



PATIENT

Sly Landano

SPECIES

Canine

BREED

Sharpei

SEX

Male

AGE

12 Years

WEIGHT

68 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Thomas

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

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DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Pt limping on hind left leg. TPLO on the hind left leg in 2020.
- Testicle is very enlarged, rapid onset.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK, THORAX, ABDOMEN, ENTIRE SPINE, PELVIS AND HIND LIMBS

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent. Abrasion of the crowns of the canine teeth is appreciated. The periodontal space of triadan 404 is moderately widened and the osseous lining of the alveolar crest of triadan 404 is perforated laterally in the apical region.

In the right nasal cavity, mild destruction of the nasal conchal structures is appreciated.

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 mandibular lymph nodes are mildly prominent.

The osseous and soft tissue structures of the neck reveal no abnormalities, but faint peripheral mineralization of the dural tube.

Thorax

The bony and surrounding soft tissue structures are within normal limits – the thoracic spine reveals no abnormalities.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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, but zones with mild dystelectasis of the left lung and randomly distributed punctuate mineralization of the lung parenchyma.



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

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Abdomen

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

Male

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The liver is normal in size and shape. The hepatic parenchyma is uniform soft tissue attenuating, post contrast administration sporadic well-defined, roundish parenchymal filling defects are seen throughout the hepatic parenchyma.

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

68 Pounds

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.

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Pelvis and Hind Limbs

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The intervertebral disc space L7/S1 is collapsed, and a vacuum phenomenon is appreciated in the intervertebral disc space. Multiple small gas bubbles are appreciated in the epidural space up to the level of L5. The subchondral bone of the vertebral endplates L7/S1 presents multiple moth-eaten defects and ventral spondylosis formation. Evaluation of possible disc protrusion level L7/S1 is not possible due to limited soft tissue contrast.

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The left medial iliac lymph node presents intraparenchymal faint mineralization.

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The left testicle is significantly enlarged – measuring up to 7.3 cm – and presents intraparenchymal amorphous mineralization.

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The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

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Evaluation of the soft tissue structures of the crura up to the hind paws is very limited as the soft tissue structures are burned out.

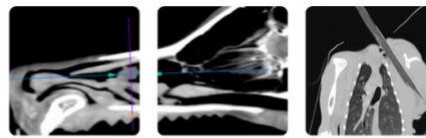
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The periarticular bones of the left stifle joint present mild osteophyte new bone formation. The left stifle joint presents a mild intracapsular soft tissue swelling, mildly distorting the infrapatellar fat-pad cranially. Drill holes are seen in the proximal left tibia.

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The osseous structures of the crus bilaterally are within normal limits.



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The tibiotarsal joint bilaterally has smooth margins of the periarticular bones. The distal intertarsal joints present moderate osteophyte new bone formation.

The osseous structures of the hind paws reveal no overt abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass left testicle with dystrophic mineralization
- Lymphadenopathy left medial iliac lymph node
- History of surgical management of pathology of the cranial cruciate ligament of the left stifle joint via TPLO and implant removal– the osteotomy is in the remodeling phase
- Periarticular abscess triadan 404 with draining tract
- Mild osteoarthritis left stifle joint and mild effusion left stifle joint
- Chronic discopathy L7/S1 with osseous remodeling of the respective vertebral endplates
- The epidural gas attenuating lesions are considered as a sequela to degenerative disc disease L7/S1
- Mild to moderate osteoarthritis distal intertarsal joints bilaterally
- Multiple simple hepatic cysts
- Abrasion crowns all canine teeth
- Right sided mild destructive rhinitis – likely due to preceding rhinitis
- Normal neck
- Normal thorax and thoracic spine

