



## PATIENT

Lola Francis

## SPECIES

Canine

## BREED

Belgian Mal

## SEX

Female

## AGE

10

## WEIGHT

82.2

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Valley Veterinary  
Associates

## HOSPITAL NAME

Valley Veterinary  
Associates

## REFERRING VET

Dr. Jonathan Davis

## INVOICE

74282

## DATE

3-19-26

## PRESENTING CLINICAL SIGNS

- History of mammary mass - spay cancelled January 2026
- Looking for mets
- Cervical/Thoracic pain after rough housing with housemates - will hang head, stumbling/dragging left front leg this morning (3/11/26)
- On PE did not manipulate spine
- Concerned about cervical, scapular, & thoracic lesions

## COMPUTED TOMOGRAPHY OF THE NECK, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

A vacuum phenomenon is seen in the intervertebral disc space C6/C7

The remainder of the osseous and soft tissue structures of the neck reveal no abnormalities. The thyroid glands have the expected size, shape and attenuation behavior.

### 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.

Both ovaries present with multiple contrast enhancing small nodular lesions – considered as functional corpora. The uterine horns are mildly distended by fluid attenuating material.

The left adrenal gland presents an intraparenchymal nodule; measuring 10 mm in diameter.



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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. In the left lateral liver lobe, an irregular roundish parenchymal filling defect is seen; measuring 14 mm in diameter. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

The hepatic lymph nodes, the gastric lymph node and the pancreaticoduodenal lymph node are moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

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 mammary glands present a prominent, symmetrical parenchyma.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy hepatic, gastric and pancreaticoduodenal lymph nodes
- Hepatomegaly
- Nodular lesion left adrenal gland without vascular invasion
- Simple hepatic cyst left lateral liver lobe
- Discopathy C6/C7
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged cranial abdominal lymph nodes present signs of malignancy, concerning for neoplastic transformation such as round cell tumor or metastasis. Ultrasound guided FNA sampling would be ideal for specification including the liver and spleen.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration.

The fluid filled uterine horns can present hydro-, muco-, hemo- or pyometra.

An underlying cause for the cervical pain cannot be specified, however the vacuum phenomenon of the intervertebral disc C6/C7 can be indicative for recent pathology, such as acute non-compressive nucleus pulposus extrusion.

The left adrenal soft tissue nodule can present (non)functional nodular hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, metastasis).



