



PATIENT

Nessa Riley

SPECIES

Spayed Female

BREED

Weimaraner

SEX

Spayed Female

AGE

5

WEIGHT

28

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35934

DATE

2/20/26

PRESENTING CLINICAL SIGNS

History: straining to defecate, reduced appetite

Abnormal PE/Chem/CBC/UA Results: cbc mild neutrophilia, alpk 450

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation 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.

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

Abdomen

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 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 rectum is mildly distended by feces – the wall is mildly prominent, considered as a sequela to the filling status.

The colonic lymph nodes are prominent, and the surrounding fat presents mild soft tissue striation.



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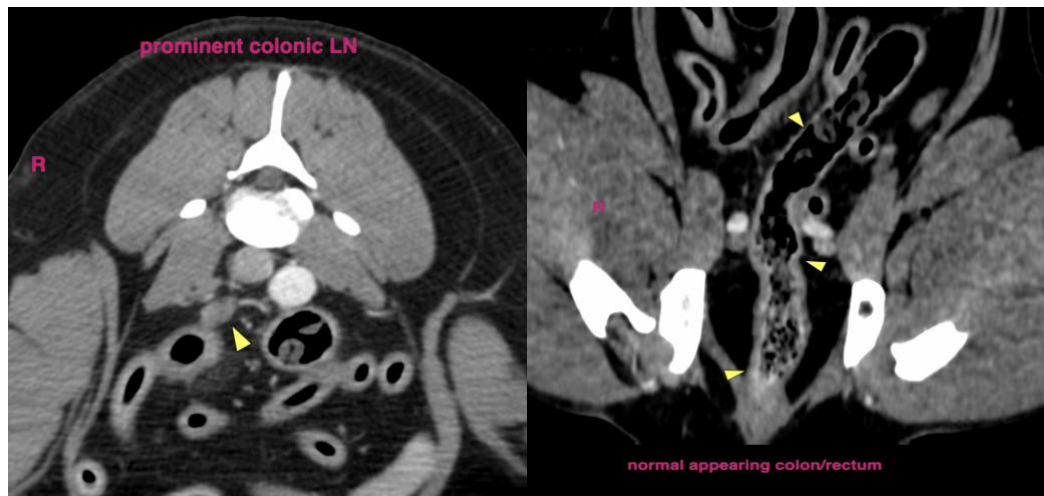
Level with the intervertebral disc space L3/L4, mineralized disc material is protruding into the vertebral canal, occupying approximately 15% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy colonic lymph node with mild surrounding peritonitis
- Intervertebral disc protrusion L3/L4 with possible dynamic myelocompression
- Spondylosis deformans
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent colonic lymph node along with the localized mild peritonitis is suggestive for reactive lymphoid hyperplasia – indicating inflammation in the tributary region (e.g. proctitis). The colon and rectum reveal no overt abnormalities that can explain the described clinical signs. If not done so yet, a digital rectal exam is advised.



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. DipECVCI
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