

PATIENT

Asher Bodie

SPECIES

Canine

BREED

Golden/Labrador
Retriever

SEX

Neutered Male

AGE

7

WEIGHT

58

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Kristen Bodie

HOSPITAL NAME

Bluegrass VS

REFERRING VET

Dr. Bradley Venable

INVOICE

36142

DATE

3/7/26

PRESENTING CLINICAL SIGNS

History: Noticed 2 cm spot of inflammation on prepuce in September that resolved, reappeared in January with no obvious irritation, then reappeared on 3/2/26 the size of a cherry, red and hairless. Shrunk in response to diphenhydramine. FNA obtained of mass, suspect mast cell on in house cytology, sent out cytology submitted. Full body CT for staging. Pt belongs to employee

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The osseous and soft tissue structures of the neck reveal no abnormalities.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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



PATIENT

Asher Bodie

SPECIES

Canine

BREED

Golden/Labrador
Retriever

SEX

Neutered Male

AGE

7

WEIGHT

58

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Kristen Bodie

HOSPITAL NAME

Bluegrass VS

REFERRING VET

Dr. Bradley Venable

INVOICE

36142

DATE

3/7/26

Abdomen & Pelvis

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.

In the gallbladder, a small amount of gravity dependent, hyperattenuating sludge is appreciated.

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.

At the left cranioventral aspect of the prepuce, an ill-defined, cutaneous, uniform soft tissue attenuating, raised nodule is seen, measuring approximately 6 mm in diameter.

The left inguinal lymph node is mildly prominent.

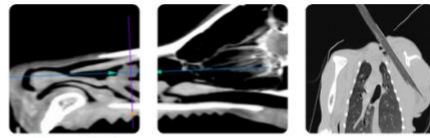
The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of cutaneous soft tissue nodule prepuce
- Mild lymphadenopathy left inguinal lymph node
- Normal skull
- Normal neck
- Normal thorax, no evidence of pulmonary metastatic disease
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent left inguinal lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic spread – in case if mast-cell tumor is confirmed.



Teleradiology

Educational Teleconsultation Services™

PATIENT

Asher Bodie

SPECIES

Canine

BREED

Golden/Labrador
Retriever

SEX

Neutered Male

AGE

7

WEIGHT

58

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Kristen Bodie

HOSPITAL NAME

Bluegrass VS

REFERRING VET

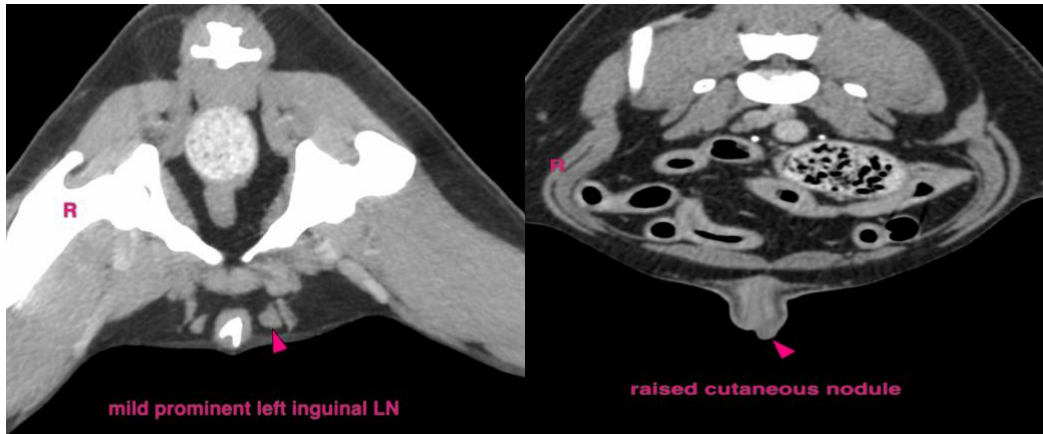
Dr. Bradley Venable

INVOICE

36142

DATE

3/7/26



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