



PATIENT

Beau Normandeau

SPECIES

Canine

BREED

Golden Retriever X

SEX

MN

AGE

11Y

WEIGHT

26.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgewater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. K. Choptain

INVOICE

72772

DATE

11-26-25

PRESENTING CLINICAL SIGNS

Presented on Nov 24th for coughing with blood, radiographs showed consolidation of L + R middle lung lobes

Abnormal PE/Chem/CBC/UA Results: blood work - grossly elevated liver enzymes, abd U/S - liver mass

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic wall, multiple variable sized lipomas are appreciated.

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 presents a generalized decreased volume. The ventral dependent aspects of the lung present multiple zones with consolidation of the lung parenchyma along with air-bronchograms.

In the left pleural cavity, a very small amount of gravity dependent, fluid attenuating material is visible.

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 in the lateral aspect of the right kidney, a well-defined, roundish parenchymal filling defect is seen; measuring 1cm in diameter.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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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The intervertebral discs L6/L7 and L7/S1 are bulging into the vertebral canal, occupying approximately $\leq 20\%$ of the cross-sectional area of the vertebral canal at the same level.

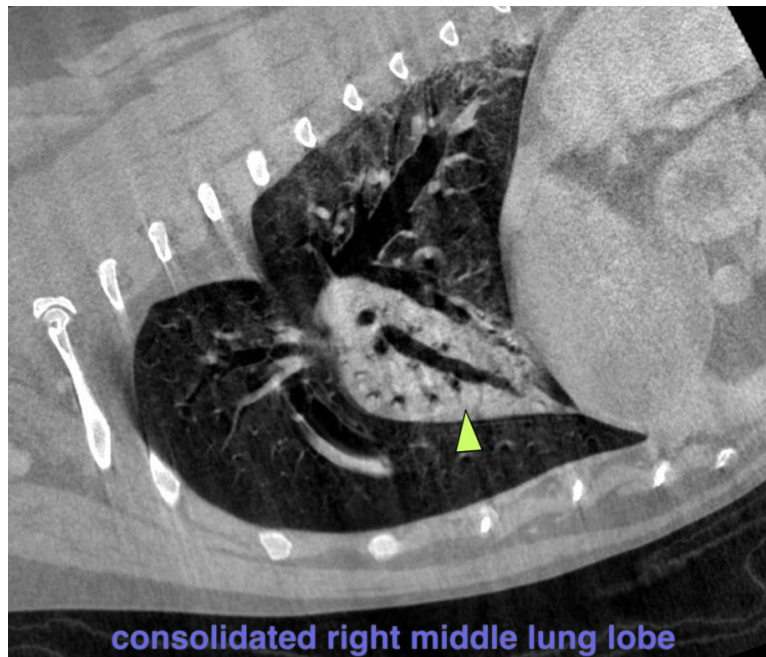
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ventrally distributed alveolar lung pattern with generalized decreased pulmonary volume
- Very mild left sided pleural effusion
- Simple renal cortical cyst right kidney
- Lipomas along thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern is likely accentuated by dystelectasis of the lung parenchyma; the ventral distribution of the alveolar pattern is increasing the odds for pneumonia or pulmonary hemorrhage. I do not see signs of a pulmonary mass. FNA sampling of the lung can be performed to rule out diffuse malignant infiltrative disease entirely.

The hepatic mass appreciated in ultrasound is not appreciated in the CT series, increasing the odds for benign origin of the lesion such as regeneration nodule or nodular hyperplasia.





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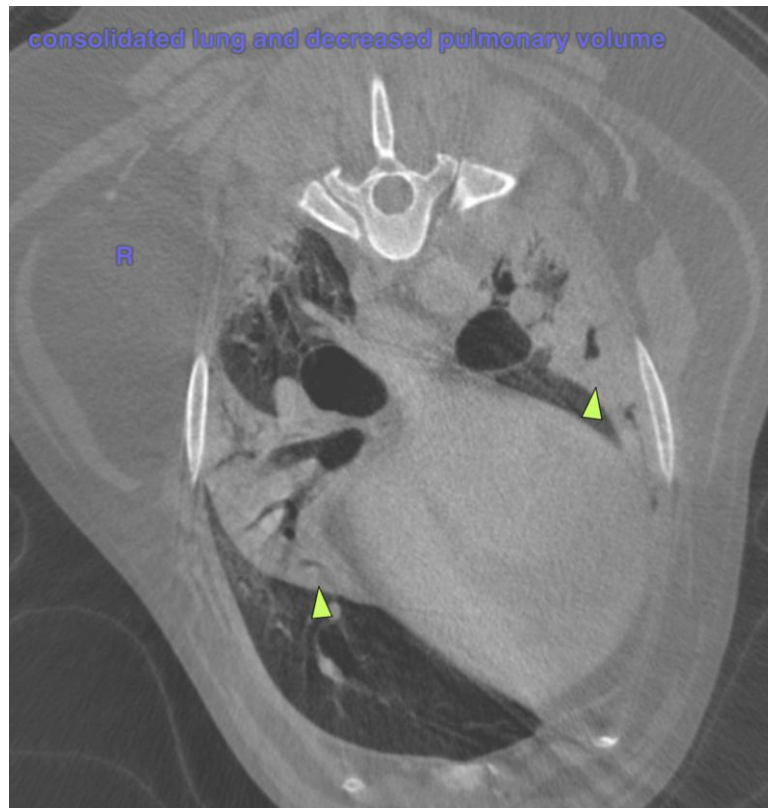
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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