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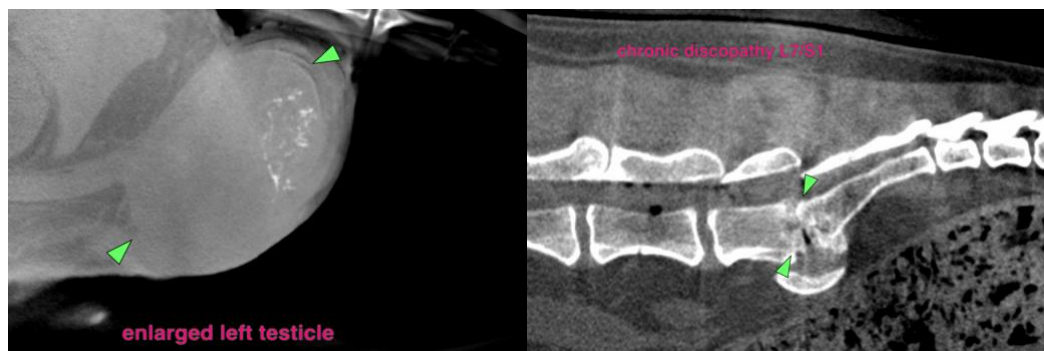
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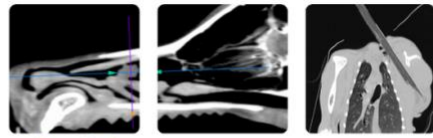
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlargement of the left testicle is a sequela to primary soft tissue neoplasia of the left testicle (e.g. seminoma, Leydig cell tumor). Castration is considered beneficial. The mineralization of the left medial iliac lymph node is increasing the odds for metastatic spread of the supposed neoplasm of the left testicle.

A distinct underlying cause for the left hind limb lameness cannot be specified, rule out possible pathology of the stifle joint such as meniscal pathology. Evaluation of the lumbosacral junction is limited due to the low soft tissue contrast and underlying myelocompression may be a potential as well.





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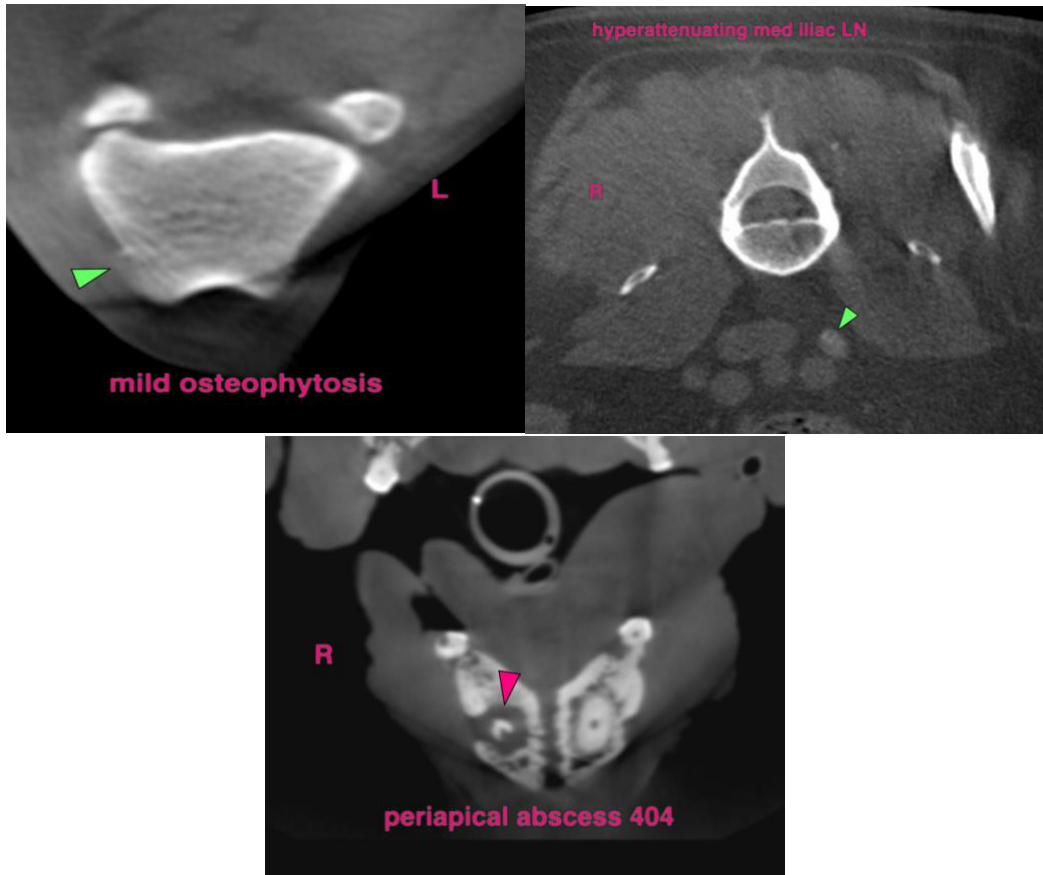
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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