



PATIENT

Pango Tatro

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

MN

AGE

9Y

WEIGHT

28.7

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Alyssa Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Alyssa Carver

INVOICE

73166

DATE

1-6-25

PRESENTING CLINICAL SIGNS

P presented as a transfer for lethargy, NI food x4 days. P had BW done yesterday at rDVM which revealed elevated ALP, dehydration, elevated WBCs. No radiographs performed. P was limping and placed on Carprofen and gabapentin - o stopped those meds approx 4 days ago. No V+ or D+. Patient presented as a transfer from their rDVM after not eating for 4-5 days, vomiting, no D+ noted. BW with rDVM showed mildly elevated ALP, WBC, and TFAST reveals mild pericardial effusion. P had a previous leg injury to the RH and has been taking Gabapentin and Carprofen for but owners discontinued once lack of interest in food was noted. Current Medications: Monthly prevention
Abnormal PE/Chem/CBC/UA Results: Please see attached radiology report and diagnostic results

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Along the thoracic spine, multifocal spondylosis formation is seen.

The sternal and cranial mediastinal lymph nodes are moderately prominent, uniform soft tissue attenuating and contrast enhancing.

The pericardial sac is moderately dilated by fluid attenuating material, and the cardiac volume is decreased.

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.

In the included cranial part of the abdomen, multiple moderately prominent and rounded lymph nodes are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pericardial effusion
- Lymphadenopathy sternal, cranial mediastinal, hepatic and lienal lymph nodes
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymphadenopathy of the lymph nodes can be caused by lymphatic neoplastic infiltration – such as lymphoma – or present reactive lymphoid hyperplasia. If not done so yet, recommend complementing workup ultrasound guided FNA sampling of the enlarged thoracic/abdominal lymph nodes along with draining the pericardial effusion – with sampling for fluid analysis.



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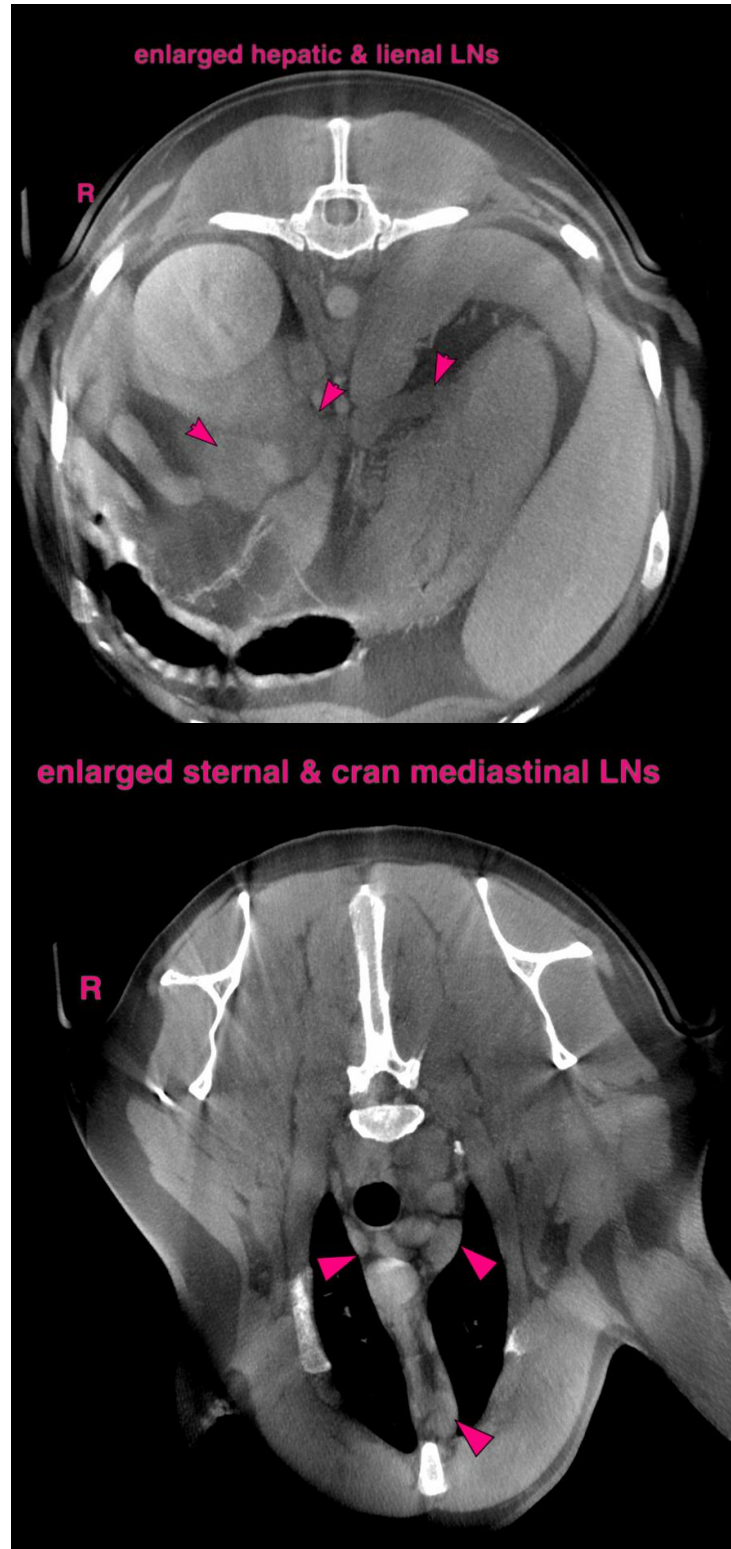
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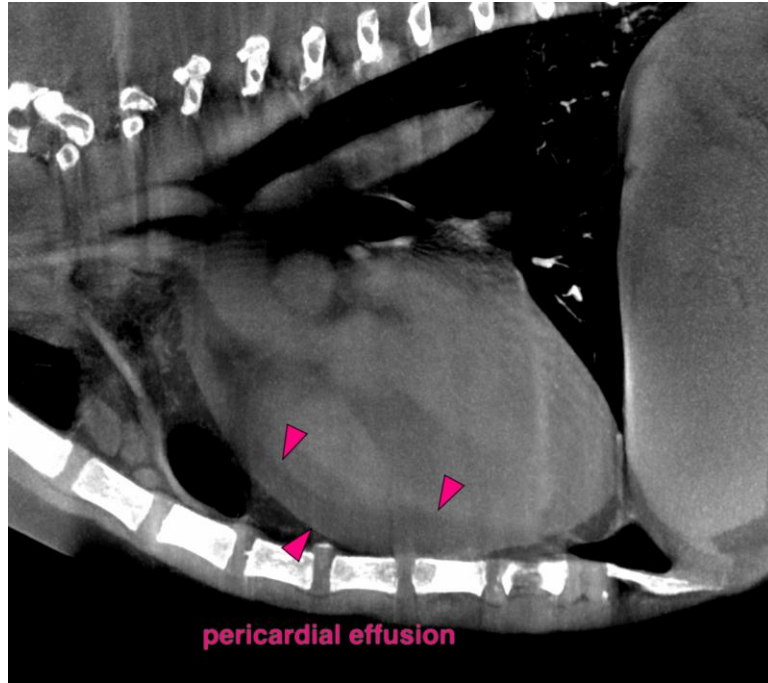
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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