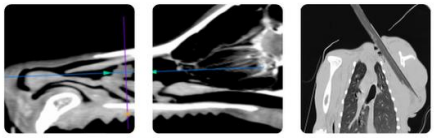

PATIENT

Mia Roman

SPECIES

Canine

BREED

Shih Tzu

SEX

SF

AGE

11Y

WEIGHT

15.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno (CVT) - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. JL. Sosa, DVM

INVOICE

73034

DATE

12-17-25

PRESENTING CLINICAL SIGNS

Patient is weak and lethargic. Difficult walking and standing. Increase in WBC and path review that indicates possible neoplastic or inflammatory process. Radiographs Report Conclusion SignalPET: The noted pulmonary bulla could indicate underlying airway inflammation from a variety of causes. In the absence of clinical signs or a pneumothorax this may be clinically insignificant at this time. The thin pleural fissures may be due to scant pleural effusion. Pleuritis and pleural fibrosis are other possible considerations. Generalized hepatomegaly is non-specific, but a benign hepatopathy, such as vacuolar hepatopathy, is prioritized. Hepatitis or infiltrative neoplasia are less likely differentials. In the absence of supportive clinical signs of obstruction, the urinary bladder distension is likely due to lack of recent urination. Path Review: Red cell density is adequate with no hemotrophic parasites or red cell morphologic abnormalities noted. Platelet density appears adequate with mild clumping. WBC differential is verified. A neutrophilia with a left shift and a monocytosis are present, consistent with an inflammatory leukogram. Differential considerations include disorders characterized by suppuration, necrosis, malignancy, hemolysis, hemorrhage, immune injury, and pyogranulomatous diseases.
Abnormal PE/Chem/CBC/UA Results: CBC --- (12/8/2025): RBC mild decreased (5.36), HCT mild decreased (37.1), WBC severe increased (42.05), NEU severe increased (36.31), MONO mild to moderate increased (2.07), BASO mild increased (0.17) (12/13/2025): WBC severe increased (50.40), NEU severe increased (43.34), MONO moderate to severe increased (3.02) CHEM --- (12/8/2025): Calcium mild decreased (7.8), GLOB mild increased (5.4), ALP mild increased (315), LIPA mild decreased (150) Culture Blood Aerobic/Anaerobic --- (12/16/2025): NO GROWTH AFTER 24 HOURS.

COMPUTED TOMOGRAPHY OF THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The fat caudal to the right axillary region presents moderate fat-stranding. The axillary lymph nodes bilaterally are prominent.

The right epaxial musculature level T12 to L1 presents a post contrast peripheral contrast enhancing and central hypoattenuating lesion; measuring approximately 7 x 17 x 46 mm.

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.

Multiple prominent interstitial bands are extending from the periphery into the lung parenchyma. 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

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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 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 body of the pancreas presents a decreased volume of the pancreatic lobules with interspersed fat – resulting in a feathered appearance. 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.

The bony and surrounding soft tissue structures reveal no abnormalities.

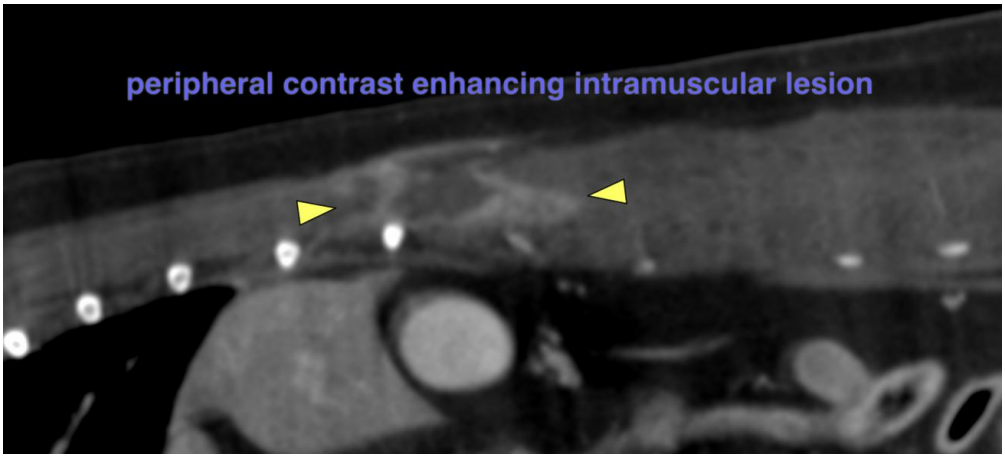
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Localized myositis right epaxial musculature T12 to L1
- Cellulitis caudal to the right axillary region – can be a sequela to preceding injection
- Lymphadenopathy axillary lymph nodes
- Multiple prominent pulmonary interstitial bands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strong peripheral contrast enhancing lesion in the right epaxial musculature level T12 to L1 is consistent with myositis and possible early stage of abscess formation – a differential is myositis due to preceding intramuscular injection. Ultrasound of the respective region can be used as advanced imaging modality ± FNA sampling.

The prominent interstitial pulmonary bands are indicative for pulmonary fibrosis.



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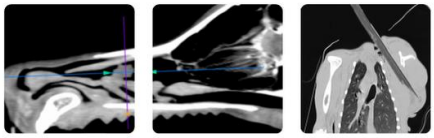

Teleradiology
Educational Teleconsultation Services™

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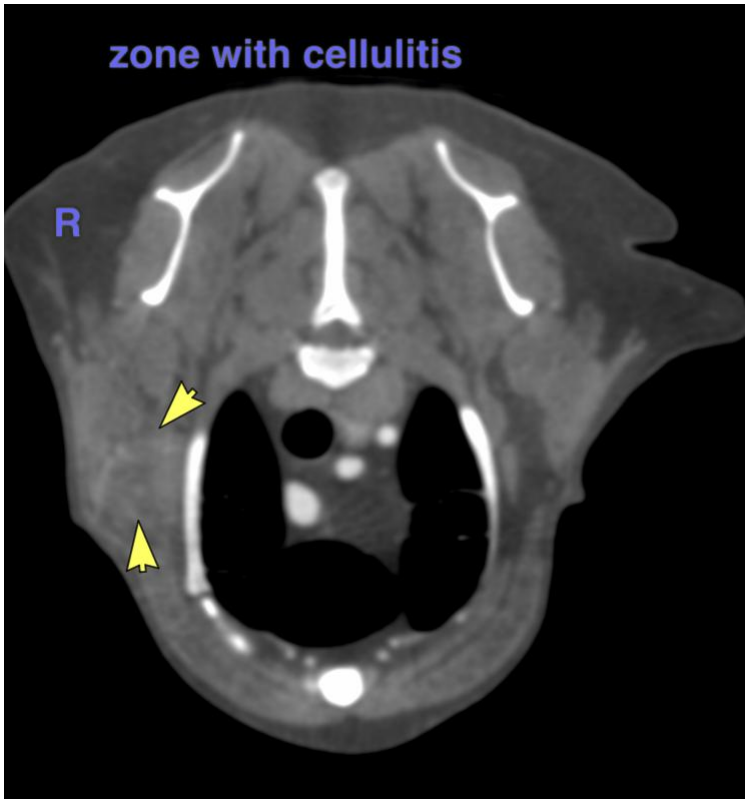

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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