



PATIENT

Orvis Henkle

SPECIES

Canine

BREED

Collie

SEX

Neutered Male

AGE

4

WEIGHT

31

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Kam

INVOICE

35588

DATE

1/24/26

PRESENTING CLINICAL SIGNS

- Generalized muscle weakness and lameness
- Pitting edema on lower extremities
- History of fall
- MDRI mutation
- Mass on right lateral thigh, incisional biopsy is pending
- Generalized weakness on all four limbs, more pronounced on right thoracic limb and both hind limbs, swelling and extended pitting edema on both carpal joints. pitting edema on left tarsal and metatarsal regions

COMPUTED TOMOGRAPHY OF THE THORAX, PELVIS & FRONT AND HIND LIMBS

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 & Front Limbs

The right pectoral and triceps muscle present a diffuse significant increased volume, partially with zone with irregular contrast uptake. The right axillary lymph node is prominent.

The subcutaneous tissue along the right front limb is generalized swollen and heterogeneous soft tissue and fat attenuating – extending caudally along the right thoracic wall.

The osseous structures of the right front limb reveal no abnormalities.

The right 4th rib presents a healed fracture in the proximal third – presenting smooth callus 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.

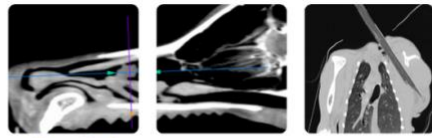
The lung parenchyma presents the expected architecture and attenuation behavior.

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

Pelvis & Hind Limbs

L7 is articulating with the right sacroiliac joint and presents a transverse process at the left aspect.

The hypogastric lymph nodes and inguinal lymph nodes are prominent.



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The left caudal abdominal wall is diffusely thickened, and the associated fat presents moderate soft tissue striation and is swollen.

In the region of the right rectus femoris muscle, a diffuse soft tissue swelling is seen – resulting in an increased diameter of the right thigh.

The subcutaneous tissue level with the left tarsal joint presents moderate edematous swelling.

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

No abnormalities of the osseous structures of the hind limbs are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Swelling right pectoral muscles ± right triceps muscle
- Swelling muscles left caudolateral abdominal wall
- Swelling region of right rectus femoris muscle
- Edematous swelling right front limb, left inguinal region and left tarsal region
- Lymphadenopathy right axillary lymph node, hypogastric lymph nodes and left inguinal lymph node
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the muscular swelling along with the subcutaneous edema cannot be specified, however I consider the odds for underlying neoplastic origin high (e.g. round cell tumor, sarcoma). A differential may be vasculitis, or congenital disease such as Duchenne muscular dystrophy. Incisional biopsy has already been performed and results are pending – complementing workup by FNA sampling of the enlarged lymph nodes appears beneficial as well.

The associated osseous structures reveal no abnormalities.



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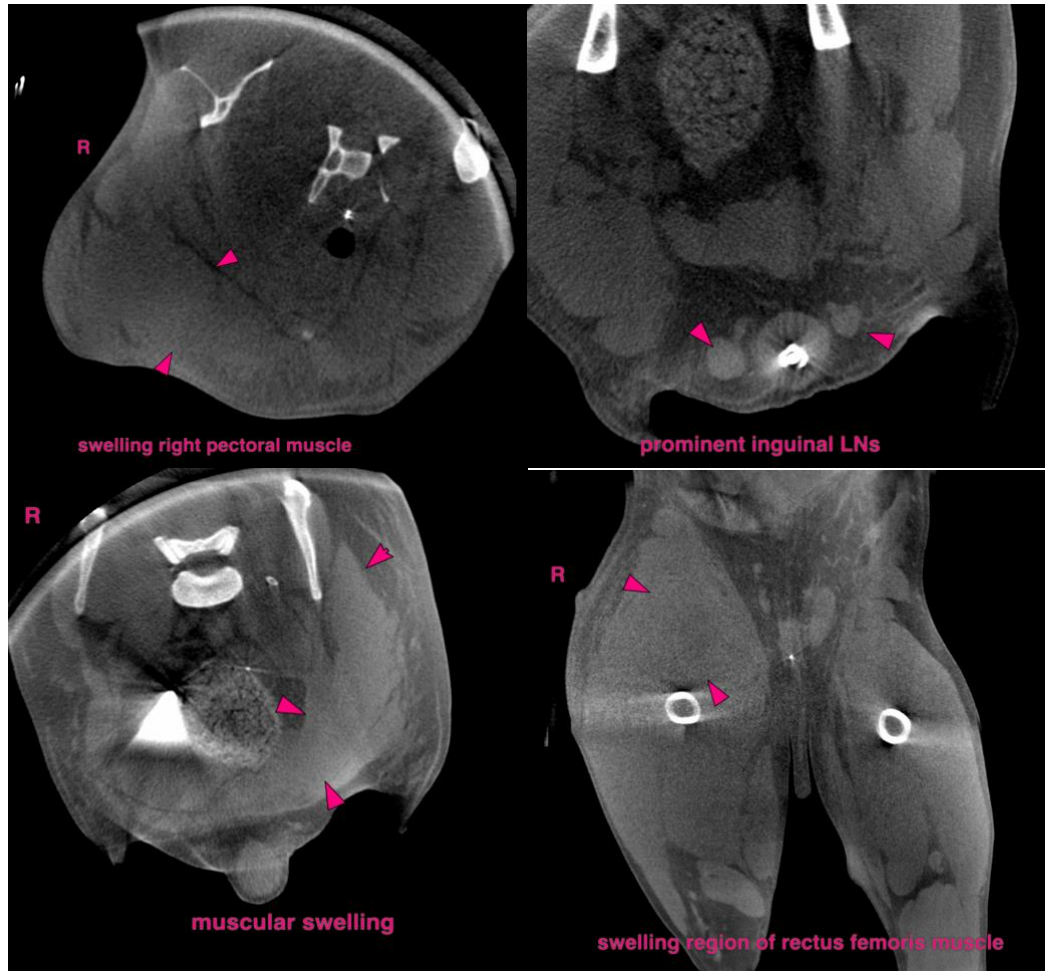
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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