



## PATIENT

Venecia Rosado

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Female Spayed

## AGE

10Y

## WEIGHT

13lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

HVSFA

## HOSPITAL NAME

Hospital Veterinario  
San Francisco de Asis

## REFERRING VET

Dra. Irrizary

## INVOICE

73171

## DATE

1-5-26

## PRESENTING CLINICAL SIGNS

The patient has been hospitalized for four days due to diarrhea, vomiting, and inappetence with no response to treatment, including IV fluids, ondansetron, famotidine, metronidazole, and one dose of Diagel. During hospitalization, hepatic and renal values have worsened, prompting further evaluation with CT imaging.

## 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

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.

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.

A well-defined, roundish gas attenuating lesion in the medial aspect of the left caudal lung lobe, measuring 8.2 mm in diameter. Level with the 2<sup>nd</sup> right intercostal space, in the ventral aspect of the right cranial lung lobe, an irregular roundish ground glass attenuating lesion is seen; measuring  $< 4$  mm in diameter.

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.

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 gastrointestinal tract is generalized mildly distended by fluid attenuating material and the mucosal lining is generalized mildly irregular and increased contrast enhancing. The position of the gastrointestinal tract is considered within normal limits throughout. The colon is empty, but a very small amount of fluid attenuating material, and collapsed.

The bony and surrounding soft tissue structures reveal no abnormalities.



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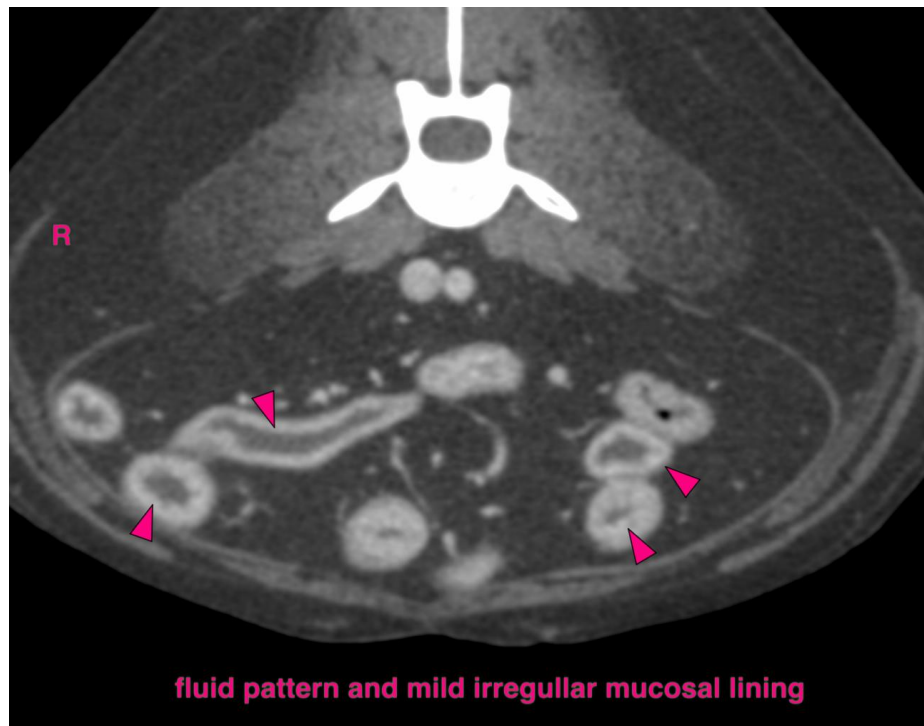
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild fluid pattern gastrointestinal tract
- Irregular mucosal lining small intestinal tract - fibrosis, roundish pneumonia is most likely
- Small zone with an unstructured interstitial pattern right cranial lung lobe
- Bulla left caudal lung lobe

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the gastrointestinal tract are most consistent with enteritis – an underlying cause cannot be specified by CT. Rule out dysbacteriosis, parasitic infection, dietary indiscretion, pancreatitis, immune mediated disease, other.

