



PATIENT

Hercules Alley

SPECIES

Canine

BREED

Mixed Cattle Dog

SEX

Neutered Male

AGE

12

WEIGHT

28

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Dr. Eamon

INVOICE

14512

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- anaemia noted on bloods
- weight loss

Abnormal PE/Chem/CBC/UA Results: pcv 30% chem/t4 pending

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

Level with the intervertebral disc space T9/T10, heterogeneous hyperattenuating material is bulging into the right ventral aspect of the vertebral canal, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level.

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 right subclavian artery presents an aberrant separate origin from the aortic arch and is coursing dorsally over the esophagus & trachea to the right.

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 a small roundish gas attenuating lesion, demarcated by a thin soft tissue attenuating wall in the caudal aspect of the left caudal lung lobe; measuring 6 mm in diameter.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

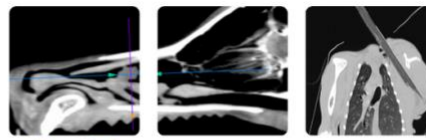
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Ventral to the caudal vena cava – level with the renal veins – a bilobed, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 5.6 x 3.9 x 5.1 cm.

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 – but a well-defined, roundish parenchymal filling defect in the caudal pole of the left kidney; measuring 9 mm in diameter.

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.



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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 caudal duodenal flexure presents an irregular thickened wall, measuring up to 14 mm in width – post contrast administration the wall layering of the affected duodenal segment is lost and concave depressions of the mucosal lining are appreciated. The peritoneal fat surrounding the respective duodenal segment presents localized soft tissue striation.

Multiple intervertebral discs along the lumbar spine are protruding into the vertebral canal, occupying $\leq 15\%$ of the cross-sectional area of the vertebral canal.

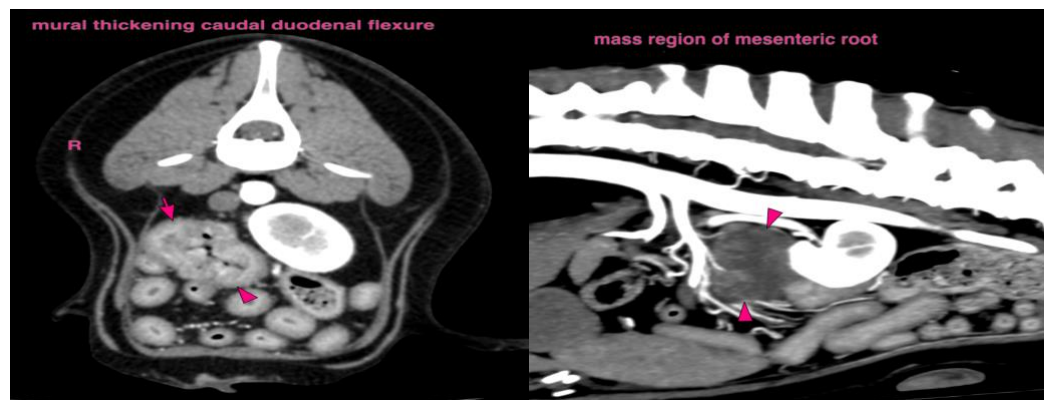
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass mesenteric root
- Segmental mural thickening wall caudal duodenal flexure
- Intervertebral disc herniation T9/T10 with compressive myelopathy
- Multifocal intervertebral disc protrusion along the lumbar spine without compressive myelopathy
- Solitary simple renal cortical cyst left kidney
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental mural thickening of the duodenal wall can present both neoplastic transformation – such as adenocarcinoma, round cell tumor – or segmental duodenitis. The concave depression of the wall is indicative for ulceration as possible cause for intestinal hemorrhage.

The mass in the mesenteric root can present an enlarged mesenteric lymph node due to metastatic spread or a second entity such as extraadrenal paraganglioma – due to its association with the large vessels of the mesentery, surgical resection may not be possible.



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.



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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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com