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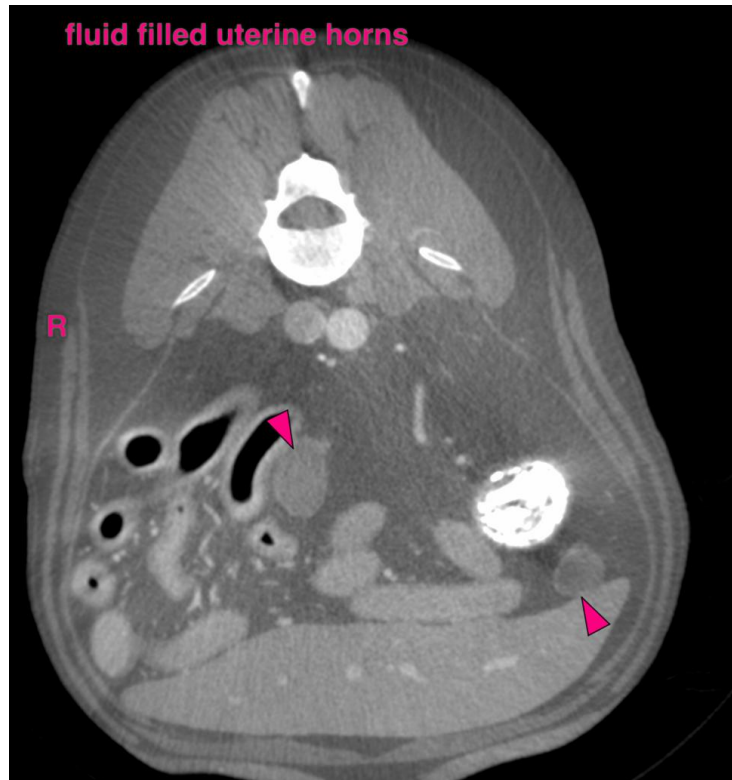
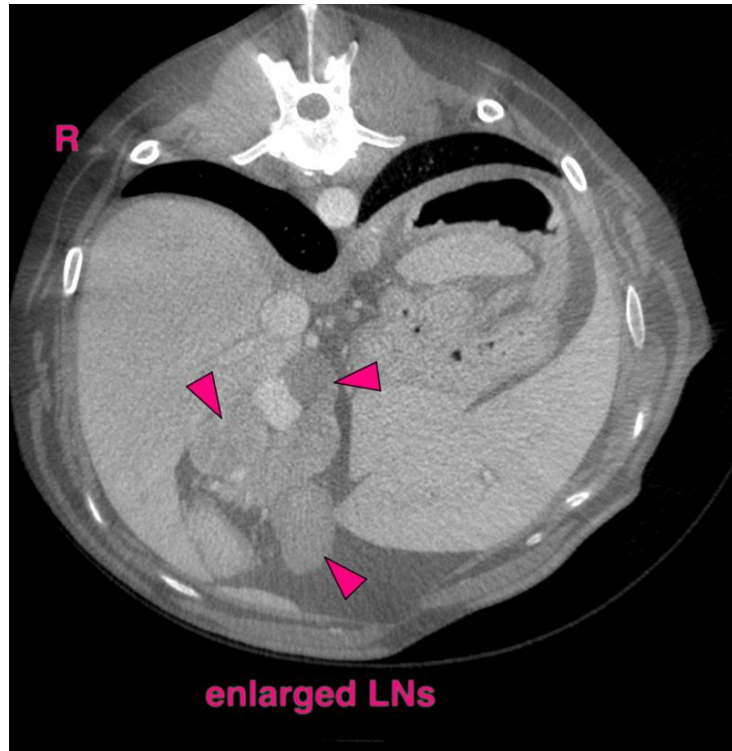
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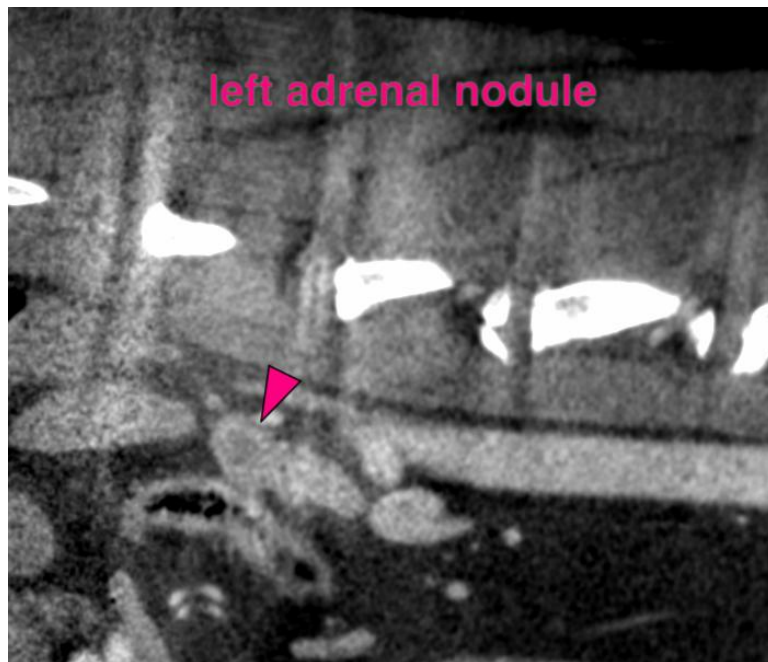
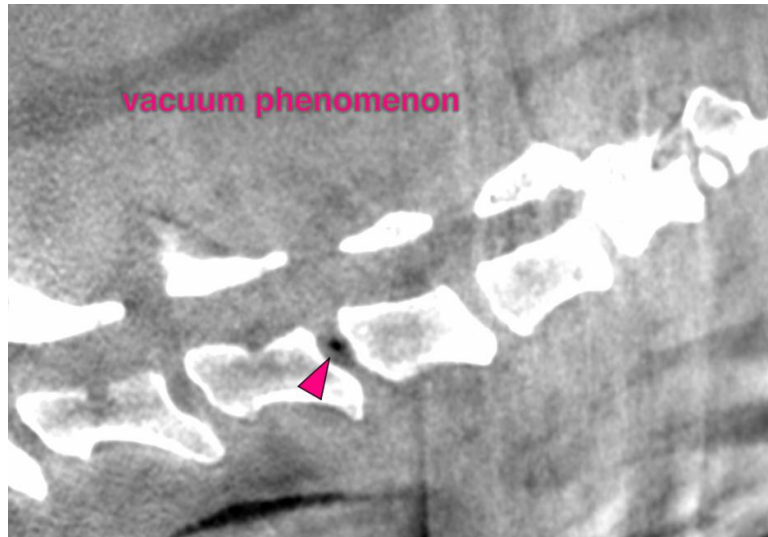
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)