



PATIENT

Sammy Konstantinou

SPECIES

Canine

BREED

Schnoodle

SEX

MN

AGE

10

WEIGHT

7.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

74551

DATE

4-13-26

PRESENTING CLINICAL SIGNS

recent cholecystectomy

poor appetite

nasal discharge bilaterally

crusting oral mucosa and eyes

lethargic

Abnormal PE/Chem/CBC/UA Results: cbc w/ alkp mod increase crp pending t4 pending

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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 moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

Thorax

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

The axillary, sternal, cranial mediastinal and tracheobronchial lymph nodes are moderately prominent.

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.

Accentuated the ventral dependent aspects of the lung present a mild patchy ground glass attenuation pattern. 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.

Abdomen

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



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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.

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. The hepatic parenchyma has a homogeneous soft attenuation pattern and mild irregular contrast enhancement pattern.

The gallbladder is absent and a hyperattenuating surgical clip is appreciated level with the cystic duct. The common bile duct is not dilated and 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.

The hypogastric lymph nodes are moderately prominent, and the surrounding fat presents mild soft tissue striation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of cholecystectomy
- Lymphadenopathy multiple lymph nodes of the skull, thorax and abdomen – see above
- Hepatomegaly with a mild heterogeneous contrast enhancement pattern
- Ventrally accentuated patchy mild unstructured interstitial pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multiple enlarged lymph nodes along the skull, thorax and abdomen can present reactive lymphoid hyperplasia due to systemic inflammatory response (e.g. distemper, Ehrlichiosis, Babesiosis, immune mediated disease) versus neoplastic transformation (e.g. lymphosarcoma). If not done so yet, FNA sampling of the lymph nodes is recommended along with testing for infectious disease.

The ventrally accentuated patchy unstructured interstitial pattern is suggestive for pneumonia in transition. Differentials include dystelectasis, fibrosis, pneumonitis due to systemic disease.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. Ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.



