



## PATIENT

Rocky Wood

## SPECIES

Canine

## BREED

Mix

## SEX

MN

## AGE

10

## WEIGHT

24kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Runde

## HOSPITAL NAME

Northeast Veterinary  
Referral Hospital

## REFERRING VET

Dr. Runde

## INVOICE

73031

## DATE

12-17-25

## PRESENTING CLINICAL SIGNS

Presented for an acute onset of not eating about 5 weeks ago. There has been 1 episode of vomiting, no known toxin or foreign body ingestion. radiographs/ultrasound show an enlarged spleen/liver. Patient has not previous problems.

Abnormal PE/Chem/CBC/UA Results: sdma 16, bun 6, alt 494, ALP>2000, hct 25.7

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal & cranial mediastinal lymph nodes are moderately enlarged, rounded and uniform contrast enhancing. The tracheobronchial lymph nodes are prominent.

In the pleural cavity, a small volume of gravity dependent, fluid attenuating material is seen, and the dorsal dependent aspects are retracted from the thoracic wall by the fluid attenuating material.

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 the expected architecture and attenuation behavior.

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.

The mesenteric and hypogastric lymph nodes are generalized mild to moderately prominent.

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.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The splenic volume is generalized significantly increased and the splenic margins are rounded. The splenic parenchyma is uniform soft tissue attenuating and has a generalized mild irregular contrast enhancement pattern – presenting multiple irregular mild hypoattenuating regions.

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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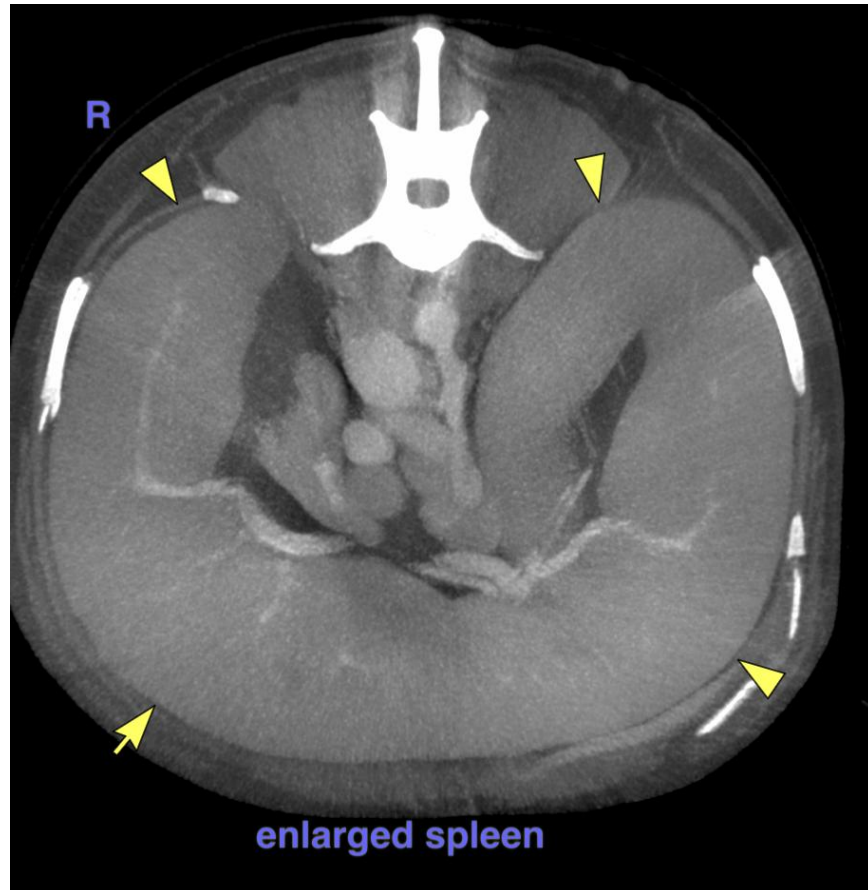
The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy sternal, cranial mediastinal, tracheobronchial, mesenteric and hypogastric lymph nodes
- Splenomegaly with an irregular contrast enhancement pattern
- Mild pleural effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential causes for splenomegaly include neoplasia (especially lymphoma), extramedullary hematopoiesis, lymphoid or myeloid hyperplasia, and infectious diseases. In combination with the enlarged lymph nodes the odds for underlying lymphoma are high. Ultrasound guided FNA sampling of the spleen and enlarged lymph nodes is recommended for specification.





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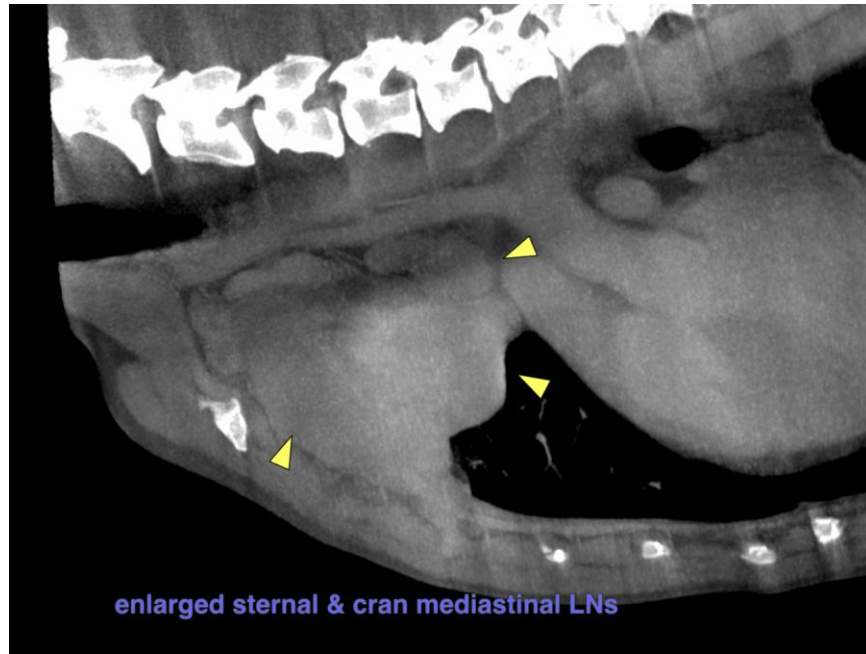
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)