



PATIENT

Luna Dhalberg

SPECIES

Canine

BREED

Dane

SEX

FN

AGE

8

WEIGHT

60

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

72697

DATE

11-17-25

PRESENTING CLINICAL SIGNS

coughing mass ventral neck sudden enlargement
Abnormal PE/Chem/CBC/UA Results: cbc/chemt4 normal

COMPUTED TOMOGRAPHY OF THE NECK & THORAX

A pre- and post-contrast CT study of the neck and thorax in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

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 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.

Irregular mild nodular enlargement of the thyroid gland bilaterally is seen; measuring up to 2.0 x 1.5 x 4.0 cm. The thyroid gland bilaterally has an irregular contrast enhancement pattern.

In the subcutaneous tissue at the mid ventral aspect of the neck, an ill-defined zone with localized fat-stranding and a central soft tissue attenuating nodular lesion is present; measuring 2.3 x 2.0 x 2.6 cm.

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

Level with the intervertebral disc space T13/L1, mineralized disc material is protruding into the vertebral canal, occupying approximately up to 30% of the cross-sectional area of the vertebral canal at the same level.

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.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Irregular nodular enlargement thyroid gland bilaterally without vascular invasion
- Subcutaneous soft tissue nodule with surrounding cellulitis mid ventral aspect of the neck
- Intervertebral disc herniation T13/L1 with compressive myelopathy
- Multifocal spondylosis deformans thoracic spine
- No evidence of pulmonary metastatic disease



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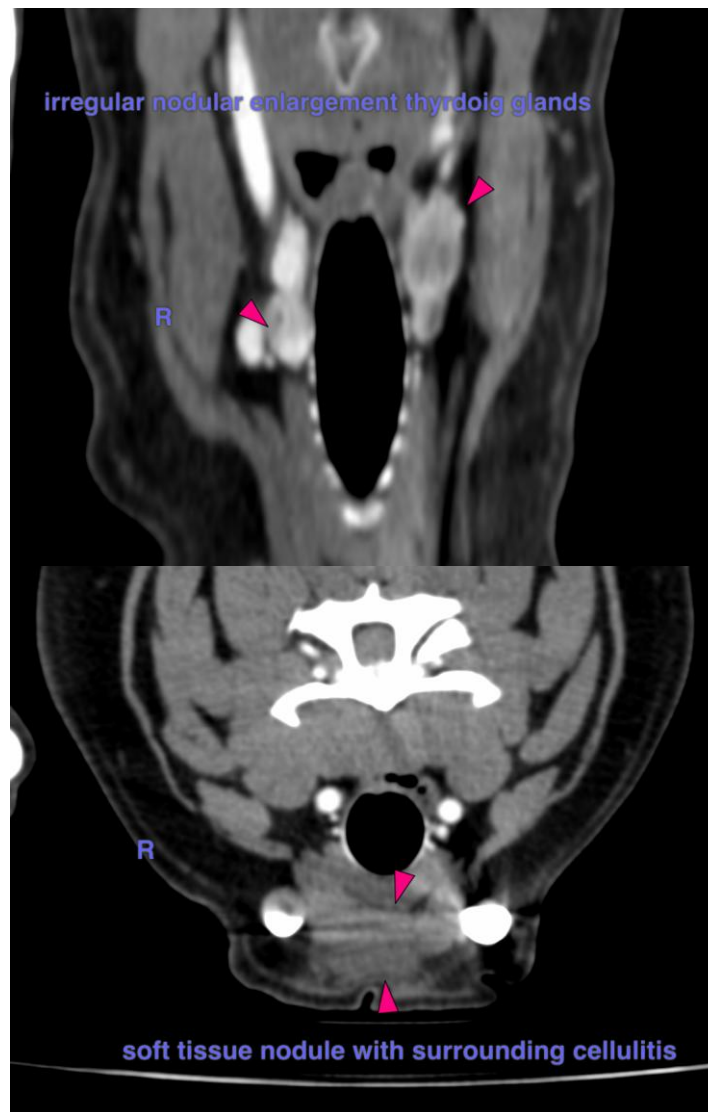
11-17-25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated enlargement of the thyroid glands can present benign (non)functional nodular hyperplasia or early stage of neoplastic transformation (e.g. thyroid carcinoma). Ultrasound guided FNA sampling of the thyroid glands can be performed for specification.

The clinically appreciated swelling at the neck is likely caused by the localized soft tissue nodule presenting surrounding cellulitis – differentials include neoplastic (e.g. mast-cell tumor, sarcoma) or granuloma. FNA sampling can be used as advanced diagnostic tool. The subcutaneous nodule is likely unrelated to the history of cough.

No abnormalities are appreciated that can explain the history of cough. However, a negative imaging study does not rule out possible underlying tracheitis/bronchitis.





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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.

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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.

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

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