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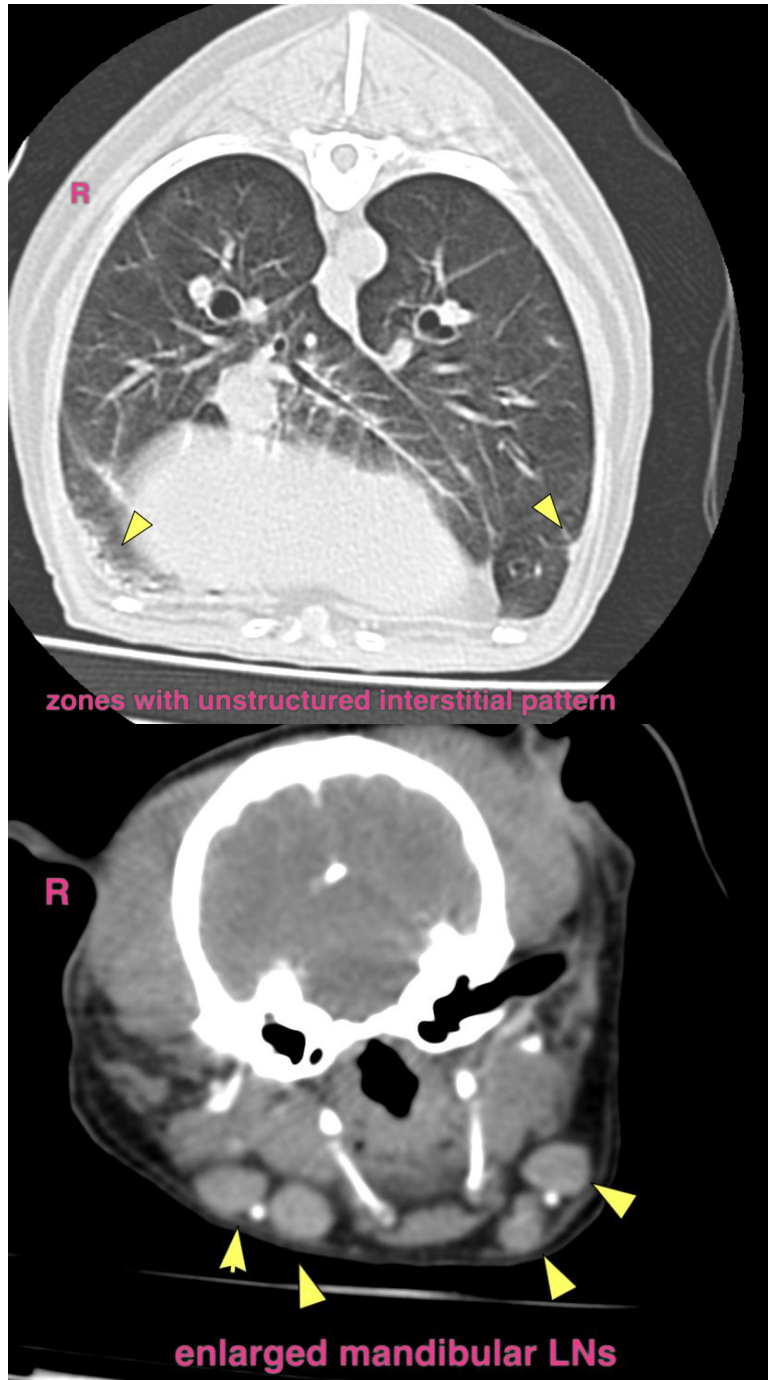
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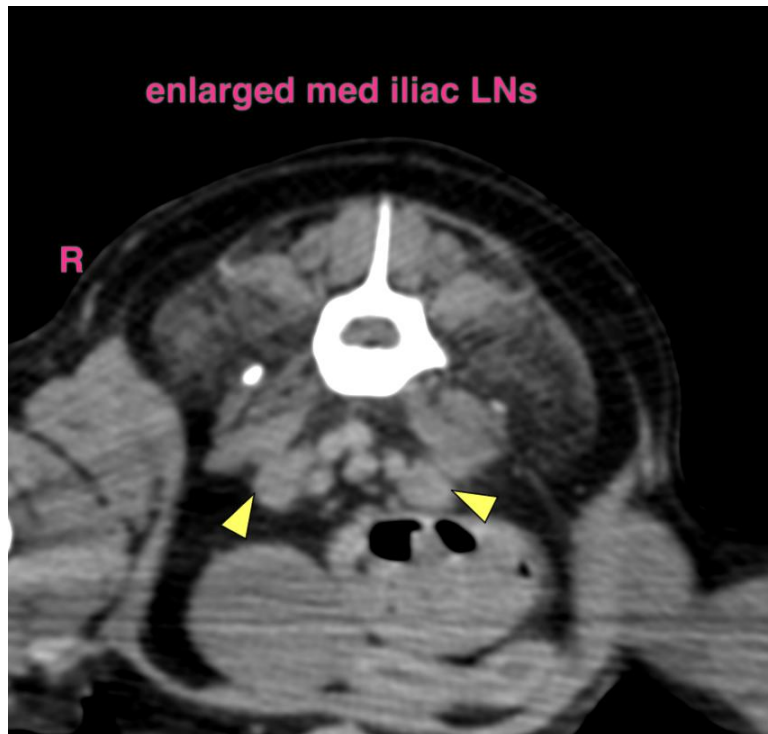
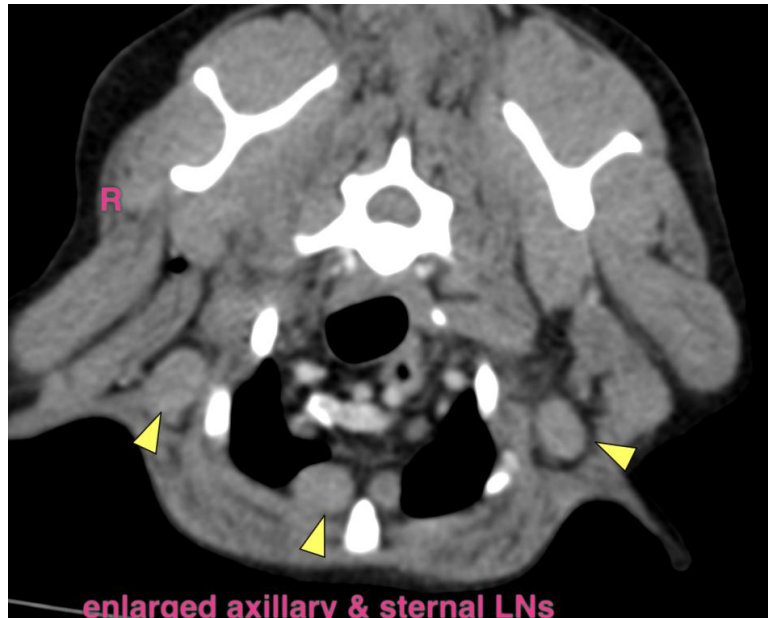
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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