

Diagnostic Imaging

Veterinary CT, Ultrasound & Telectology Services
veterinarian referral only

PATIENT

Quinn Wilson

SPECIES

Canine

BREED

Schnauzer X

SEX

Neutered Male

AGE

8 Years

WEIGHT

21.4 Pounds

INTERPRETED BY

Sebastian Schaub,
DVM, Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

SonoPath Imaging
Center

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

35768

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Back pain, possible lesion on spine, rule out meningitis. Current Medications: Prednisone, Methocarbamol.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & CERVICAL SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 208 and 406 are absent.

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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The left pedicle, left lamina, and left aspect of the vertebral body of C4, the vertebral body of T1, spinous processes T10/T11, L4, 12th left rib and the distal aspect of the left scapula present an ill-defined zone with permeative osteolytic lesions along with immature mild periosteal new bone formation. Post contrast administration, a strong contrast enhancing soft tissue swelling is associated with the osteolytic lesions; level C4 the soft tissue material is protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level. The dural tube level C4 is deviated to the left and distorted by the contrast enhancing soft tissue mass.

Throughout the pictured parts of the lung, multiple well-defined, randomly distributed soft tissue attenuating nodules are seen.

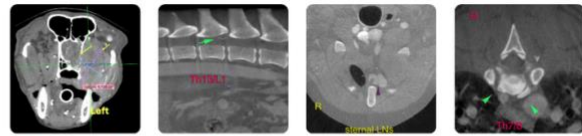
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesions axial and appendicular skeletal structures with associated soft tissue component and invasion of the vertebral canal
- Structured nodular interstitial lung pattern
- Absent triadan 208 and 406

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyostotic aggressive osteolytic lesions are consistent with primary soft tissue neoplasm – such as carcinomatosis, round cell tumor (e.g. histiocytic sarcoma, myeloma), hemangiosarcoma. Theoretically primary polyostotic osteosarcoma is a less likely differential as well. FNA sampling of the lesion of the 12th left rib can be used for specification.

The nodular lung pattern is compatible with lung metastasis.



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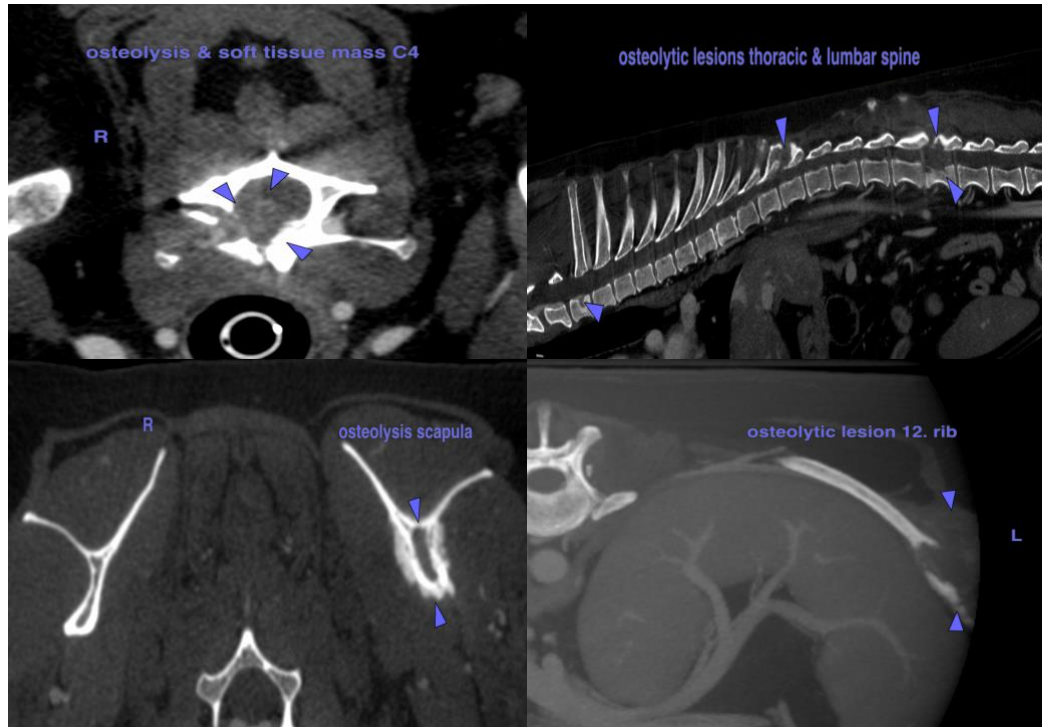
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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