



## PATIENT

Maui King

## SPECIES

Canine

## BREED

American Bully

## SEX

Entire Male

## AGE

7.5

## WEIGHT

34

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dr. Jin Tan

## HOSPITAL NAME

Colyton VH

## REFERRING VET

Dr. Jin Tan

## INVOICE

35718

## DATE

11/30/25

## PRESENTING CLINICAL SIGNS

History: Patient presented for drooling + not well on 28/11. Was wheezing and radiographs performed which revealed interstitial pattern on caudal lung lobe. Diagnosed with asthma by RV and given dexason IV/SC, Niramine IV/SC and duplocillin SC. Sent home with clav, macrolone and an inhaler, no improvement. Re-presented the next day 29/11 for Ataxia and crying in pain when trying to walk. Urinated on himself too. Given onsiar, trazadone and a microlax enema. Presented to colyton today for not improving but not worsening. Patient can walk a little bit but is ataxic still, temperature WNL and still eating at home.

Abnormal PE/Chem/CBC/UA Results: CBC run at RV says unremarkable Biochem WNL except for ALT 192 (10-125)

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN & ENTIRE SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

The osseous and soft tissue structures of the cervical spine reveal no abnormalities. Post intrathecal contrast administration, the spinal cord has the expected diameter and attenuation behavior – the subarachnoid space has a physiological width.

The vertebral endplates of the lumbosacral junction present mild to moderate spondylosis formation. The remainder of the osseous and soft tissue structures of the thoracic and lumbar spine are unremarkable – post intrathecal contrast administration no alterations of the spinal cord are appreciated.

### Thorax

The infraspinatus muscle bilaterally is swollen and post contrast hypoattenuating.

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.

Generalized mild thickening of the wall of the bronchial tree is appreciated.

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

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 symmetrically mild to moderately enlarged. The prostatic parenchyma is uniform soft tissue



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attenuating and has a heterogeneous contrast enhancement pattern. The peritoneal fat in the caudal abdomen presents a moderate soft tissue striation and a small amount of free fluid is visible.

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 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.

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prominent prostate with heterogeneous contrast enhancement and localized surrounding peritonitis/peritoneal effusion
- Mild bronchial lung pattern
- Swelling and decreased contrast uptake infraspinal muscle bilaterally
- Osteoarthritis coxofemoral joints due to hip dysplasia
- Spondylosis deformans lumbosacral junction
- No evidence of compressive myelopathy or intradural pathology
- Normal neck
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent prostate is indicative for benign prostatic hyperplasia – however given the localized peritonitis prostatitis is a likely differential. Recommend complementing workup by complete urinalysis and FNA sampling of the prostate for specification.

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) are likely. A fecal exam can be used to screen for lung worm infection. Bronchoscopy including BAL would be ideal as advanced diagnostic tool, empirical management can be considered alternatively.

The swelling of the infraspinal muscle with the decreased contrast uptake is suggestive for myositis – rule out immune mediated, infectious, traumatic or ischemic. FNA sampling can be performed to rule out infiltrative disease entirely.



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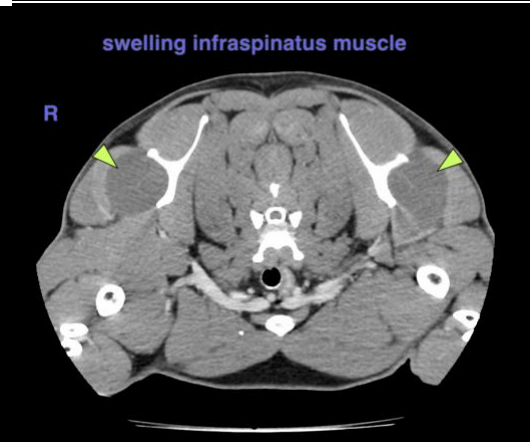
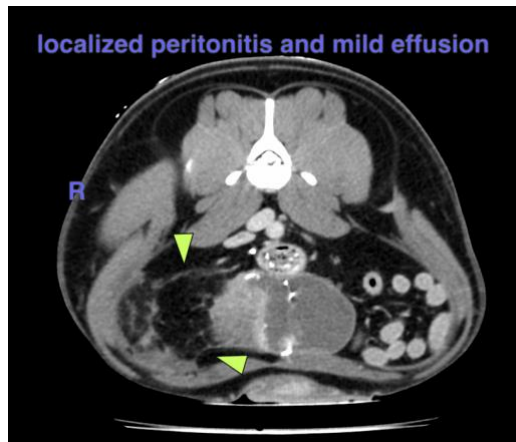
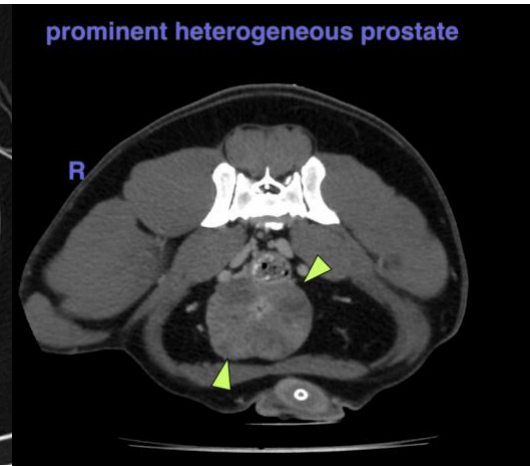
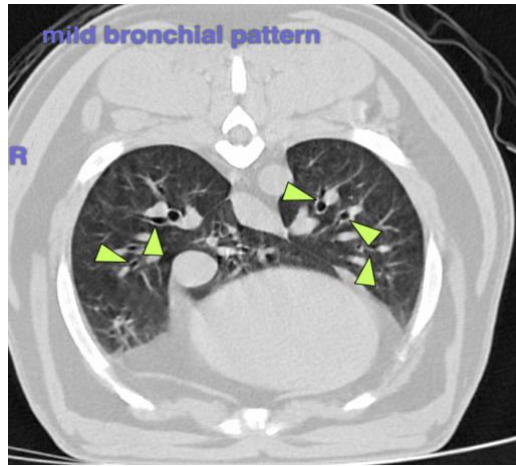
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)