



PATIENT

Emma Wiley

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11Y, 7M

WEIGHT

32.10kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Magdiel N.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

72707

DATE

11-20-25

PRESENTING CLINICAL SIGNS

History of positive Valley Fever cocci titer's. History of limping and right pelvic limb lameness since November 11th. Radiographs performed on 11/05/25 by primary care veterinarian revealed bilateral joint swelling. Present diarrhea for a week. No sneezing or coughing. Had one episode of vomiting in the morning of 11/19/25. Owner does take Emma to the dog parks, but since symptoms have arised, he has not.

Abnormal PE/Chem/CBC/UA Results: Significantly elevated ALT (315 IU/L), ALP (2,494 IU/L) and GGT (23 IU/L), mildly elevated AST (130 IU/L), moderate leukocytosis ($22.7 \times 10^3/uL$) and neutrophilia (20,203 /uL) . Also noted: elevated BUN/CREAT RATIO (28), elevated PrecisionPSL (244 U/L), and low Platelet Count ($140 \times 10^3/uL$)

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Multifocal in the subcutaneous tissue along the dorsal aspect of the thoracic spine, well-defined, soft tissue attenuating nodules are visible.

Along the thoracic spine, multifocal mild 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.

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.

Throughout the lung parenchyma, multiple ill-defined, soft tissue nodules are seen; measuring < 3 mm.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple ill-defined small nodular lesions throughout the lung parenchyma
- Multiple non-specific subcutaneous soft tissue nodules along the thoracic wall
- Mild spondylosis deformans along thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined pulmonary micronodules in combination with the history of positive Valley Fever titer is highly suggestive for mycotic pulmonary granulomas. Differentials can include fibrosis, granulomas of different origin (e.g. parasitic) or less likely metastatic lung disease.



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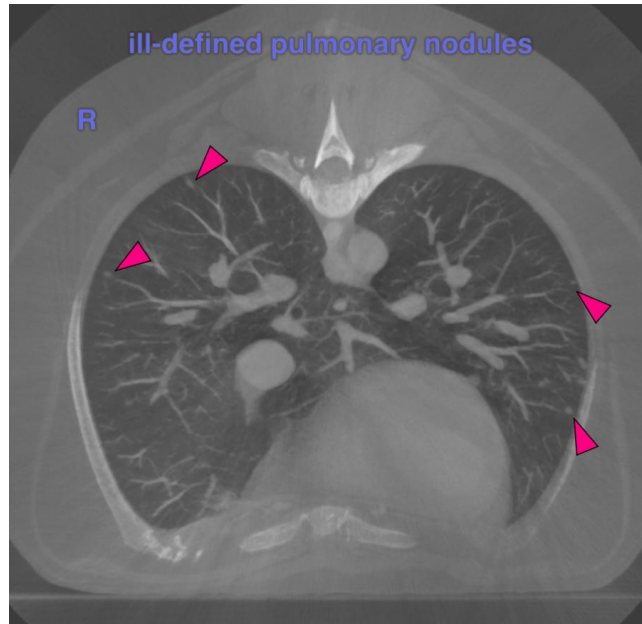
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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