



PATIENT

Cooper Whitehill

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

32.8 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

bn

HOSPITAL NAME

Bridgwater VH & WC

REFERRING VET

Dr. Mander

INVOICE

35759

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Jan 21/26: presented with lethargy for about 1 month. Also dry, "hacking" cough.
- PE: signs of left sided Horner's syndrome, weight loss (32.6kg on Jan 21/26, 34.3kg on May 2025).
- Mucous membranes pale, tense abdomen
- Abd rad: enlarged spleen, loss of detail cranial to spleen, potential mass effect central abdomen
- Thoracic rad: NSF Abd U/S: small nodule on spleen (suspect benign), cannot rule out GERD/GI ulcer due to large amt ingesta in stomach (had not eaten in 7-8 hours).
- No explanation for anemia on U/S.
- Jan28/26: recheck exam: lethargy as worsened, continued weight loss (32.1kg today)
- appetite is present but decreased.
- PE: mm pale pink, persistent left sided Horner' syndrome
- abdomen palp normal.
- Loss of muscle on the head but no pain or trouble swallowing_

Abnormal PE/Chem/CBC/UA Results: Jan 21/26: CBC/Chem17/T4: moderate, non-regenerative anemia. Chem is unremarkable. Jan 28/26: Repeated CBC/Chem17: anemia still present

COMPUTED TOMOGRAPHIC STUDY 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 is uniform.

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

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 bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities and an underlying cause for the anemia cannot be specified.

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. DipECVDI
info@sonopath.com