



PATIENT

Trigga Parsonage

SPECIES

Canine

BREED

Cattle Dog

SEX

Neutered Male

AGE

12

WEIGHT

26

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35566

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: noted splenic mass on ultrasound
Abnormal PE/Chem/CBC/UA Results: cbc/chem w/

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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.

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 left lung presents a generalized decreased volume along with multiple regions of dystelectasis of the parenchyma. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior, with randomly distributed interspersed punctuate mineralization.

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 caudal extremity of the spleen, a roundish, uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen, measuring 5.6 cm in diameter. A second splenic nodular lesion is protruding from the hilar region of the spleen, measuring 2.5 cm in diameter.

The splenic lymph nodes are moderately prominent.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



PATIENT

Trigga Parsonage

SPECIES

Canine

BREED

Cattle Dog

SEX

Neutered Male

AGE

12

WEIGHT

26

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35566

DATE

11/21/25

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

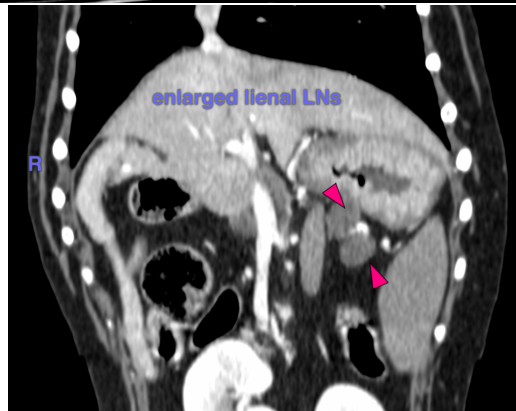
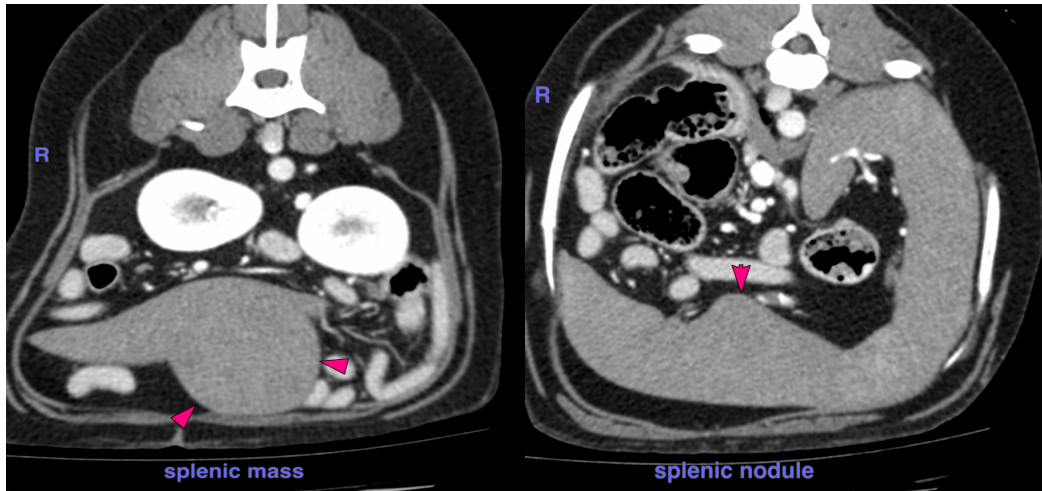
Multifocal along the lumbar spine, variable degree of spondylosis formation is visible.

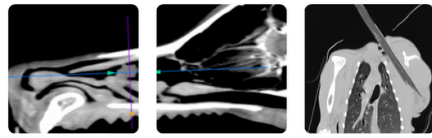
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenic soft tissue mass(es)
- Lymphadenopathy lienal lymph nodes
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic soft tissue masses are concerning for splenic soft tissue neoplasm with possible metastatic disease to the regional lymph nodes – such as round cell tumor or sarcoma. A benign differential is splenic nodular hyperplasia. Ultrasound guided FNA sampling of the splenic mass and enlarged lienal lymph nodes can be used for specification and potential surgical planning.





PATIENT

Trigga Parsonage

SPECIES

Canine

BREED

Cattle Dog

SEX

Neutered Male

AGE

12

WEIGHT

26

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35566

DATE

11/21/25

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