



## PATIENT

Kona Fenton

## SPECIES

Canine

## BREED

Doberman

## SEX

MI

## AGE

8Y

## WEIGHT

76.8lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Family Pet Medical  
Center

## REFERRING VET

Dr. Ferrera

## INVOICE

73167

## DATE

1-5-26

## PRESENTING CLINICAL SIGNS

Recurrent anemia due to GI hemorrhage (currently improving but not resolved) Suspected chronic upper GI ulcer disease / Helicobacter Cervical pain with intermittent lameness  
Abnormal PE/Chem/CBC/UA Results: Serial PCV/TP (in-house): Repeated monitoring showed fluctuating anemia. PCV ranged from normal (~38%) during periods of clinical improvement to severely low (18–20%) during relapses with melena. Post-transfusion PCV improved into the mid-20s and briefly high-20s before declining. CBC: Consistent findings of chronic blood loss anemia, including low HCT/Hgb, microcytosis and hypochromia, mild reticulocytosis, and thrombocytosis. Platelets adequate to increased. Serum Chemistry Panels: No evidence of renal or hepatic cause for anemia. PT/PTT: Within normal limits Fecal Diagnostics: NPS Abdominal Ultrasound & Endoscopy (IM): Identified gastrointestinal ulceration; biopsies and clinical findings supported Helicobacter-associated enteritis/ulcer disease as the primary source of bleeding

## COMPUTED TOMOGRAPHY OF THE NECK AND ABDOMEN

A high resolution pre- and post-contrast CT study of the neck and abdomen are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

The caudal segment of the cervical spine – caudal to C4 – is cropped by the field of view.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The included cranial segment of the neck reveals no abnormalities of the osseous and soft tissue structures.

### 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 prostate is symmetrical and prominent. The prostatic parenchyma is homogeneous soft tissue attenuating and contrast enhancing.

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.

inside and outside of the liver parenchyma.

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

The stomach contains a small to moderate amount of kibbles. No overt abnormalities of the gastric wall are appreciated. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.



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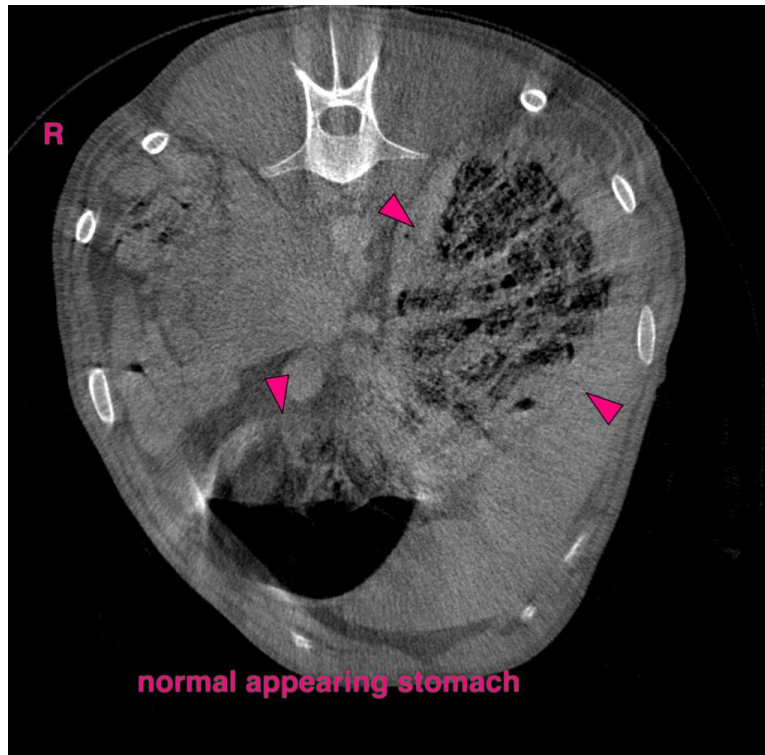
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Spondylosis deformans lumbosacral junction
- Normal abdomen
- Normal neck

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities that do explain the neck pain nor the described chronic gastrointestinal hemorrhage. The gastric wall appears normal, but superficial lesions can be missed or effaced by the gastric content.

Be aware that the caudal segment of the neck is not included in the field of view and if there is strong suspicion for compressive myelopathy a follow up CT of the caudal segment of the neck may be considered.



normal appearing stomach

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  
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