



PATIENT

Rameses Gillespie

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

8 Years

WEIGHT

13.3 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dayna Evans

HOSPITAL NAME

Animal Trust-
Ellesmere Port

REFERRING VET

Dr. Dylan Payne

INVOICE

35373

DATE

10/31/25

PRESENTING CLINICAL SIGNS

Current problem - all started 5 months ago GI upset after eating something in garden, was off food for a while, being managed for this, lost a bit of weight and noticed lump on neck, had high total calcium and suspected thyroid mass. Still very picky wrt food, around 2kg weight loss throughout this time. BAR in self otherwise, reluctant to go for walks, drinking a bit more and urinating frequently after last sedation but not excessively lately though poss volume increase (has changed to dry food). Exam: BAR, limited exam due to temperament, thoracic ausc NAD, left ventral cervical mobile well circumscribed mass, suspect thyroid. Dx: cervical mass, suspected thyroid carcinoma.

Abnormal PE/Chem/CBC/UA Results: RBC $4.30 \times 10^{12}/L$ Haematocrit 0.296 L/L Haemoglobin 105 g/L Glucose 3.23 mmol/L Creatinine 42 $\mu\text{mol}/L$ Total Protein 49 g/L Amylase 360 U/L Total T4 13 nmol/L

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent. Along the buccal aspect of triadan 207 and 208, two polypoid central irregular mineralizing lesions are seen – merging with the left upper lip at the same level.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are filled with non-contrast enhancing soft tissue material. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The medial retropharyngeal lymph nodes and deep cervical lymph nodes bilaterally are significantly enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

The thyroid glands present the expected size, shape and attenuation behavior.

Thorax

T5 and T10 present as hemivertebra.

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.



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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.

In the cranial abdomen, a well-defined, uniform soft tissue attenuating, ovoid shaped mass is seen; measuring 12.7 x 10.1 x 14.2 cm. The intestinal structures are centrifugally displaced.

Both kidneys present within normal limits for size, shape and organ architecture.

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.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multifocal along the lumbar spine, spondylosis formation is seen.

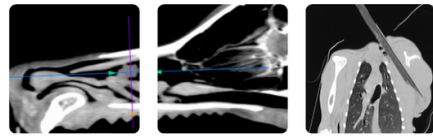
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cranial abdominal soft tissue mass
- Lymphadenopathy medial retropharyngeal/deep cervical lymph nodes
- Bilateral otitis media
- Suspect peripheral odontogenic fibromas level triadan 207 and 208
- Multiple absent teeth
- Hemivertebra T5 and T10
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An organ of origin of the large abdominal soft tissue mass cannot be specified and diagnostic yield is further decreased in plain CT – potentials include a (pedunculated) mass originating from the spleen, liver, pancreas, gastrointestinal tract, mesentery, lymph nodes such as neoplasia, cyst, hematoma, (granuloma).

The cervical soft tissue masses are in an atypical position for the thyroid glands – and at least the right thyroid can be delineated as isolated anatomical structure – the odds for the cervical masses to originate from lymphatic tissue are very high (e.g. round cell tumor). Theoretically bilateral neoplastic transformation of ectopic thyroid tissue is a potential. and FNA sampling is recommended for specification.



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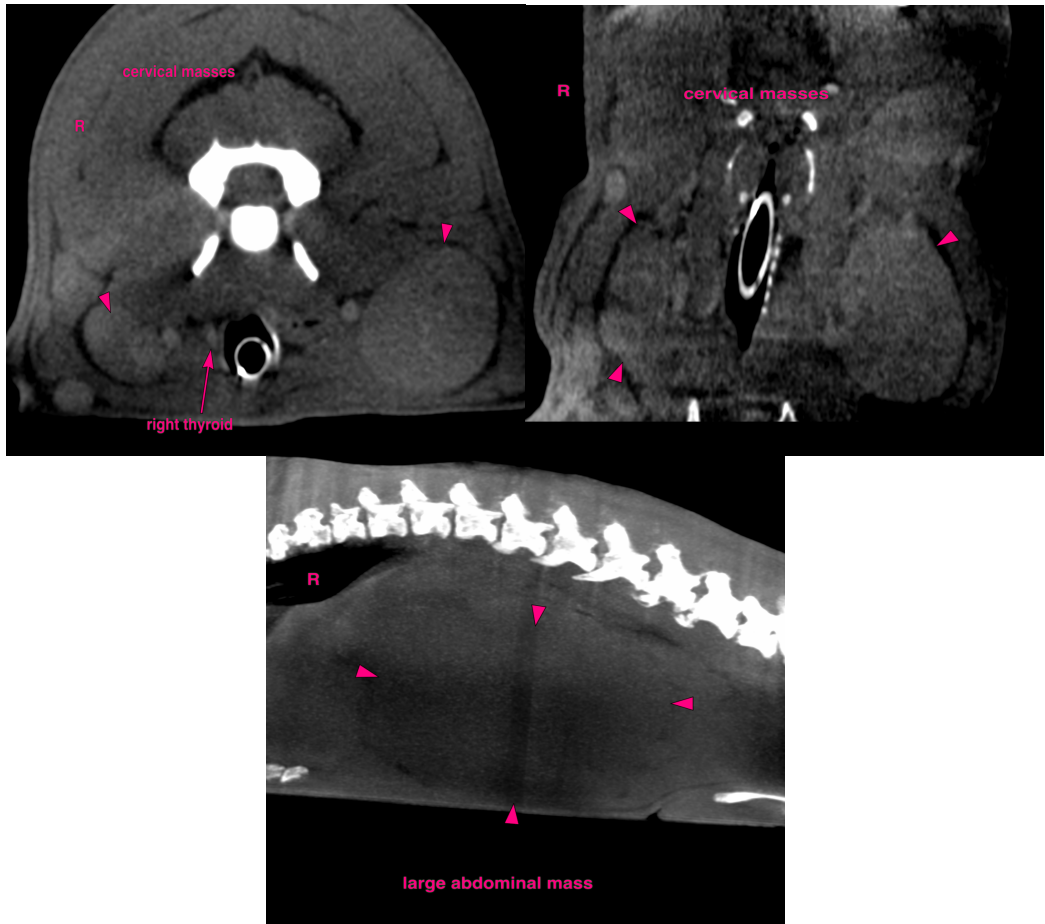
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com