



PATIENT

Jackie Dumansky

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

8 Years 11 Months

WEIGHT

10.5 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lisa

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Short

INVOICE

35538

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Respiratory and behavioral changes, increased upper airway noise, increased RR/RE.

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

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

COMPUTED TOMOGRAPHIC FINDINGS

In the center of the gantry, a hypoattenuating ring is appreciated throughout the entire series – interfering with multiple anatomical structures along the skull and spine.

Skull & Neck

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

Multiple teeth are absent.

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

The soft palate is thickened, measuring 15 mm in height and appears mildly elongated.

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. 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 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.

Level with the intervertebral disc space C2/C3, mineralized disc material is protruding into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

The subchondral bone of the caudal vertebral endplate C4 presents a concave depression.

Thorax

Congenital malformation of multiple thoracic vertebra is appreciated. Along the thoracic spine, multifocal spondylosis formation is seen.

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.

Evaluation of the lung parenchyma is limited by decreased image contrast; 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.

Protruding from the hilar region of the spleen, an irregular roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is seen, measuring 3.7 cm in diameter.

A splenic lymph node is moderately prominent, uniform soft tissue attenuating and has an irregular contrast enhancement pattern.

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.

Level with the intervertebral disc spaces T13/L1 and L1/L2 mild hyperattenuating disc material is protruding into the vertebral canal.

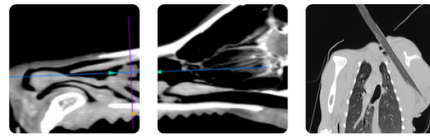
The dorsal aspect of the caudal vertebral endplate L7 presents a focal defect with a corresponding isolated osseous fragment, measuring 5.5 x 8.8 x 2.2 mm.

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

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thickened and mild elongated soft palate
- Splenic soft tissue mass
- Lymphadenopathy lienal lymph node



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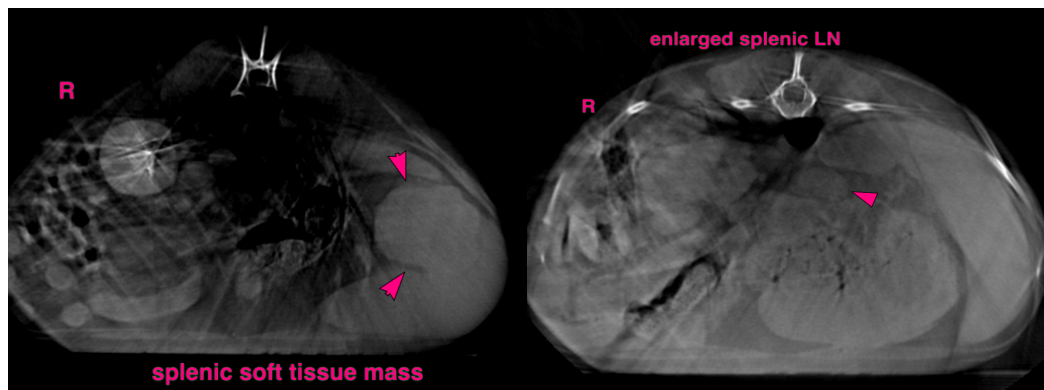
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- Osteochondrosis dissecans (OCD) lesion caudal vertebral endplate L7
- Intervertebral disc protrusion C2/C3, T13/L1 and L1/L2 without compressive myelopathy
- Congenital malformation multiple thoracic vertebra
- Schmorls nodule caudal vertebral endplate C4
- Osteoarthritis coxofemoral joints due to hip dysplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic soft tissue mass is concerning for primary splenic soft tissue neoplasia, such as sarcoma or round cell tumor with possible metastatic spread to the regional lymph node. A benign differential for the splenic mass is nodular hyperplasia. Splenectomy is considered as the therapy of choice, independent of the dignity of the mass as benign and malignant masses can rupture and cause abdominal hemorrhage.



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