



PATIENT

Biggie Hohenshell

SPECIES

Canine

BREED

Nova Scotia Duck
Tolling Retriever

SEX

Male

AGE

7Y

WEIGHT

22.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Tina Lynn,
CVT/George
Eales, DVM

HOSPITAL NAME

Green Prairie Animal
Hospital

REFERRING VET

Dr. George Eales

INVOICE

73514

DATE

1-28-26

PRESENTING CLINICAL SIGNS

History:

- Presented today with acute abdominal discomfort and borborygmi after owner had giving Cerenia and Ondasetron. Has history of vomiting after eating for last several weeks. Body condition score of 2/5. Over last several months to a year has lost over 1/2 his body weight, originally 52lbs is now 23lbs. Was positive for Anaplasmosis in July and treated. Developed osteomyelitis which seemed to respond to treatment.

Abnormal PE/Chem/CBC/UA Results: Persistant anemia w/HCT 30

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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.

In the medial aspect of the right cranial lung lobe, a peripheral bronchial segment/bronchiole presents a thickened wall and is dilated.

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 urinary bladder is mildly distended by urine. The urethra is prominent, measuring up to 12 mm in diameter.

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

The stomach and colon are dilated by gas.

Multifocal along the pelvis bilaterally, solid, mild irregular periosteal new bone formation is seen.



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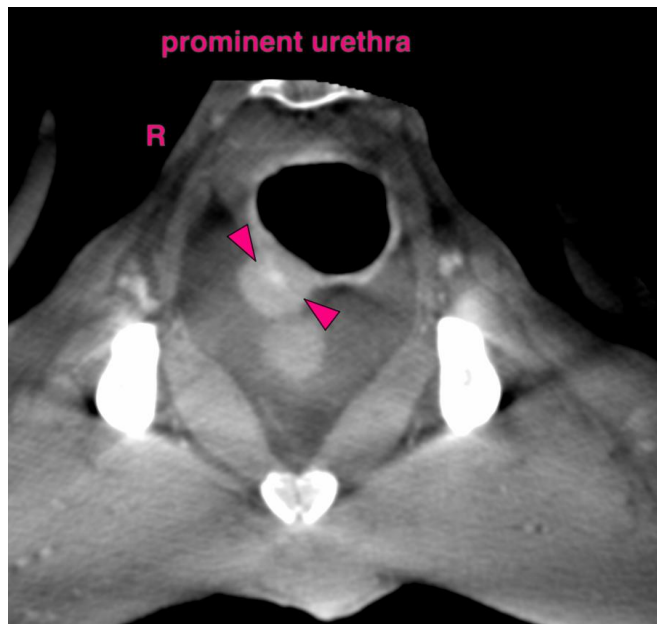
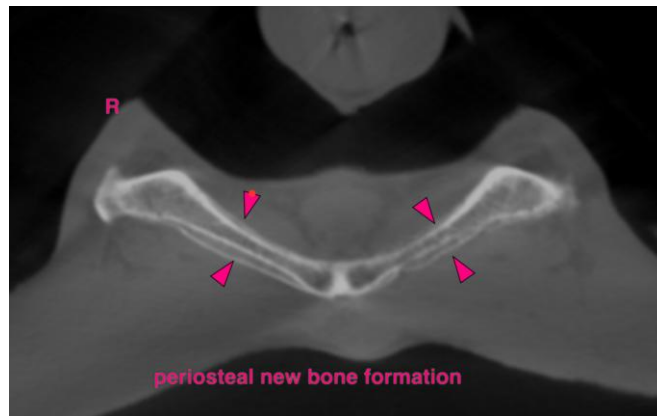
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Decreased body condition score
- Prominent urethra
- Segmental thickening of a peripheral bronchial segment in the right cranial lung lobe
- Polyostotic benign osteoproliferative lesions multifocal along the pelvis
- Pulmonary osteomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened urethra may be a subjective impression that can be accentuated by the empty urinary bladder and secondary caudal position of the urinary bladder. A differential for the prominent urethra inflammation such as urethritis or neoplastic transformation (e.g. transitional cell carcinoma). Ultrasound may be used for reevaluation of the urethra; testing of BRAF mutation may be helpful as well.

The periosteal new bone formation along the pelvis may be a sequela to the history of osteomyelitis but may also be present in patients with transitional cell carcinoma as paraneoplastic finding.





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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