



## PATIENT

Sansa Delgado

## SPECIES

Canine

## BREED

Doberman

## SEX

Female

## AGE

8Y

## WEIGHT

64

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

HVSFA

## HOSPITAL NAME

Hospital Veterinario  
San Francisco de Asis

## REFERRING VET

Dra. Irizarry

## INVOICE

73035

## DATE

12-17-25

## PRESENTING CLINICAL SIGNS

Patient presents with inappetence and weight loss. Diagnostic workup including CBC, serum chemistry, and cPL revealed anemia and acute pancreatitis. The patient was treated with metronidazole and prednisone, with initial improvement in appetite; however, appetite subsequently declined again. Three days ago, the patient was admitted to the hospital and was found to have azotemia, for which aggressive intravenous fluid therapy at twice maintenance was initiated. The patient has a history of heartworm disease and was treated with melarsomine (Immiticide) approximately four months ago.

## 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 axillary, sternal and cranial mediastinal lymph nodes are moderately enlarged and uniform contrast enhancing.

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 multiple zones with an alveolar pattern of the caudodorsal dependent aspects of the lung – presenting a decreased volume. Post contrast administration in the peripheral pulmonary arteries of the right caudal lung lobe, intraluminal filling defects are appreciated.

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

### Abdomen

The retroperitoneal fat presents moderate soft tissue striation.

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 urinary bladder is moderately distended by fluid attenuating material. The urinary bladder wall is prominent and irregular.

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.



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The subcutaneous fat along the dorsal aspect of the lumbar spine presents significant soft tissue striation.

The medial iliac and aortic lymph nodes are moderately prominent and rounded.

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

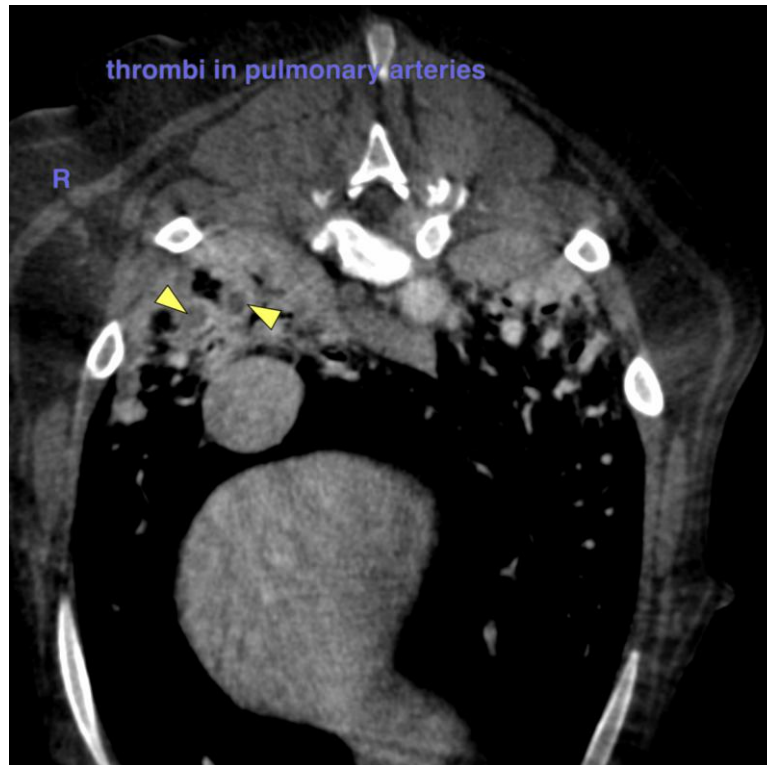
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy sternal, cranial mediastinal, axillary, aortic and medial iliac lymph nodes
- Subcutaneous cellulitis along the dorsal aspect of the lumbar spine
- Irregular thickened urinary bladder wall – highly suggestive for cystitis
- Pulmonary thromboembolism caudal aspect right caudal lung lobe
- Osteoarthritis coxofemoral joints due to hip dysplasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymphadenopathy and cellulitis along the dorsal aspect of the back are the main findings and can be a sequela to reactive lymphoid hyperplasia due to systemic inflammatory response or can indicate neoplastic infiltration such as round cell tumor. Recommend FNA sampling of the enlarged axillary ± intrathoracic/abdominal lymph nodes and subcutaneous tissue along the dorsal aspect of the lumbar spine as advanced diagnostic tests.

