

PATIENT

Tallulah Jones

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

10

WEIGHT

16

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

74201

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- Mass noted in the R caudal mammary gland.
- Concerns about possible neoplasia.
- Metastasis check

Abnormal PE/Chem/CBC/UA Results: Mil increased PCV Mild increased ALT.

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 caudal thoracic spine, multiple thoracic vertebra are malformed and multifocal spondylosis formation is seen along the caudal thoracic spine and the lumbar spine.

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 ventral dependent aspects of the lung and multifocal 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. Level with the absent ovaries, a nodular lesion with central punctuate mineralization is seen; measuring < 3 mm.

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 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.

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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Multiple intervertebral discs along the lumbar spine present variable degree of central mineralization.

The right mammary complex #5 presents a generalized increased volume, rounded margins and heterogeneous contrast enhancement pattern; measuring 4.3 x 1.5 x 12.4 cm – extending caudally nearly up to the level of the vulva.

The right inguinal lymph node is mildly prominent.

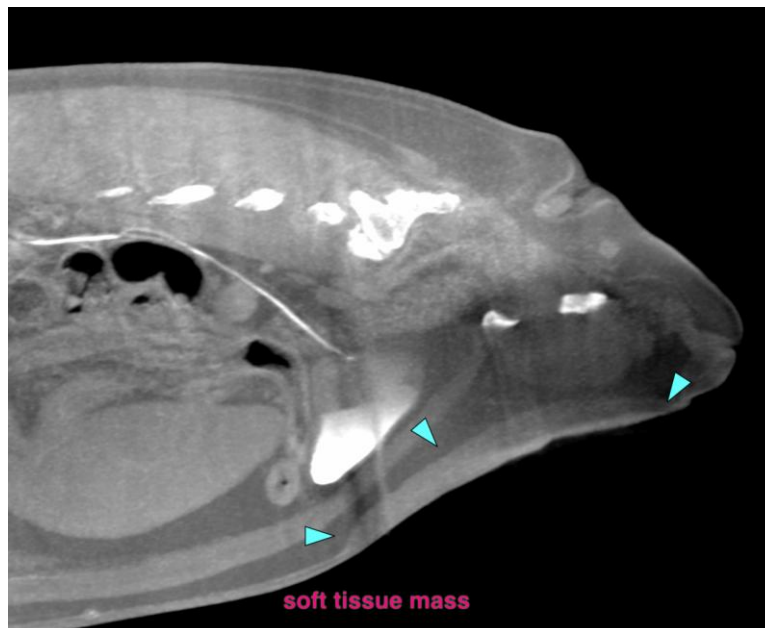
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass right mammary complex #5
- Lymphadenopathy right inguinal lymph node
- Pulmonary osteomas
- Congenital malformation multiple thoracic vertebra
- Spondylosis deformans
- Multifocal chondroid disc degeneration along the lumbar spine
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of a soft tissue mass originating from the right mammary complex #5 – highly concerning for neoplastic transformation either a primary mammary neoplasia (e.g. carcinoma, adenoma) versus other soft tissue neoplasia (e.g. mast-cell tumor, sarcoma). Be aware that the mass is extending far caudally nearly up to the level of the vulva.

The odds for metastatic spread to the right inguinal lymph node are increased.





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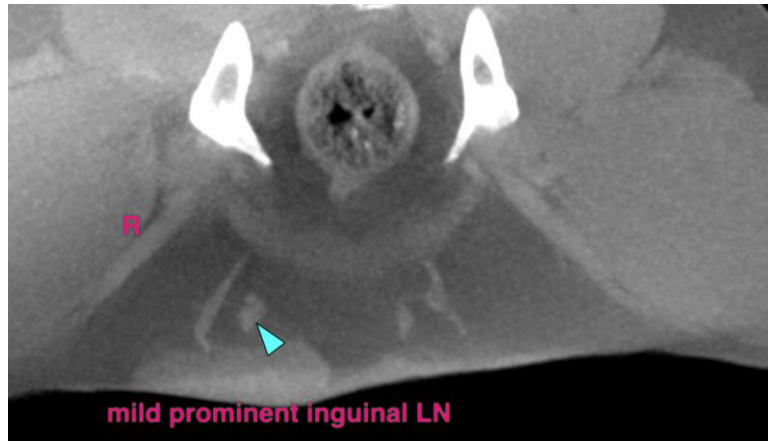
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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