



PATIENT

Zuko Southwell

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

12

WEIGHT

40

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Dr. Eamon

INVOICE

16300

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Multiple hemangiosarcomas ventral abdomen mass right flank suspect mcT on in house aspirate

Abnormal PE/Chem/CBC/UA Results: cbc/chem - mild increase alkp/alt

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, 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

In the subcutaneous tissue at the right caudoventral thoracic wall, level with the 8th right rib, a mild ill-defined, ovoid, uniform soft tissue attenuating and contrast enhancing mass is seen; measuring 3.8 x 1.7 x 4.2 cm.

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.

In the dorsal aspect of the accessory lung lobe and caudal aspect of the left caudal lung lobe, a well-defined, soft tissue attenuating nodule is seen respectively; measuring up to 5 mm in diameter. 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.

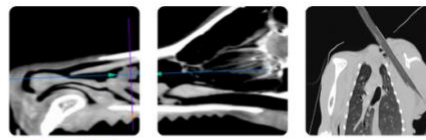
The adrenal glands are within normal limits for size, shape and organ architecture.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The hepatic parenchyma has a mild heterogeneous contrast enhancement pattern, presenting multiple intraparenchymal, ill-defined, hypoattenuating lesion.

Throughout the splenic parenchyma, multiple post contrast hyperattenuating nodules are appreciated - partially mildly protruding beyond the splenic surface.

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.



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The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

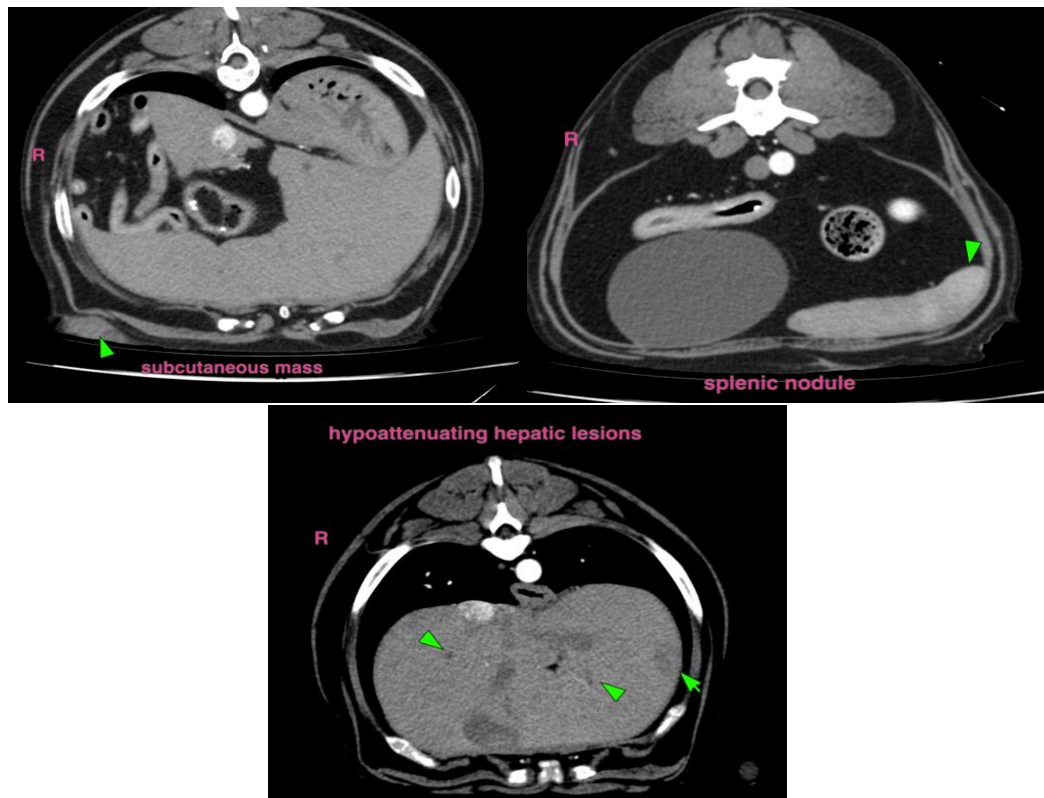
- History of multiple (sub)cutaneous hemangiosarcomas along ventral abdominal wall
- Multiple post-contrast hypoattenuating hepatic lesions
- Post contrast mild hyperattenuating nodular lesions throughout the splenic parenchyma
- Structured nodular interstitial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoattenuating hepatic lesions can present metastasis, hepatic cysts, hepatitis or regeneration nodules.

The hyperattenuating splenic nodules are not specific and can present metastasis, nodular hyperplasia, extramedullary hematopoiesis, splenitis.

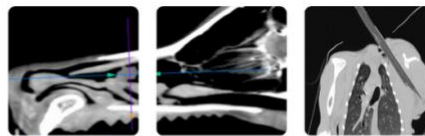
The nodular lung pattern is consistent with pulmonary metastatic spread.



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



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info@sonopath.com

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