



## PATIENT

Barklee Parkinson

## SPECIES

Canine

## BREED

Pitbull

## SEX

Spayed Female

## AGE

11Y

## WEIGHT

28.2kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Lisette

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Dr. Samantha  
Parkinson

## INVOICE

74143

## DATE

3-11-26

## PRESENTING CLINICAL SIGNS

Incidental lung nodule found on CT scan prior to splenectomy on 10/01/25. Splenectomy + lung lobectomy (pulmonary carcinoma) performed on 10/02/25. Recheck thoracic CT to assess for changes to remaining pulmonary nodule not removed during lobectomy.

## 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 left caudal lung lobe is absent the respective bronchus presents a hyperattenuating stapler row in the hilar region. The lung parenchyma presents the expected architecture and attenuation behavior. The left crus of the diaphragm is in a relative cranial position due to the decreased volume in the left hemithorax.

In the medial aspect of the right cranial lung lobe, level with the 3<sup>rd</sup> right intercostal space, pulmonary nodular lesion, presenting mild feathered margins is seen; measuring up to 8 mm in diameter. The remainder of the lung parenchyma are aerated and present the expected architecture with randomly distributed interspersed punctuate mineralization.

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 right kidney presents a concave depression along the dorsal surface. 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.

The spleen is absent.

Protruding from the caudoventral aspect of the left medial liver lobe, an ovoid shaped, uniform soft tissue attenuating and mild irregular contrast enhancing mass is noted; measuring 7.6 x 5.3 x 6.8 cm. In the caudolateral aspect of the left medial liver lobe, a post contrast heterogeneous contrast enhancing intraparenchymal nodule is seen; measuring 18 mm in diameter. Throughout the remaining lung lobes, multiple post contrast hyperattenuating intraparenchymal nodules and well-defined roundish parenchymal filling defects are seen.

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.

Along the lumbar spine, multifocal spondylosis formation is seen.

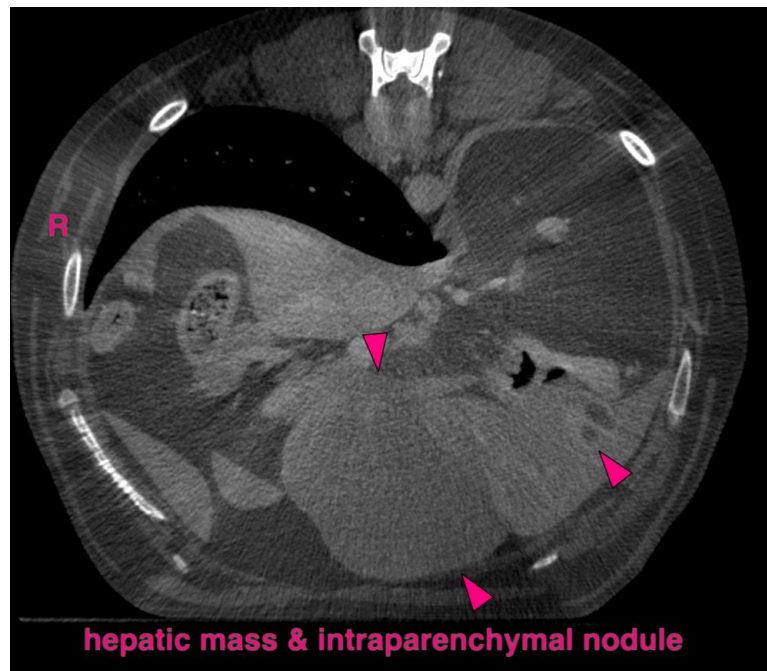
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of lobectomy left caudal lung lobe and splenectomy
- Solitary pulmonary soft tissue nodule right cranial lung lobe – increased in size in comparison to the preceding CT series
- Hepatic soft tissue mass left medial liver lobe and intraparenchymal nodule in the same liver lobe
- Multiple post contrast mild hyperattenuating intraparenchymal hepatic nodules
- Multiple simple hepatic cysts
- Right sided chronic renal infarction
- Pulmonary osteomas
- Spondylosis deformans

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary nodule in the right cranial lung lobe increased in size, increasing the odds of a pulmonary metastasis.

The hepatic soft tissue mass and intraparenchymal nodule can present benign regeneration nodule or primary hepatic neoplastic disease – such as hepatocellular adenoma/carcinoma. The multiple intraparenchymal hyperattenuating nodules can present regeneration nodules or metastasis. Ultrasound guided FNA sampling can be performed as minimally invasive advanced diagnostic test. Surgical management is considered feasible.





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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)