



## PATIENT

Bentley Sprouse

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

7Y

## WEIGHT

28.9kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Josh K.

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Dr. Matthew Keats

## INVOICE

73908

## DATE

2-23-26

## PRESENTING CLINICAL SIGNS

- Anorexia, lethargy, and soft/runny stools for approx. 4 weeks. First exam 02/03/26. No improvement on Cerenia (injectable + oral) or mirtazapine.
- On PE 02/20/26, soft tissue mass palpated in abdomen. Abd rads concerning for diaphragmatic hernia with contents in thx cavity.
- Presented to surgeon on 02/23/26 for hernia repair but CT scan performed instead. Aspirates to be taken of spleen + lymph nodes.

Abnormal PE/Chem/CBC/UA Results: LYM 0.63 K/uL, normal chem + coag panel.

## 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.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

In the pleural cavity, a moderate amount of gravity dependent, fluid attenuating material is visible. The lung lobes are retracted from the thoracic wall by the fluid attenuating material. The ventral dependent aspects of the lung present zones with dystelectasis.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are significantly enlarged, rounded and present a mild irregular contrast enhancement pattern.

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.

The abdominal lymph nodes are generalized prominent – with severe enlargement of a jejunal lymph node forming a mid-abdominal mass

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

The bony and surrounding soft tissue structures reveal no abnormalities.



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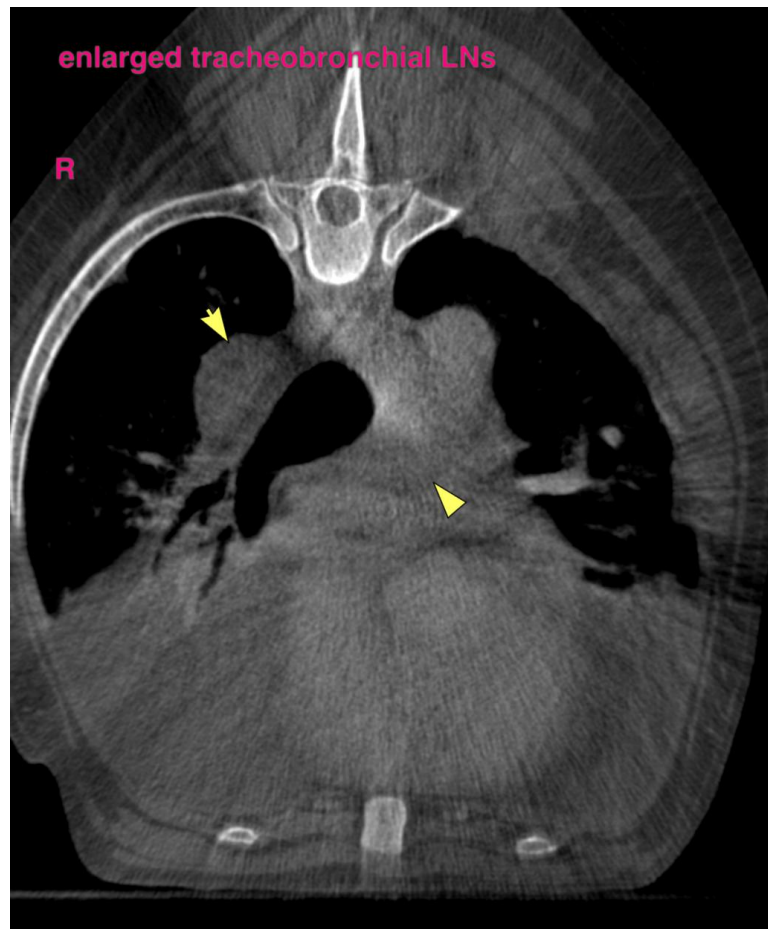
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy multiple intrathoracic and intraabdominal lymph nodes
- Pleural effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings with enlargement of multiple thoracic and abdominal lymph nodes is compatible with underlying round cell tumor such as lymphoma or histiocytic sarcoma. FNA sampling has already been performed for confirmation.

