrahepatic branch of the portal vein without complete mechanical obstruction
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cutaneous nodular thickening in combination with the history of excised soft tissue sarcoma can present local reoccurrence or scar tissue formation – consider FNA sampling/biopsy for specification.

The thrombus in the left intrahepatic branch of the portal vein can be a sequela to preceding hypercoagulable state (e.g. pancreatitis, lymphoma, immune mediated disease, renal/hepatic disease, hyperadrenocorticism, other). FNA sampling of the liver and spleen can be beneficial to rule out diffuse infiltrative disease.



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
info@sonopath.com