



PATIENT

Lucky Copeland

SPECIES

Canine

BREED

Mixed Breed

SEX

Male Neutered

AGE

~12Y

WEIGHT

33.5kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Dr. Short

INVOICE

72499

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Mandibular lymphadenopathy, 3-4 cm Clear OU, clear/mucoid ocular discharge, pupils symmetrical and responsive, third eyelid protrusion bilaterally Recommend CT of the head through abdomen with and without contrast followed by excisional biopsy of a lymph node for histopathology.

COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX, ABDOMEN AND PELVIS

A high resolution post-contrast CT study of the entire patient is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Level with the nasopharyngeal tonsils, a sessile, lobulated, uniform soft tissue attenuating mass is bulging from the roof of the nasopharynx – causing segmental complete upper airway obstruction.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The parotid, submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

Multiple variable sized lipomas are seen along the thoracic wall.

The left superficial cervical, sternal and cranial mediastinal lymph nodes are significantly enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

In the caudodorsal aspect of the left caudal lung lobe, a roundish gas attenuating lesion, demarcated by a thin soft tissue attenuating capsule is visible; measuring 16 mm in diameter. The ventral dependent aspects of the lung present zones with dystelectasis.

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

Abdomen & Pelvis

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. Multiple prominent mesenteric and aortic lymph nodes are seen.

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.



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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.

Along the lumbar spine, multifocal spondylosis formation is seen.

The hypogastric lymph nodes and inguinal lymph nodes are moderately prominent.

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.

Multiple well-defined, subcutaneous soft tissue masses are seen along the abdominal wall bilaterally.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy multiple peripheral, intrathoracic and abdominal lymph nodes
- Nasopharyngeal soft tissue mass with segmental complete upper airway obstruction
- Subcutaneous soft tissue masses abdominal wall
- Multiple lipomas along thoracic wall
- Bulla left caudal lung lobe
- Osteoarthritis coxofemoral joints due to hip dysplasia
- Multiple absent teeth
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suggestive for disseminated lymphatic neoplastic disease, and the presumptive diagnosis is lymphoma or histiocytic sarcoma. Biopsy of the enlarged lymph nodes has already been performed for specification.



