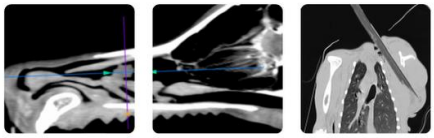

PATIENT

Grover Babecki

SPECIES

Canine

BREED

Pyrenees

SEX

Male

AGE

5Y

WEIGHT

84lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Baumert

INVOICE

73903

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- Chronic and steadily progressive GI symptoms started in November 2025, mainly with recurrent loose stool to diarrhea.
- Vomiting developed February 2025
- Abdominal ultrasound performed 2/17 found a small splenic mass, otherwise no obvious abnormalities
- Blood work on 2/17 showed mild elevations in ALP, ALT, GGT, and cPL
- Thoracic CT included for metastatic check

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.

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, but zones with dystelectasis of the right lung.

The esophagus is generalized mild to moderately distended by gas and gravity dependent fluid attenuating material.

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 prostate is symmetric and has a homogeneous soft tissue attenuating and contrast enhancing parenchyma.

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

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

At the right margin of the liver, fain convex bulging of the splenic surface is appreciated along with a mild irregular contrast uptake at the same level.

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 bony and surrounding soft tissue structures reveal no abnormalities.

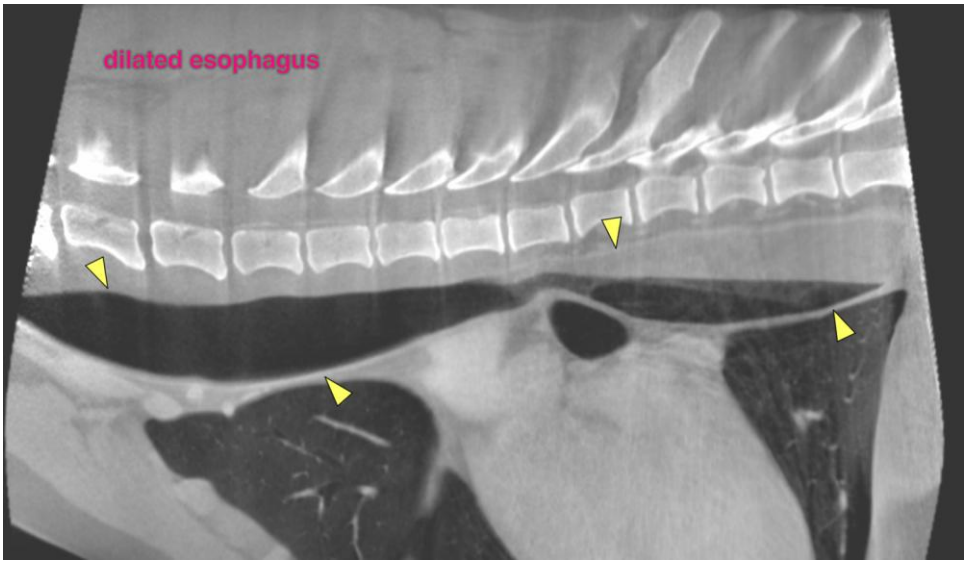
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Dilated esophagus
- Small splenic soft tissue nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The esophageal dilation can be a transient finding due to general anesthesia (prioritized). A differential is megaesophagus (e.g. idiopathic, Myasthenia gravis, Addison syndrome, (paraneoplastic)).

The abdomen reveals no abnormalities that do explain the presenting clinical signs. The splenic nodule is most suggestive for benign nodular hyperplasia, FNA sampling may be performed to screen for malignancy. A follow up ultrasound examination in 3-6 month can be considered to check if the splenic lesion is increasing in size.



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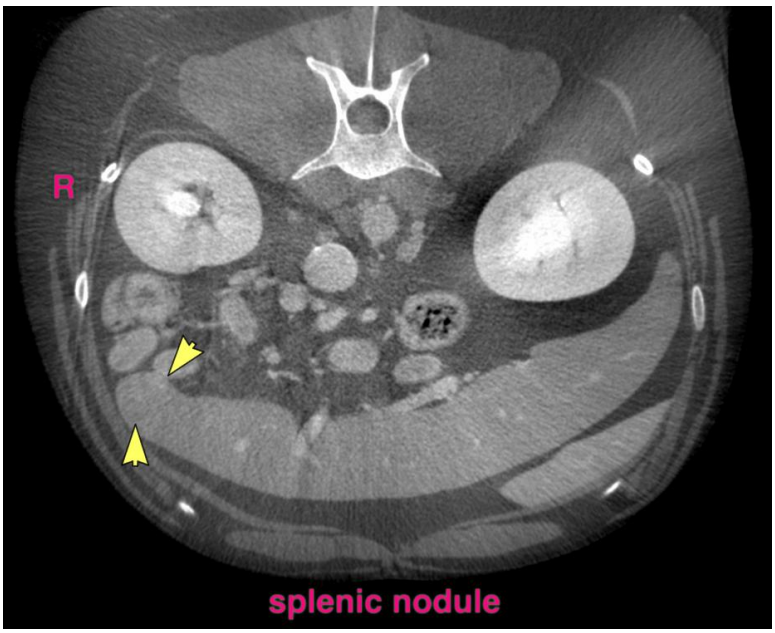

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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