The pleural effusion is a paraneoplastic finding.





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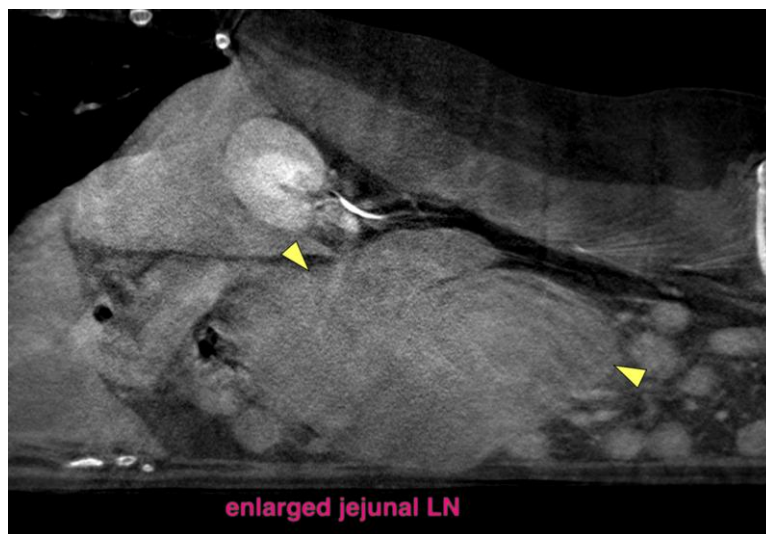
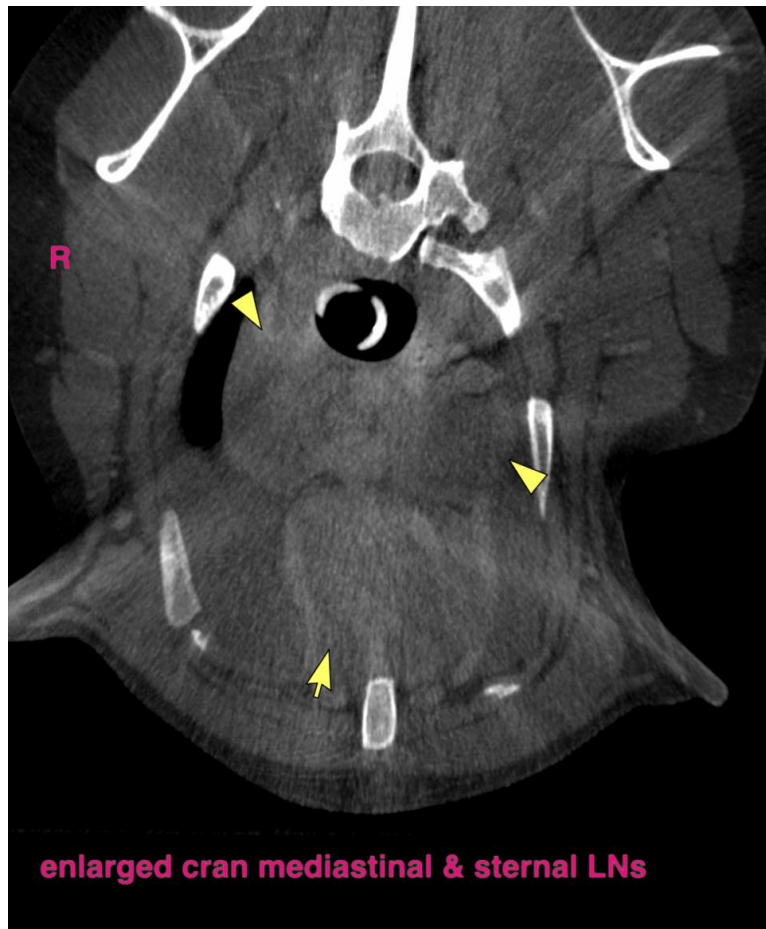
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)