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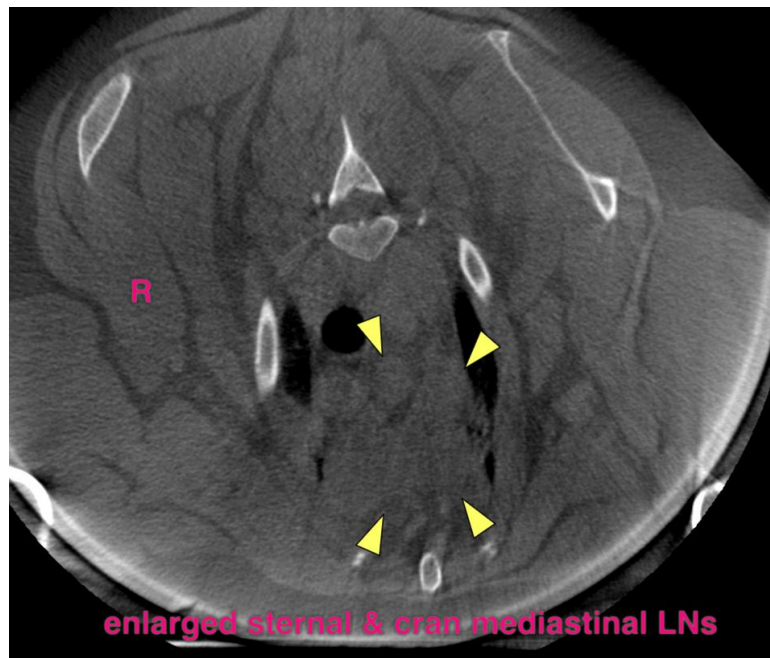
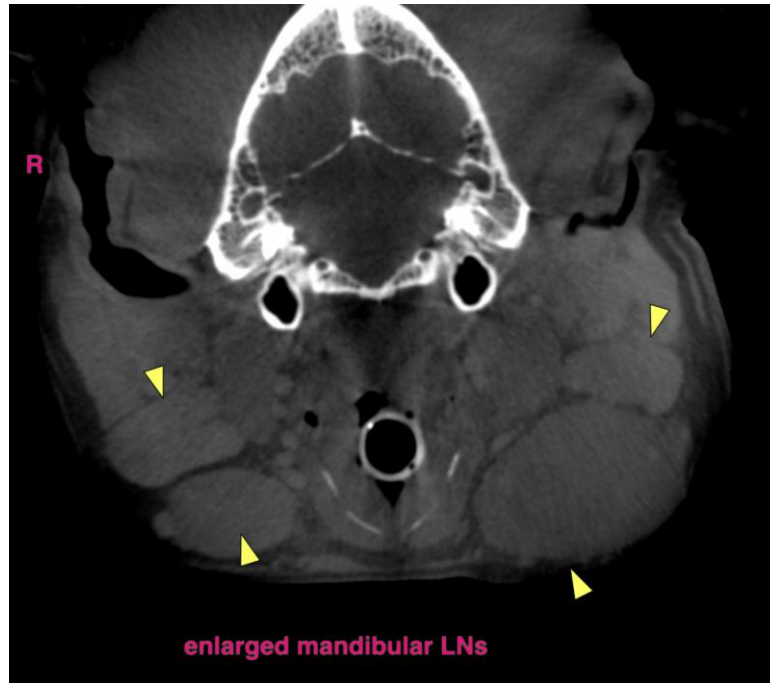
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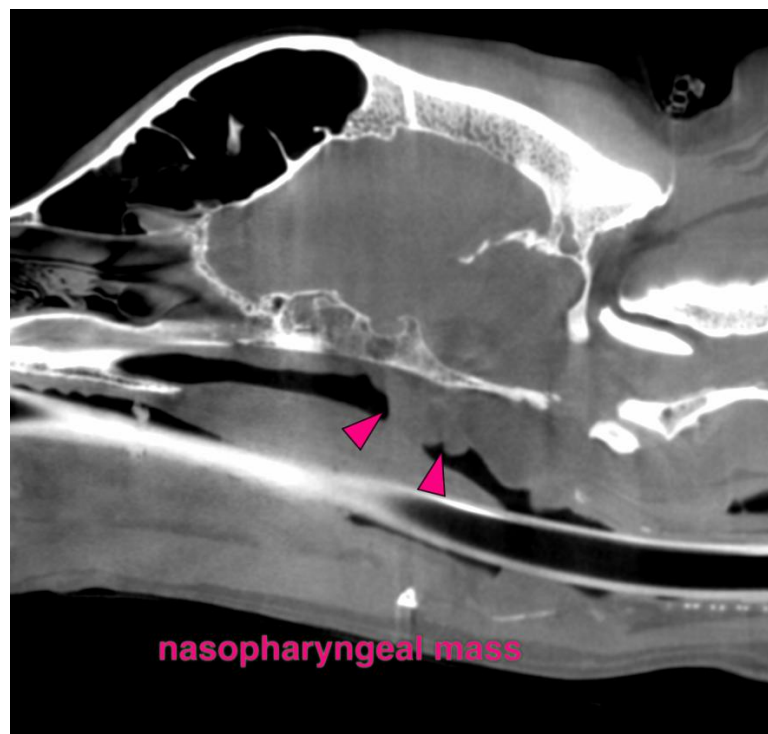
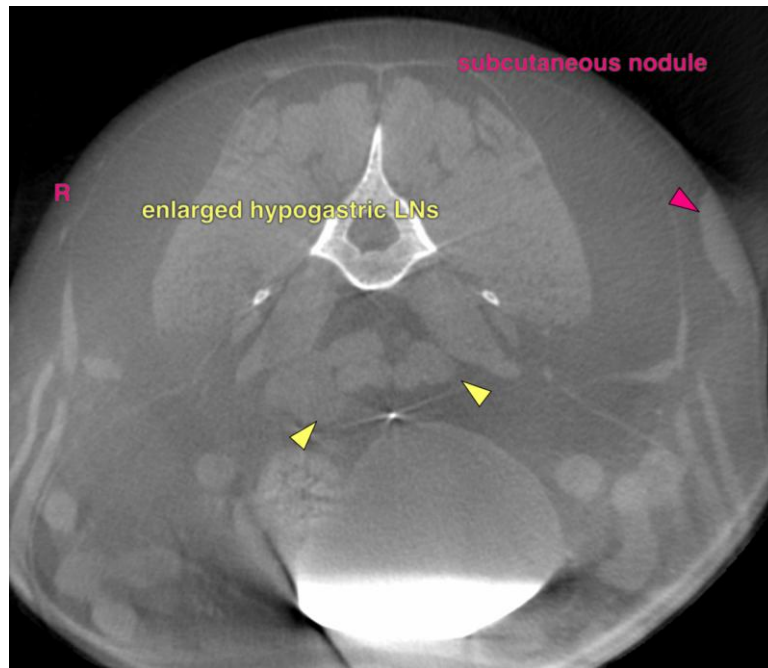
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com