



**PATIENT**

Sadie Mr Guy

**PRESENTING CLINICAL SIGNS**

Regurgitation on and off vomiting, O concerned re mets, if claeer will sens for referral  
 Abnormal PE/Chem/CBC/UA Results: On and off vomiting, regurgitation, check for mets in  
 Abdo and thorax if NAD may refer. Blood NAD

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

Border Collie

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**SEX**

Female Neutered

Multifocal mild spondylosis formation is seen along the thoracic spine. Both shoulder joints present mild to moderate osteophyte new bone formation. In the cranial aspect of the proximal metaphysis of the left humerus, a well-defined geographic osteolytic lesion is visible, measuring 2.5 mm in diameter.

**AGE**

7 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Myerscough  
 Veterinary Group

In the medial aspect of the left caudal lung lobe, a small region with ground glass attenuating parenchyma is visible. 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.

**REFERRING VET**

Julie Bettess

Abdomen

Moderate motion artifacts are noted throughout the cranial abdomen.

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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.

**DATE**

2-11-22

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.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The coxofemoral joints present mild osteophyte new bone formation.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Small region with unstructured interstitial pattern left caudal lung lobe
- Suspect fatty bone marrow replacement left proximal humeral metaphysis
- Mild degenerative osteoarthritis coxofemoral joints & shoulder joints
- Spondylosis deformans
- Normal abdomen

**BREED**

Border Collie

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Female Neutered

The small region of interstitial lung pattern in the left caudal lung lobe is most consistent with a region of fibrosis, pneumonitis or granuloma. The odds for neoplastic origin are considered low. In case of doubt a follow up CT scan in 4-6 weeks can be used to check for any progressive changes of the pulmonary lesion.

**AGE**

7 Years

No additional clinically relevant pathologies are appreciated.

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**REFERRING VET**

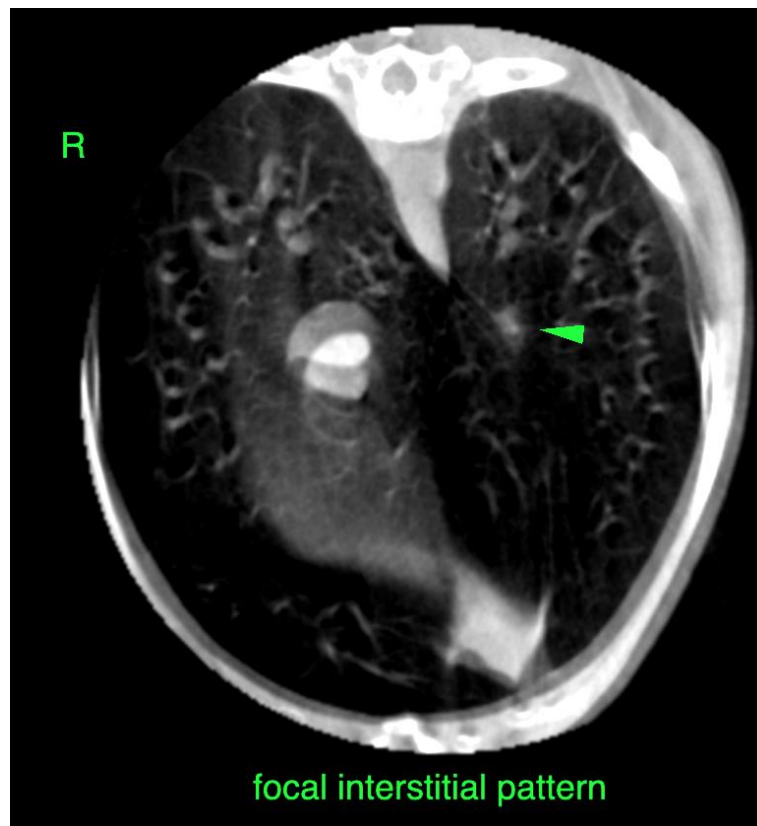
Julie Bettess

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**SPECIES**

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**BREED**

Border Collie

**SEX**

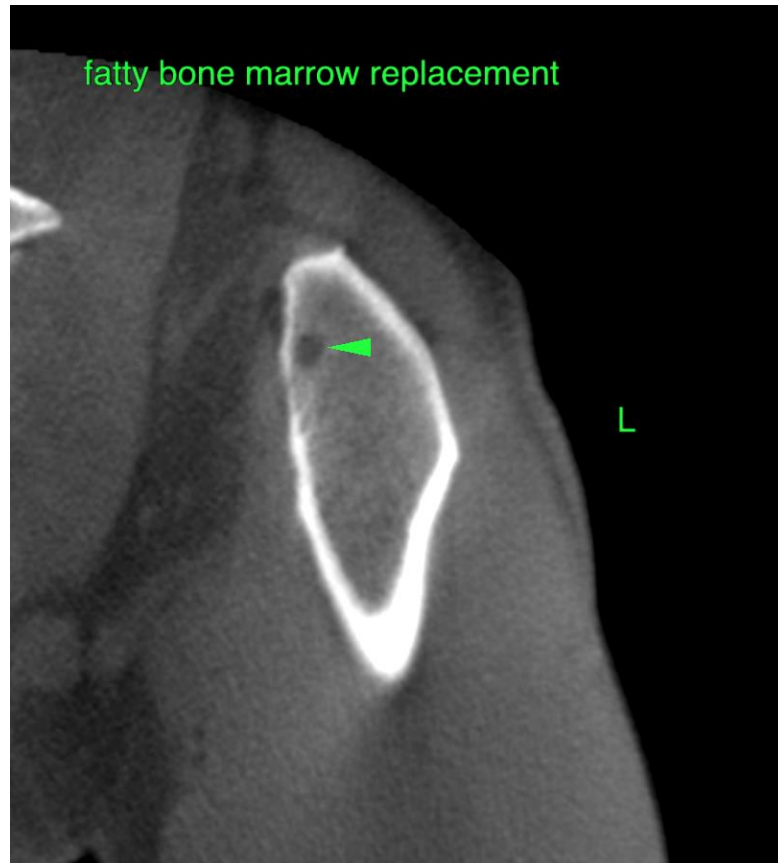
Female Neutered

**AGE**

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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  
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