



PATIENT

Aries Cohen

SPECIES

Canine

BREED

American Staffordshire
Terrier

SEX

Male Entire

AGE

7

WEIGHT

32kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Daisy Fung

HOSPITAL NAME

Colyton Veterinary
Hospital

REFERRING VET

Daisy Fung

INVOICE

72768

DATE

11-26-25

PRESENTING CLINICAL SIGNS

Aries presented for weight loss and abdominal distension. Radiographs and POCUS showed splenomegaly, suspect neoplasm. Native and IV contrast CT scan of thorax and abdomen for staging and surgical planning.

COMPUTED TOMOGRAPHY 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

The bony and surrounding soft tissue structures are within normal limits.

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.

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 prostate is symmetric and has a homogeneous attenuation pattern and mild irregular contrast enhancement pattern. At the right ventrolateral aspect of the prostate, a well-defined, convex shaped, fluid attenuating lesion is protruding from the prostatic surface; measuring 1.4 cm.

The adrenal glands are within normal limits for size, shape and organ architecture.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The splenic volume is moderately increased; the splenic margins are rounded. The splenic parenchyma is uniform soft tissue attenuating and has a mild heterogeneous 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.



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Multiple intervertebral discs along the lumbar spine are protruding into the vertebral canal, occupying approximately $\leq 10\%$ of the cross-sectional area of the vertebral canal at the same level.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates L7/S1 present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

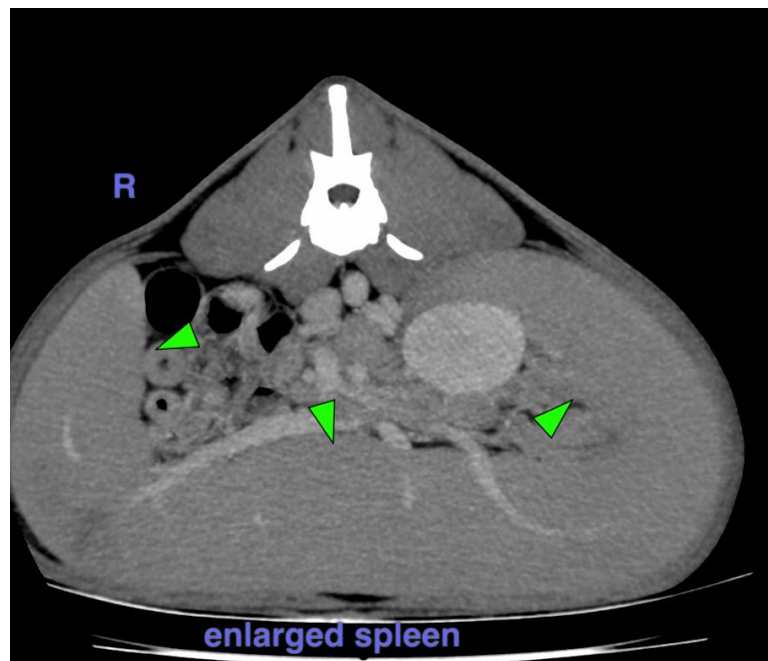
- Splenomegaly
- Hepatomegaly
- Prostatic cyst with paraprostatic extent
- Multifocal intervertebral disc protrusion along the lumbar spine without compressive myelopathy
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential causes for splenomegaly include extramedullary hematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia, and infectious diseases. The splenomegaly might be accentuated by general anesthesia.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration.

Ultrasound guided FNA sampling of the liver and spleen can be used as minimally invasive methods for further workup.





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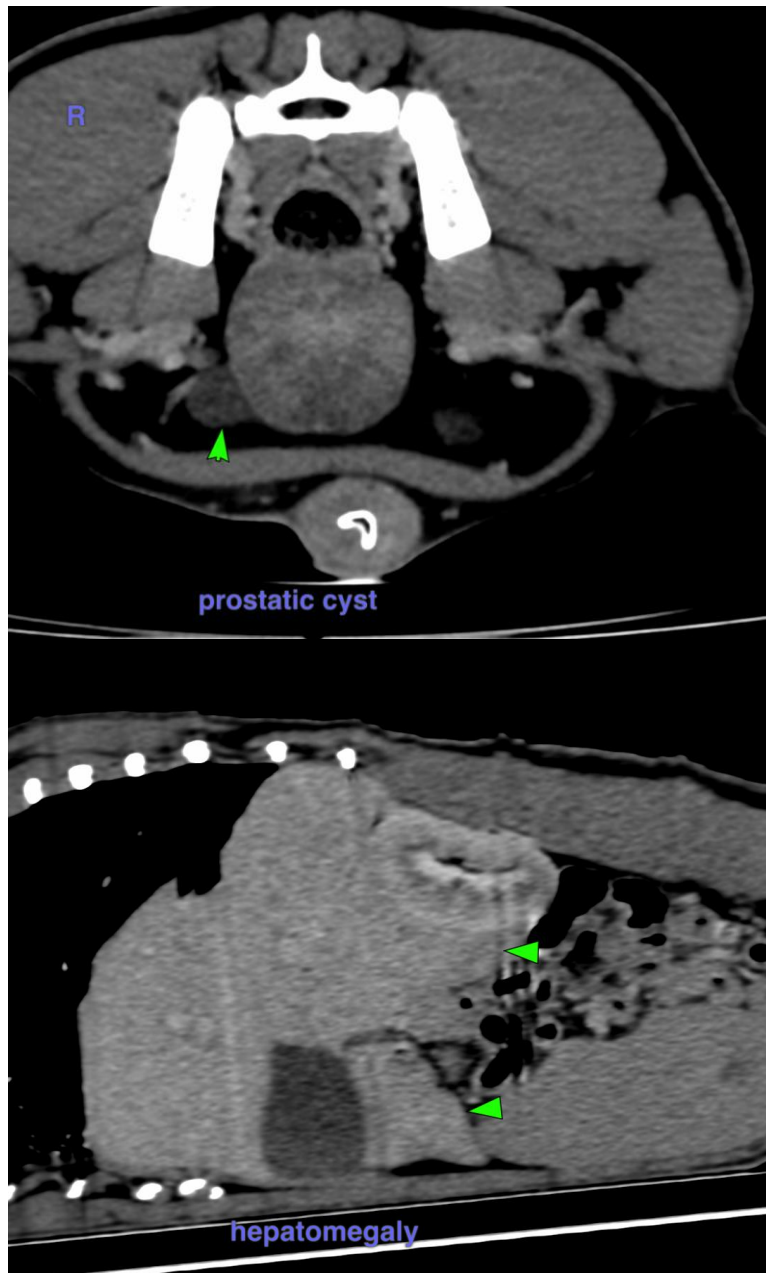
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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