



PATIENT

Maggie Zulauf

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female Spayed

AGE

6Y, 7M

WEIGHT

43.6kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Blakely

INVOICE

72846

DATE

12-3-25

PRESENTING CLINICAL SIGNS

mass on the left maxillary lip region. first noticed near the end of October. Owner reported that the mass did appear to get bigger/smaller intermittently. It was initially evaluated at the pDVM with aspiration and confirmed as a mast cell tumor. Biopsy of the mass was performed mid-November and returned as a grade I MCT. prescribed diphenhydramine and famotidine by the pDVM. history of possible lower lumbar IVDD.
Abnormal PE/Chem/CBC/UA Results: wnl

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

A supernumerary triadan 311 and 411 are visible.

In the subcutaneous tissue lateral to the alveolar bone of triadan 204, a well-defined, uniform soft tissue attenuating and contrast enhancing mass is seen; measuring 3.0 x 1.5 x 3.0 cm; no abnormalities of the maxillary bone level with the mass is appreciated.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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 left mandibular lymph nodes are mildly prominent.

Thorax

The vertebral endplates along the thoracolumbar junction present mild spondylosis formation.

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.

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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Parts of the lateral abdominal wall are cropped by the field of view.

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 right and left renal lymph nodes are prominent, R>L.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass rostral aspect left upper lip without signs of osseous involvement
- Lymphadenopathy renal lymph nodes
- Mild lymphadenopathy left mandibular lymph nodes
- Spondylosis deformans thoracolumbar junction
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The odds for soft tissue neoplasm of the left upper lip are high – such as mast cell tumor, melanoma or sarcoma. Benign differentials can include fibroma or granuloma. FNA sampling/biopsy is warranted for specification and should be complemented by FNA sampling of the left mandibular lymph nodes.

If possible, ultrasound guided FNA sampling of the prominent renal lymph nodes is considered beneficial as well.



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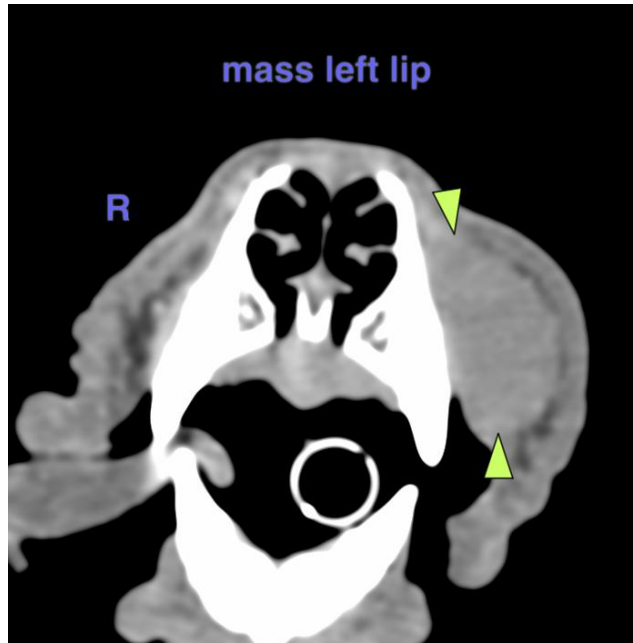
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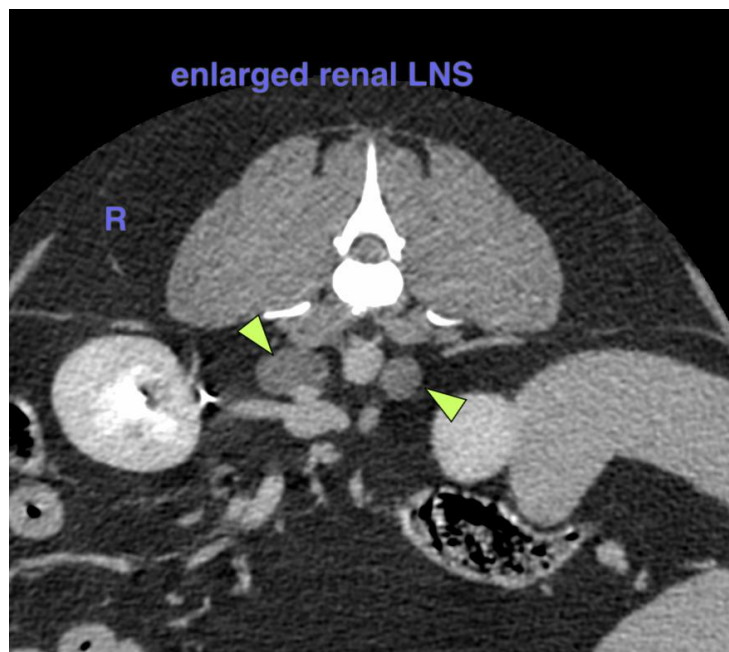
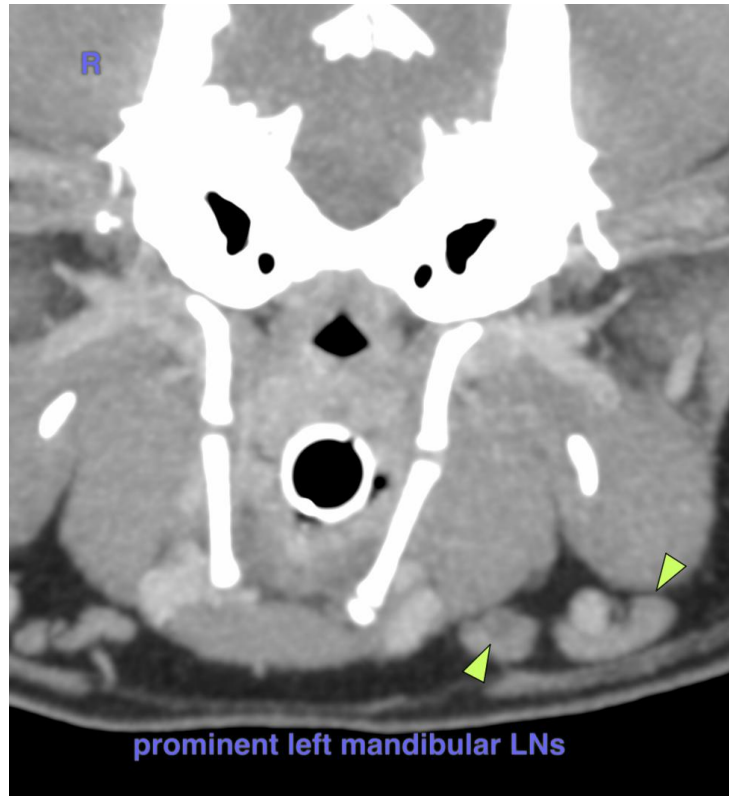
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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