



## PATIENT

Keira Samples

## SPECIES

Canine

## BREED

Dachshund

## SEX

SF

## AGE

13Y

## WEIGHT

17.6lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Kelsey McCloskey, LVT

## HOSPITAL NAME

Advanced Animal  
Imaging

## REFERRING VET

Blair Hollowell, DVM

## INVOICE

73523

## DATE

1-28-26

## PRESENTING CLINICAL SIGNS

History:

- Patient had mass removed from right lumbar/pelvic area -- biopsy identified spindle cell sarcoma
- Want to verify what involvement the tumor had and if there is any metastasis

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

In the subcutaneous tissue of the right axillary region, a well-defined, ovoid shaped lipoma is seen; measuring

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

The spleen is prominent and has rounded margins. The splenic parenchyma is uniform soft tissue attenuating. In the caudal extremity of the spleen, a post contrast mild hyperattenuating nodular area is seen.

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.



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The subcutaneous tissue at the right cranial aspect of the base of the tail presents localized soft tissue striation and focal nodular thickening

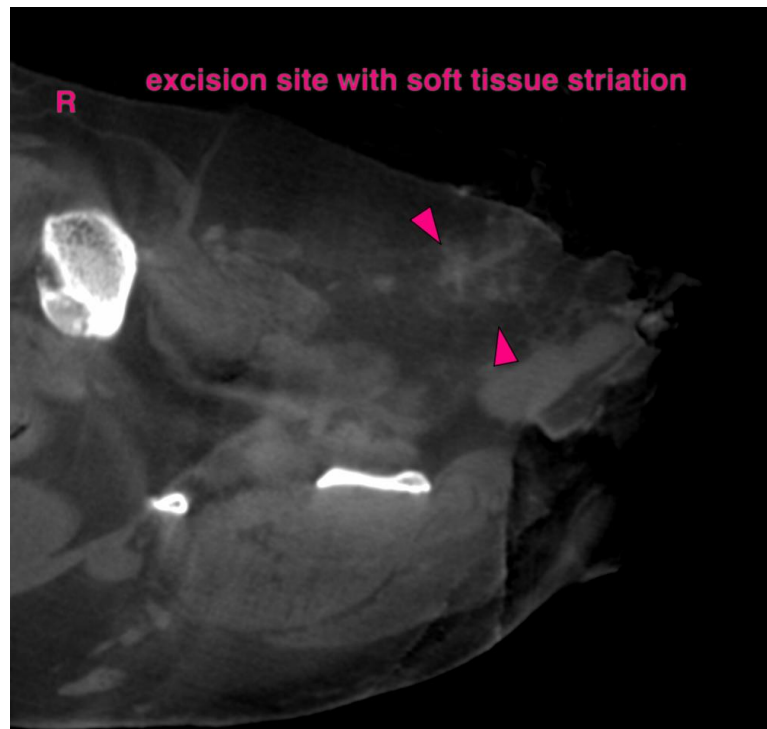
The intervertebral discs L6/L7 and L7/S1 are protruding into the vertebral canal, occupying approximately  $\leq 20\%$  of the cross-sectional area of the vertebral canal at the same level.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised sarcoma caudal aspect right gluteal region with localized fat stranding and mild nodular soft tissue thickening
- Splenomegaly with post contrast hyperattenuating nodular intraparenchymal areas
- Lipoma right axillary region
- Intervertebral disc herniation L6/L7 and L7/S1 without compressive myelopathy
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The localized soft tissue striation and mild nodular thickening in the subcutaneous fat in the region of the excised sarcoma can present scar tissue formation or early stage of local reoccurrence of the sarcoma – the odds are equal. Discussing the chances of adjuvant radiation therapy with oncologist can be considered. A follow up CT in approximately 2-3 month can be used to check for progressive changes alternatively.





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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](mailto:info@sonopath.com)