



PATIENT

Daisy Calin

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

4

WEIGHT

74

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kim/Logan

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Marisa Schreiner, DVM

INVOICE

74743

DATE

4-23-26

PRESENTING CLINICAL SIGNS

Clipped and sterilely cleaned thoracentesis sites on left and right side. Used a 20 gauge needle on an extension set to perform thoracocentesis. Removed 900ml total - about 600ml from left thorax and 300 from right thorax Prior to CT

Daisy is a 4yr old FS Mixed breed that presented for lethargy, anorexia, and diarrhea. Diagnostics revealed bi-cavitary effusion. Bloodwork indicated a microcytosis and dehydration, but was otherwise unremarkable. Abdominal ultrasound revealed irregular small bowel with mild peritoneal effusion.

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

In the pleural cavity a moderate amount of gravity dependent, fluid attenuating material is appreciated. The lung lobes are retracted from the thoracic wall by the fluid attenuating material and present a moderate decreased volume. The ventral dependent aspects of the lung present zones with relaxation atelectasis. The aerated parts of the lung present the expected architecture.

The sternal lymph nodes and multiple cranial mediastinal lymph nodes are significantly enlarged, rounded, and present a heterogeneous contrast enhancement pattern.

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.

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

Abdomen

The serosal fat presents moderate soft tissue striation. A small volume of gravity dependent fluid attenuating material is seen in the peritoneal cavity.

Multiple abdominal lymph nodes are prominent.

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.

The vertebral endplates of the lumbosacral junction present ventral spondylosis formation



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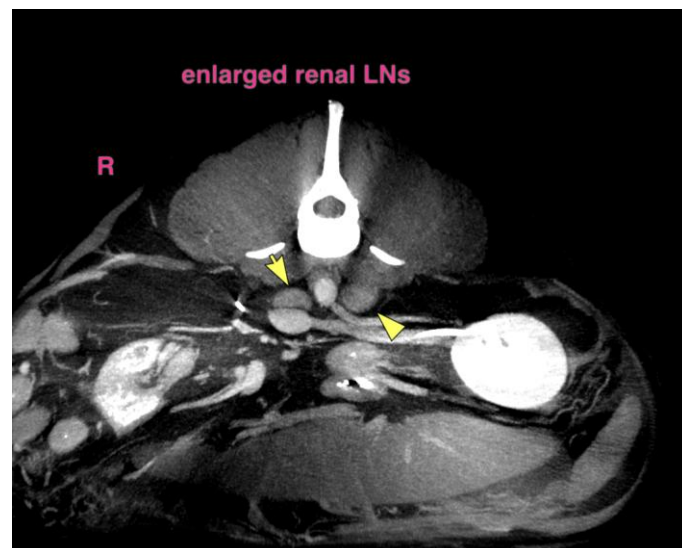
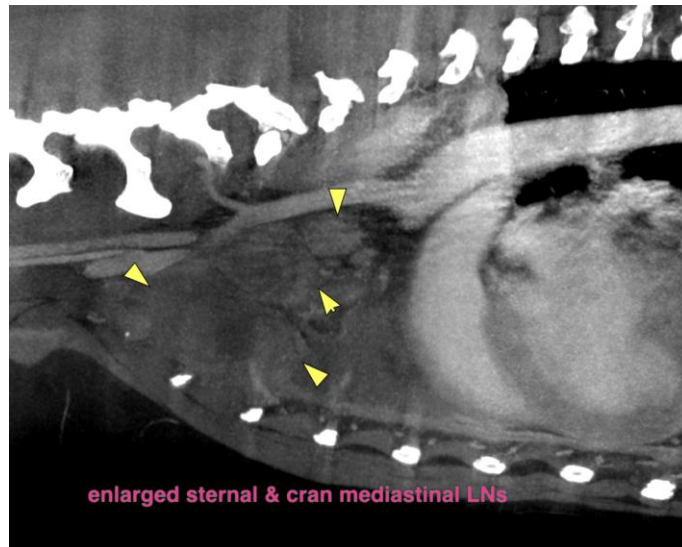
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked lymphadenomegaly sternal and cranial mediastinal lymph nodes with a heterogeneous contrast enhancement pattern
- Lymphadenopathy multiple abdominal lymph nodes
- Pleural effusion
- Peritoneal effusion
- Spondylosis deformans L7/S1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are highly suggestive for underlying lymphatic neoplasia and lymphosarcoma or histiocytic sarcoma are the top differentials here. The bicavitary effusion is considered paraneoplastic. If not done so yet, recommend ultrasound guided FNA sampling of the enlarged sternal lymph nodes ± prominent peritoneal lymph nodes for confirmation and specification.





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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