



## PATIENT

Remi Burtle

## SPECIES

Canine

## BREED

Pointer Mix

## SEX

FS

## AGE

5Y

## WEIGHT

56lbs

## 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

Auburn Vet Service-Dr.  
Kyle Schroeder

## INVOICE

74544

## DATE

4-9-26

## PRESENTING CLINICAL SIGNS

ADR, hypercalcemia

Mild thickening of right Anal gland

Abnormal PE/Chem/CBC/UA Results: Normal bloodwork except for Calcium which was 16 MSU  
hyperparathyroid panel normal Ultrasound of Abdomen normal

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

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

In the cranioventral aspect of the mediastinum a well-defined, uniform contrast enhancing soft tissue mass is seen; measuring 6.8 x 5.7 x 3.8 cm. The sternal and cranial mediastinal lymph nodes are moderately 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 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.

### 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. Reflux of contrast stained urine into the vagina is appreciated.

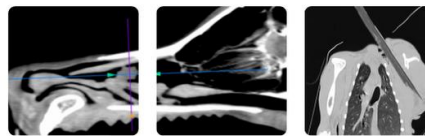
The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

At the medial aspect of the body of the spleen, a well-defined, nodular lesion presenting the same attenuation and contrast enhancement pattern like the spleen is seen; measuring 9 mm in diameter.

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.



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

The vertebral endplates along the caudal lumbar spine present moderate spondylosis formation.

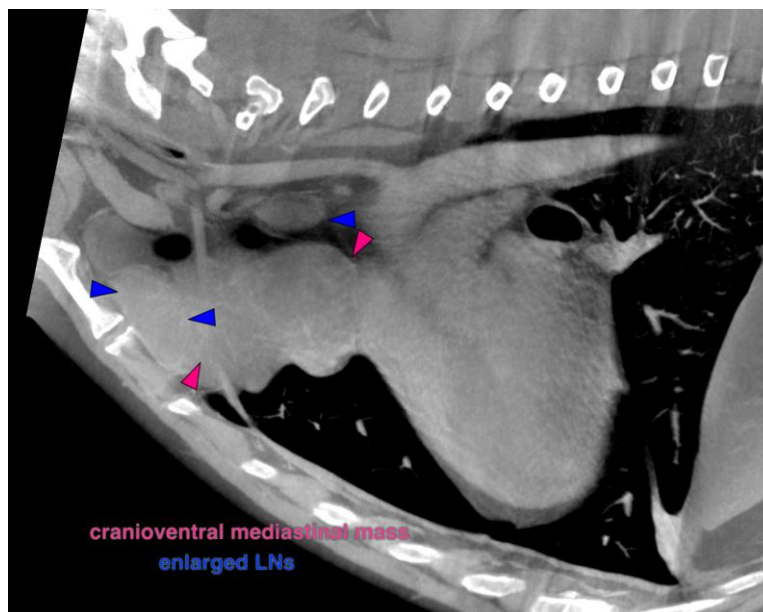
Both coxofemoral joints present moderate to marked osteophyte new bone formation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cranioventral mediastinal soft tissue mass
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Spondylosis deformans caudal lumbar spine
- Osteoarthritis coxofemoral joints
- Splenunculus

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranioventral mediastinal soft tissue mass along with the lymphadenopathy of the cranial mediastinal & sternal lymph nodes and hypercalcemia are highly suggestive for underlying lymphosarcoma. If not done so yet, ultrasound guided FNA sampling of the cranioventral mediastinal mass/enlarged lymph nodes is recommended for confirmation.





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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](mailto:info@sonopath.com)