



PATIENT

Millie Litman

SPECIES

Canine

BREED

Irish Wolfhound

SEX

F

AGE

5Y

WEIGHT

81lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Tina Lynn,
CVT/George
Eales, DVM

HOSPITAL NAME

Green Prairie Animal
Hospital

REFERRING VET

Dr. Emily Tucker

INVOICE

74286

DATE

3-19-26

PRESENTING CLINICAL SIGNS

- Fast growing non moveable mass on left caudal thorax, non moveable

Abnormal PE/Chem/CBC/UA Results: Biopsy pending

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

Level with the ventral aspect of the 9th and 10th left intercostal space, a uniform soft tissue attenuating and heterogeneous contrast enhancing, mass is seen; measuring 8.9 x 7.1 x 9.6 cm. The mass is protruding medially through the intercostal space into the left cranio-lateral aspect of the abdomen. Multiple small tortuous vessels are seen in the periphery of the mass.

The left axillary lymph node is prominent.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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, randomly distributed, well-defined, soft tissue attenuating nodules are seen; measuring up to 5.6 mm in diameter.

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.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

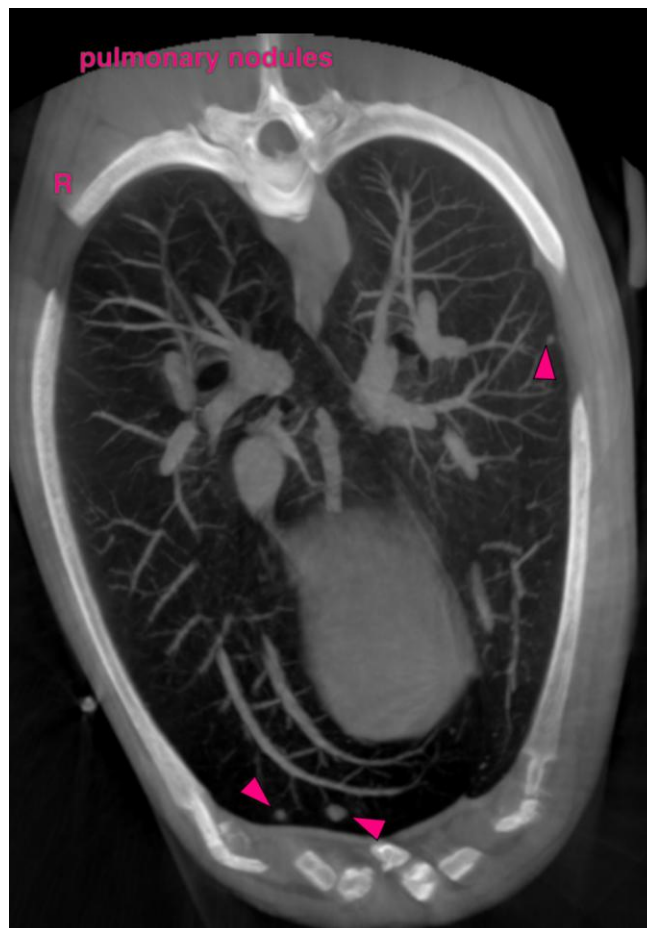
- Soft tissue mass left caudoventral thoracic wall
- Structured nodular interstitial lung pattern
- Lymphadenopathy left axillary lymph node
- Spondylitis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated soft tissue mass at the left caudoventral thoracic wall is compatible with primary soft tissue neoplasia – the odds for (hemangio)sarcoma are high – biopsy results are pending for final diagnosis.

The nodular lung pattern is indicative for pulmonary metastatic spread.

The prominent left axillary lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic disease.





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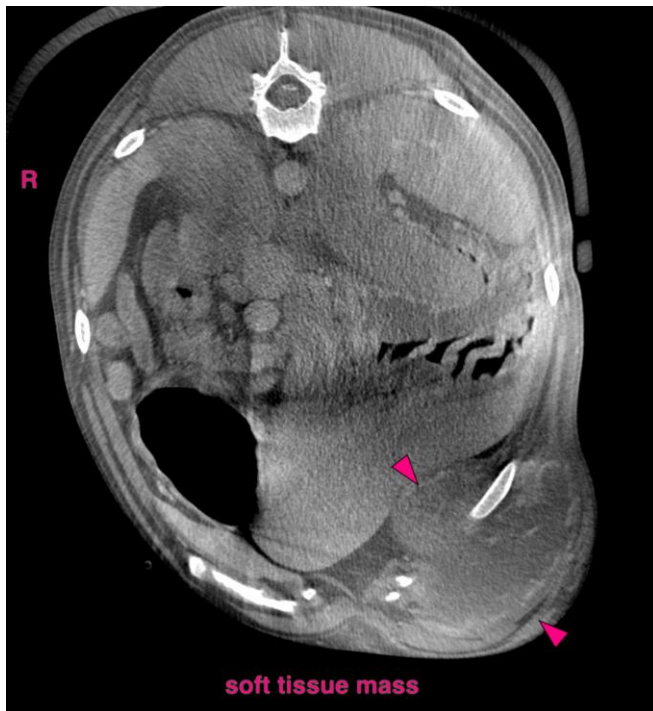
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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