



PATIENT

Lola Brunson

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7Y

WEIGHT

65.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Abby Ford

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Hawken

INVOICE

74283

DATE

3-19-26

PRESENTING CLINICAL SIGNS

No free fluid detected (0/4). A cavitated ~7.5 cm mass identified in the caudal abdomen, located near/ventral to the bladder. Exact origin of the mass could not be determined

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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, 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.

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.

In the region of the right medial iliac lymph node, a well-defined, bilobed, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 9.7 x 6.5 x 6.4 cm.

The right renal lymph node is moderately enlarged, rounded, uniform soft tissue attenuating and contrast

In the subcutaneous tissue at the left lateral aspect of L2, a well-defined, ovoid shaped, mild irregular contrast enhancing nodule is visible.



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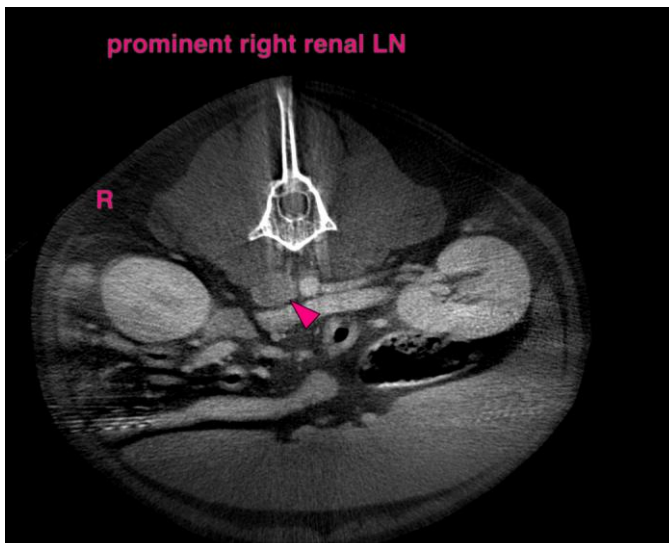
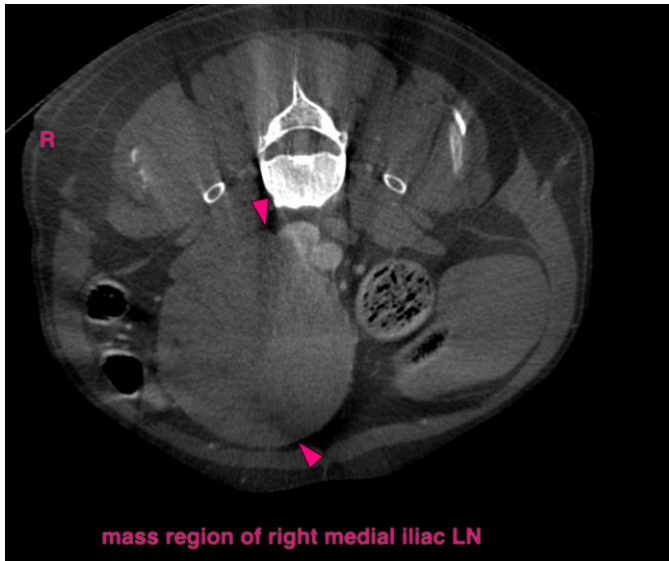
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass region of right medial iliac lymph node
- Lymphadenopathy right renal lymph node
- Non-specific subcutaneous soft tissue nodule left lateral abdominal wall
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass in the right caudal abdomen is suggestive for neoplastic transformation of the right medial iliac lymph node – such as metastasis (e.g. history of excised mass, apocrine gland anal sac adenocarcinoma) or primary lymphatic neoplasm (e.g. lymphoma) versus primary soft tissue neoplasia (e.g. sarcoma). FNA sampling would be ideal for specification.

The enlarged right renal lymph node is highly concerning for metastatic disease.





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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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