



PATIENT

Boo Blease

SPECIES

Canine

BREED

Fox Terrier

SEX

FS

AGE

9

WEIGHT

10

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Patricia Sanchez
Sanchez

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Patricia Sanchez
Sanchez

INVOICE

74204

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- Chronic cough with increased RR and abdominal effort. Getting worse.
- Weight loss
- Liver values mild-moderate elevated in bloods
- Hx of hypertension and proteinuria

Abnormal PE/Chem/CBC/UA Results: Liver values mild-moderately elevated

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

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

The middle tracheobronchial lymph node and the cranial mediastinal lymph nodes are prominent.

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.

Multifocal throughout the lung parenchyma, well-defined, variable sized, roundish, soft tissue attenuating mass with a mild irregular contrast enhancement pattern are seen; measuring up to 6 cm.

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 in the cranial pole of the right kidney, well-defined, roundish parenchymal filling defects are seen.

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.

In the subcutaneous tissue of the left flank, a well-defined, ovoidal shaped, soft tissue attenuating nodule is seen; measuring 16 x 9 x 19 mm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple pulmonary soft tissue masses



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- Lymphadenopathy middle tracheobronchial lymph node and multiple cranial mediastinal lymph nodes
- Non-specific subcutaneous nodule left flank
- Simple renal cysts right kidney
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary masses are compatible with primary pulmonary neoplasia – carcinoma is most likely. FNA sampling of the pulmonary masses – via the 5th/6th intercostal space – can be performed for confirmation. The pulmonary findings do explain the presenting clinical signs.

The odds for metastatic spread to the regional lymph nodes are high.





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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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