The pulmonary thromboembolism can be a sequela to the history of heartworm infection or pancreatitis. A hypercoagulable state as a paraneoplastic issue is a potential as well.





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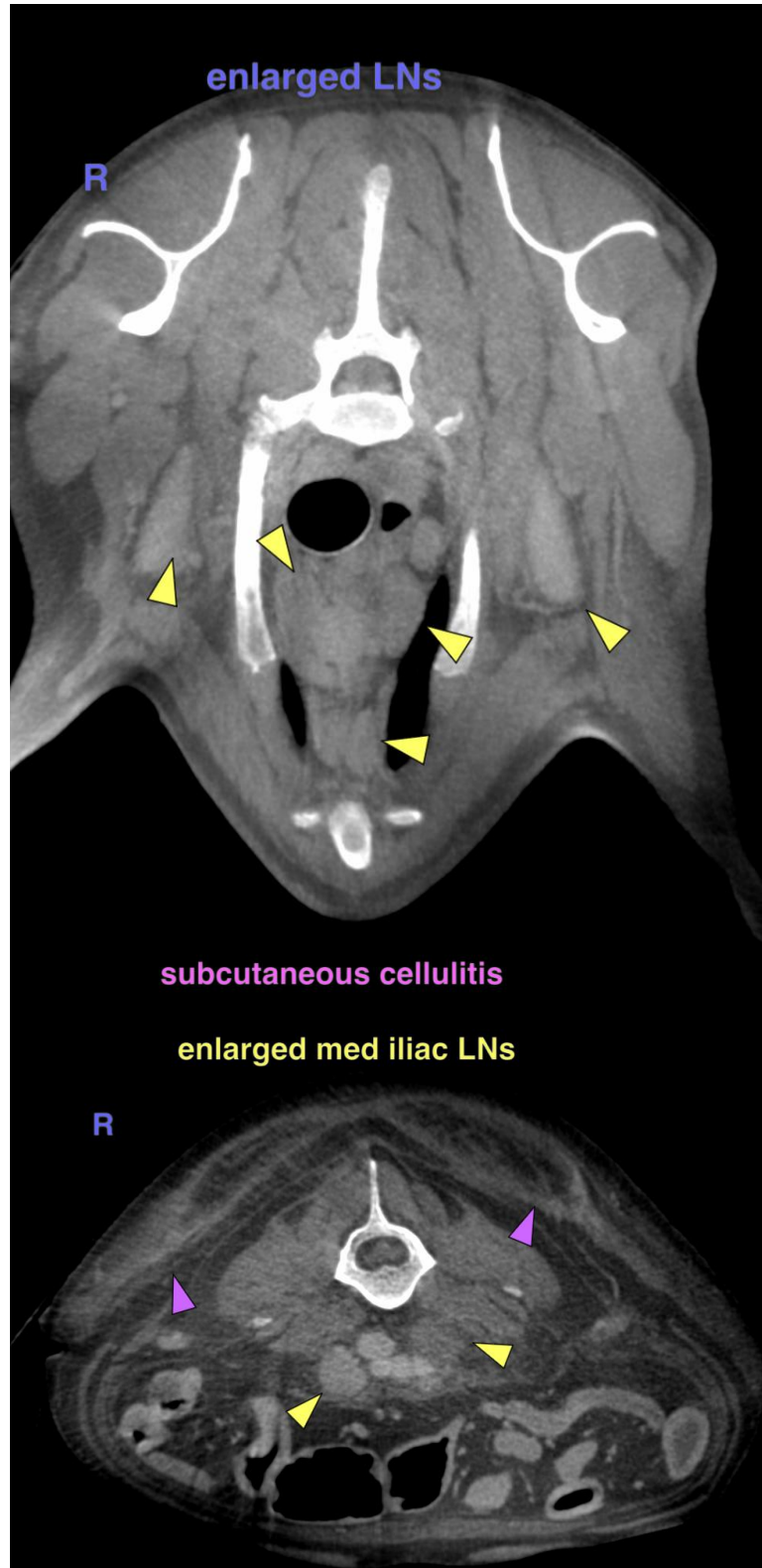
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)