



PATIENT

Husky Mix

SPECIES

Canine

BREED

Husky Mix

SEX

Male

AGE

12 Years

WEIGHT

31.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

35453

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: concern for intestinal mass with gastric blockage.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic and lumbar 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 pattern is uniform.

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 ventrally accentuated ill-defined zones with cloudy ground glass attenuation pattern to soft tissue attenuating pattern. Randomly distributed punctuate mineralization of the lung parenchyma is present.

Cranial to the diaphragm, the esophagus is distended by uniform soft tissue attenuating material and a convex shaped gas-soft tissue interface is appreciated in the caudal segment of the esophagus.

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.

Nodular enlargement of both adrenal glands is appreciated, measuring up to 11 mm in diameter.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous.

The stomach is moderately distended by fluid and a small amount of sedimented, granular mineral attenuating material.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intraluminal soft tissue material most caudal segment of esophagus
- Signs of gastric emptying disorder
- Ventrally accentuated unstructured interstitial to alveolar lung pattern
- Pulmonary osteomas



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- Spondylosis deformans

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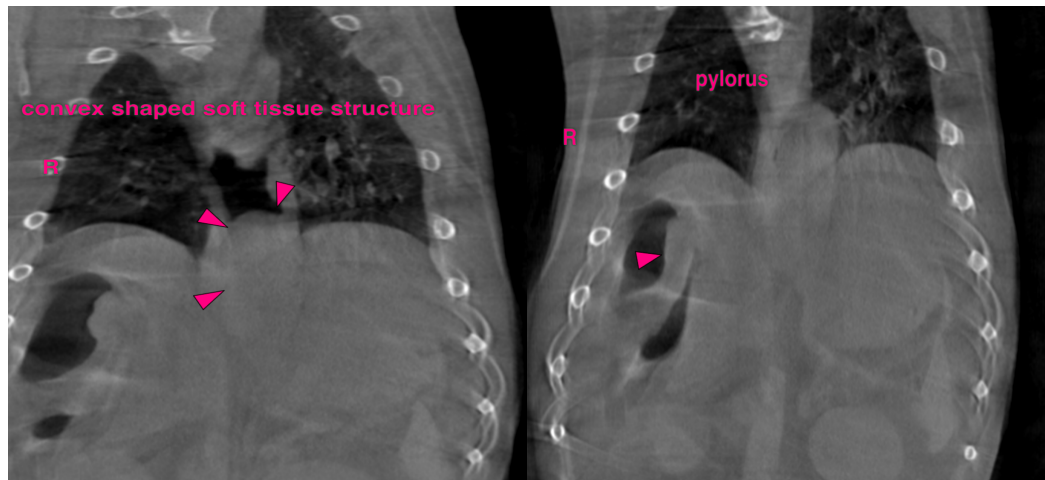
11/7/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, assessment of the soft tissue structures is limited in plain CT only. The soft tissue material in the caudal segment of the esophagus can present reflux of gastric content into the esophagus or an esophageal soft tissue mass – neoplasia (e.g. leiomyoma, leiomyosarcoma, carcinoma) or granuloma. Recommend complementing workup by esophagoscopy to rule in/out esophageal mass.

No overt mass of the gastric wall or pyloric region or mechanical obstruction of the intestinal tract is appreciated.

The ventrally accentuated alveolar pattern can be indicative for aspiration pneumonia.



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
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