The nodular zone with an unstructured interstitial pattern of the right cranial lung lobe is most consistent with fibrosis or round pneumonia. Theoretically early stage of pulmonary neoplasia or metastasis is a potential, but I consider the odds low.





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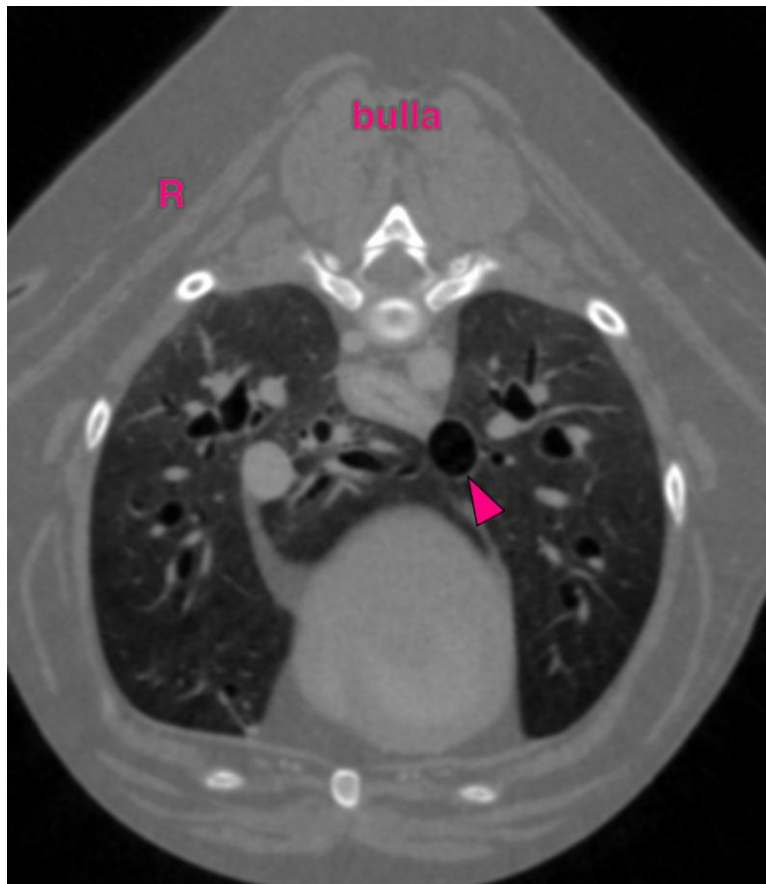
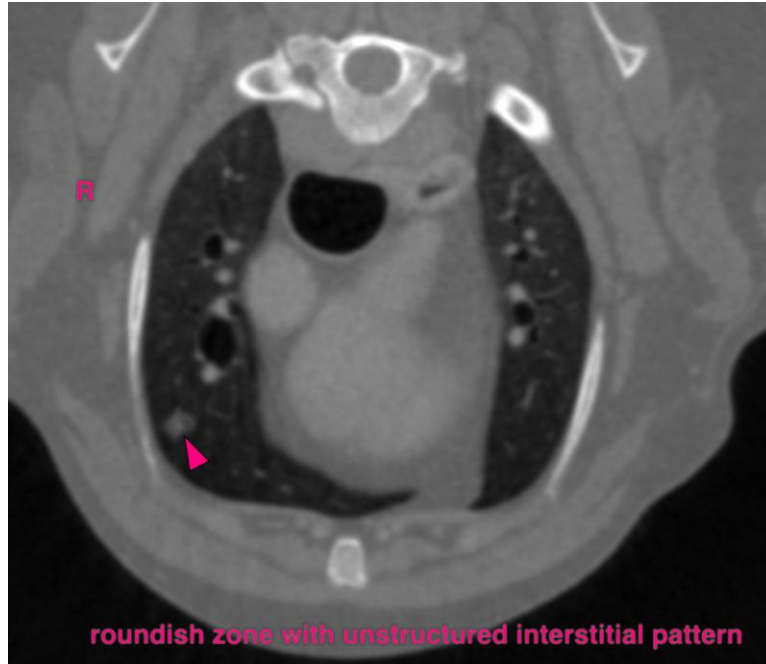
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)