

PATIENT

Lulu Kelly

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

7 Years

WEIGHT

24.3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Jenn C

HOSPITAL NAME

Pet Emergency &
Referral Center- NVA

REFERRING VET

Dr. Michael West

INVOICE

13088

DATE

01/09/26

PRESENTING CLINICAL SIGNS

Patient had injury on 12/29/25 and started limping with mild swelling of the right proximal pelvic limb. Came in for anorexia, lameness, swelling of the limb and vomiting was found to have a GI foreign body, had an endoscope, was scoped to remove the foreign body, was found to have erosive, an abnormal mucosa of the stomach and intestines, had diagnostic biopsies that are pending of the GI tract. Patients started on antibiotics and general supportive care, and the limb has become discolored and more swollen in the indemnitous. Patient does have a low albumen chronically. The latest albumen is one. 3 grams per deciliter. Concerns about injury versus neoplasia or possibly even a foreign object somewhere in the limb causing swelling, fever, discoloration.

COMPUTED TOMOGRAPHIC STUDY OF THE STIFLE JOINTS

A high resolution pre- and post-contrast CT study of the stifle joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right medial & lateral iliac lymph node and the left popliteal lymph node are moderately prominent.

The left hind limb presents a generalized subcutaneous edematous soft tissue swelling along with generalized soft tissue striation of the subcutaneous fat.

Both stifle joints present smooth margins of the periarticular bones and no evidence of an intracapsular soft tissue swelling.

The soft tissue structures of the right hind limb are within normal limits.

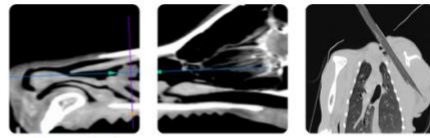
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized edematous swelling left hind limb
- Lymphadenopathy left medial & lateral iliac lymph node and left popliteal lymph node
- No evidence of aggressive bone lesion
- Normal stifle joint bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of edematous swelling of the left hind limb but fails to reveal an underlying cause. Considerations are inflammatory (e.g. phlegmon, snake/insect bite, etc.), paraneoplastic (e.g. mast cell tumor, lymphoma), vasculitis, lymph edema, other. Complementing workup by an ultrasound examination appears beneficial to screen for fluid accumulation that may be missed by CT. If diagnostic tests are inconclusive FNA sampling or biopsy of the swelling can be performed for further workup as well.

Ultrasound guided FNA sampling of the prominent regional lymph nodes can be beneficial as well.



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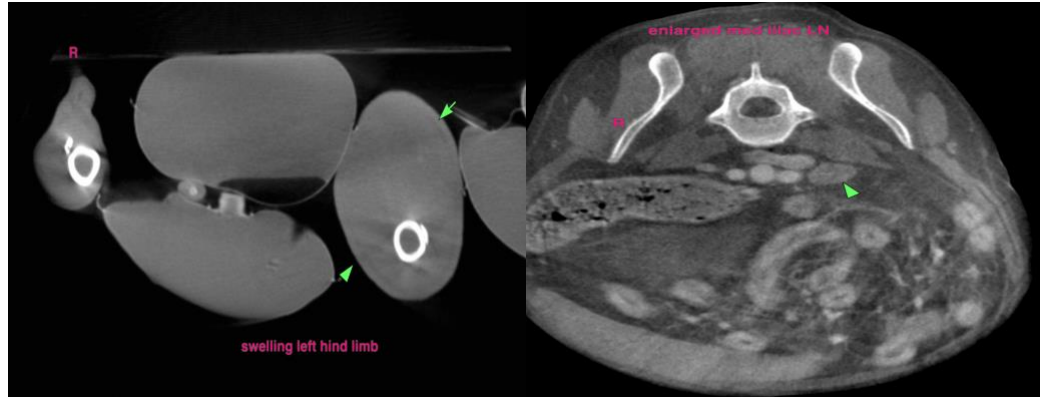
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
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