



## PATIENT

Meyer Kroll

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

65.4 Pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Tina Lynn, CVT/George  
Eales, DVM

## HOSPITAL NAME

Green Prairie AH

## REFERRING VET

Dr. Bri McLaughlin

## INVOICE

37187

## DATE

5/21/26

## PRESENTING CLINICAL SIGNS

History: Epileptic hasn't responded to medications. Now has increased liver values and no appetite.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The tooth element 406 is absent. The crown of triadan 402 is fractured.

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.

### 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 the nephrogram of both kidney is irregular – presenting a striated pattern.

The adrenal glands present a significant decreased diameter; measuring <2 mm in diameter.

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 attenuation and contrast enhancement pattern.

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 periarticular bones of the right coxofemoral joint present moderate osteophyte new bone formation. The right acetabular groove is shallow, and the center of the right femoral head is lateral to the dorsal acetabular rim.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild hepatomegaly
- Small adrenal glands
- Absent triadan 406
- Complicated dental fracture 402
- Likely chronic nephropathy
- Normal brain

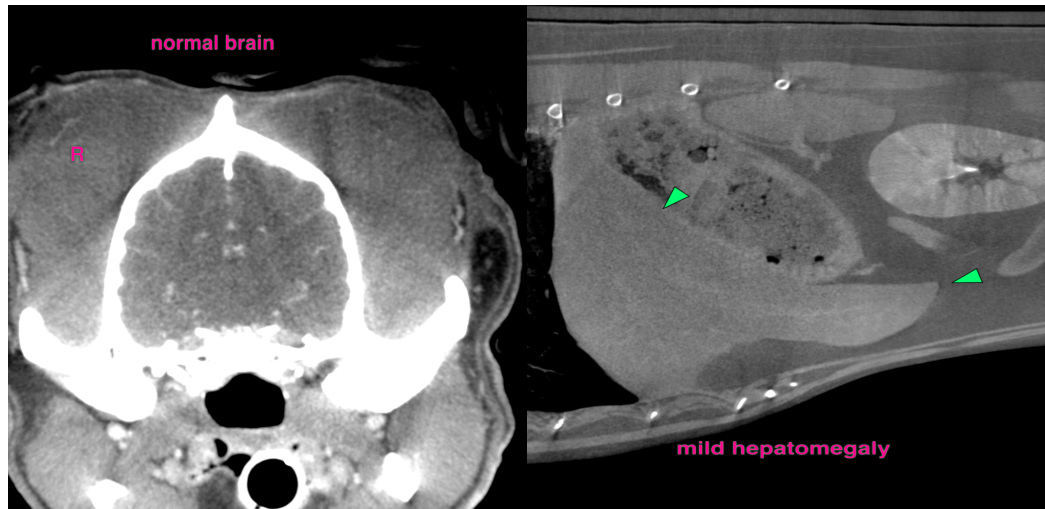
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

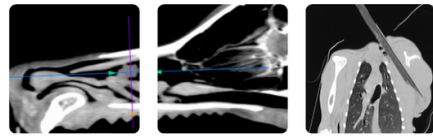
In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of idiopathic/cryptogenic epilepsy.

If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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.

The small adrenal glands can be indicative for hypoadrenocorticism (no respective clinical history) or is iatrogenic due to glucocorticoid administration.





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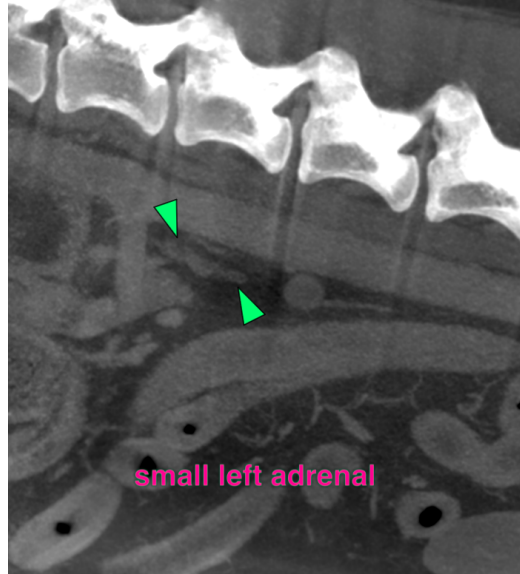
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)