



PATIENT

Holly Barrett

SPECIES

Canine

BREED

Mix Breed

SEX

Spayed Female

AGE

11 Years

WEIGHT

50 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Heron Lakes AH

REFERRING VET

Dr. Lera

INVOICE

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DATE

2/26/26

PRESENTING CLINICAL SIGNS

- P presented for 2nd opinion on lameness of HL leg. 1.5 weeks ago p started limping. O went to another vet that prescribed Enrofloxacin
- 136mg Tablet, Amoxicillin/Clav 375mg Tab Gabapentin 300mg Capsule. Primary vet prescribe entyce and prednisone. P is limping on it,
- the same. P was running in the yard when the injury happened. No s/c/v/d. E/D normally. U/D normally.
- Severe pitting edema in left hindlimb.
- Abnormal PE/Chem/CBC/UA Results: CBC - mild neutrophilia. Xrays - Radiographs showed soft tissue thickening in the left limb and bilateral joint effusion, suggestive of chronic cranial cruciate ligament disease.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX, ABDOMEN, PELVIS AND HIND LIMBS

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 prominent.

Thorax

The superficial cervical and axillary lymph nodes are prominent.

Along the thoracic & lumbar spine, multifocal spondylosis formation is seen.

Multifocal along the thoracic and abdominal wall, well-defined, variable sized lipomas are seen.



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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.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior, with randomly distributed interspersed punctuate mineralization.

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

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Abdomen & Pelvis

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

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All mesenteric lymph nodes and the hypogastric lymph nodes are prominent and rounded; the attenuation and contrast enhancement pattern are uniform.

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.

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

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

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In the caudoventral aspect of the left medial liver lobe, a roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is seen; mildly protruding beyond the hepatic surface, measuring 5.5 cm in diameter.

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A small amount of gravity dependent, hyperattenuating sludge is appreciated in the gallbladder.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

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The subcutaneous tissue along the left caudal abdominal wall is swollen and presents a diffuse soft tissue striation – extending into the left inguinal region and along the subcutaneous tissue of the left hind limb.

The remainder of the osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.



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Hind Limbs

The left quadriceps muscle presents a diffuse significant soft tissue swelling with a heterogeneous contrast enhancement pattern.

The left hind limb presents a generalized circumferential subcutaneous edematous swelling.

The periarticular bones of both stifle joints present mild to moderate osteophyte new bone formation. Both stifle joints present a moderate intracapsular soft tissue swelling, distorting the infrapatellar fat pad cranially and the fascial plane caudally.

The left popliteal lymph nodes are prominent.

The periarticular bones of the tarsus bilaterally present mild osteophyte new bone formation.

The hind paws reveal no additional abnormalities of the osseous and surrounding soft tissue structures.

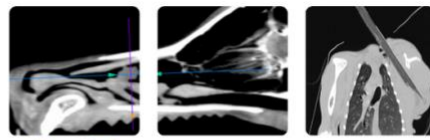
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Heterogeneous contrast enhancing swelling left quadriceps muscle with hypoattenuating center
- Generalized lymphadenopathy along the skull, thorax and abdomen along with the draining lymph nodes of the hind limbs
- Generalized significant subcutaneous edema along the left hind limb and left abdominal wall
- Degenerative osteoarthritis stifle joint bilaterally
- Articular swelling both stifle joints
- Irregular contrast enhancing hepatic mass caudoventral aspect left medial liver lobe
- Mineralizing biliary sludge without mechanical obstruction
- Multiple lipomas along the thoracic and abdominal wall
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized lymphadenopathy along with the mass in the left quadriceps muscle is concerning for underlying disseminated neoplastic disease, such as histiocytic sarcoma, lymphoma, hemangiosarcoma, other. A large abscess/phlegmon in the left quadriceps muscle is a differential. FNA sampling of the enlarged lymph node is advised along an ultrasound examination of the left quadriceps muscle including FNA sampling for specification.

The most common underlying cause for the degenerative joint disease along with joint effusion of both stifle joints is underlying pathology of the cranial cruciate ligament ± meniscal pathology.



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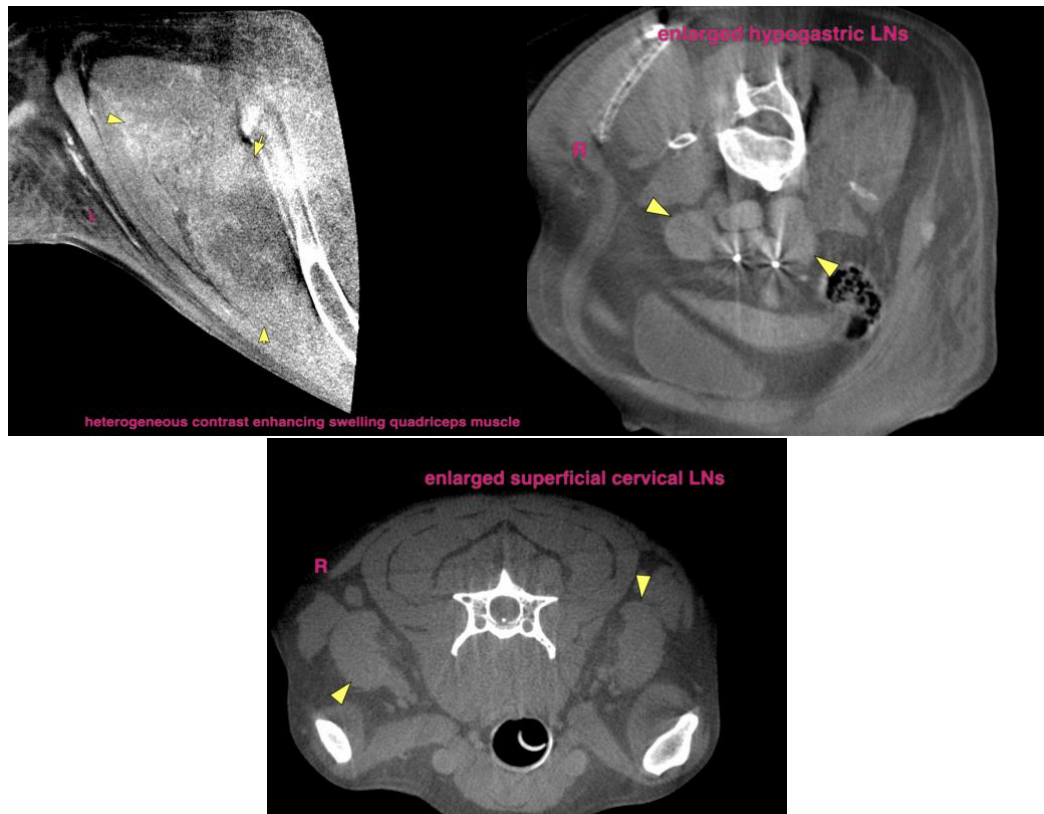
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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