



PATIENT

Winnie Mora

SPECIES

Canine

BREED

Labradoodle

SEX

Female Spayed

AGE

6Y

WEIGHT

45.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73568

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- EPISTAXIS
- Please list any current medications
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- UNKNOWN

Abnormal PE/Chem/CBC/UA Results: PE: Normal. Vitals WNL. Dental Calculus (3/4)

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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.

Thorax

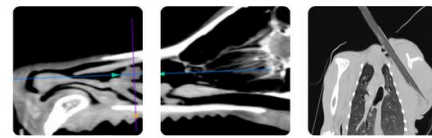
In the subcutaneous tissue lateral to the right scapula, a zone with soft tissue striation of the subcutaneous fat is seen.

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.



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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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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 adrenal glands are within normal limits for size, shape and organ architecture.

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The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The caudal extremity of the spleen, presents a spherical, uniform soft tissue attenuating and mild irregular contrast enhancing mass; measuring approximately 5.7 cm in diameter and protruding beyond the splenic surface.

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The pancreaticoduodenal, lienal and hepatic lymph nodes are moderately prominent and rounded.

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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 periarticular bones of both coxofemoral joints present moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenic soft tissue mass
- Lymphadenopathy liena, hepatic and pancreaticoduodenal lymph nodes
- Normal skull
- Normal thorax

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The main findings are the splenic soft tissue mass along with enlargement of multiple cranial mesenteric lymph nodes – increasing the odds for splenic soft tissue neoplasia such as lymphosarcoma or hemangiosarcoma. The presenting epistaxis can be paraneoplastic. Ultrasound guided FNA sampling of the splenic mass and enlarged lymph nodes is beneficial prior to considering surgical management.

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There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis. Other differentials for epistaxis include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. round cell tumor – see splenic mass, Leishmaniosis), other causes for coagulopathy or systemic hypertension.

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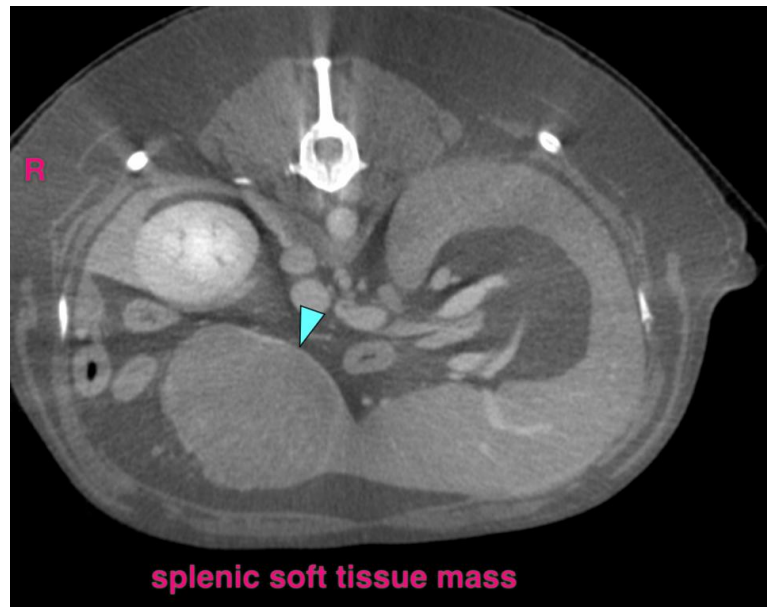
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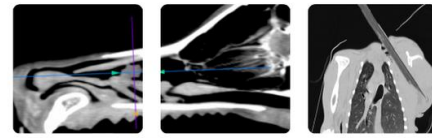
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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