



PATIENT PRESENTING CLINICAL SIGNS

Lucy Fabres Presented for an acute onset of respiratory distress (3am last night). No history of coughing/heart disease/breathing issues. Fever of 105F on presentation. Has had a mass on the right rear leg for the past few years. On oral exam under sedation there is severe dental disease with purulent material and the pharynx is severely inflamed.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Severe dental disease with purulent material in mouth and around teeth.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

Shelti

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

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Skull

The soft tissues surrounding the skull are partially burned out.

Multiple teeth are absent. The remaining teeth present generalized advanced periodontal disease and dental resorptive lesions.

AGE

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The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

INTERPRETED BY

The ocular bulbs are in a mild asymmetric position, the right ocular bulb is in a mild dorsal position relative to the left ocular bulb. The

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Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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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.

REFERRING VET

Dr. Runde

The submandibular and medial retropharyngeal lymph nodes are prominent, uniform soft tissue attenuating and contrast enhancing.

In the subcutaneous tissue at the cranioventral aspect of the neck, a well-defined lipoma is seen, measuring 19 x 1.2 x 2.8 cm.

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Thorax

The body condition score is 8/9. Multiple lipomas are appreciated along the trunk.

In the dorsal aspect of the 11th left intercostal space, a roundish, well-defined, uniform soft tissue attenuating a mild irregular contrast enhancing mass is seen, measuring 2.8 x 2.2 x 2.3 cm. The 11th and 12th left rib level with the mass present without abnormalities.

DATE

6-14-23

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.



PATIENT The cardiovascular structures including the pulmonary vasculature are within normal limits.

Lucy Fabres 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.

SPECIES The right caudal lung lobe is consolidated with air-bronchograms. The volume of the right caudal lung lobe is significantly decreased. The remainder of the lung parenchyma are aerated and present the expected architecture.

Canine

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

BREED Abdomen

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

SEX 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. Attached to the mucosa of the right urinary bladder wall, a plaque like mild contrast enhancing lesion with a cauliflower like surface and adhering granular mineralization is seen.

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

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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INTERPRETED BY Overall the volume of the liver is within normal limits, but mild irregular margins. There is significant increased volume of the caudate process of the caudate liver lobe with rounded hepatic margins.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The gallbladder is significantly dilated.

HOSPITAL NAME 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.

Multifocal spondylosis formation is seen along the lumbar spine. In the fascial plane at the caudal aspect of the right thigh, a large lipoma is seen, measuring 7.9 x 17.2 x 11.6 cm.

REFERRING VET

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Obesity
- Soft tissue mass dorsal aspect 11th left intercostal space
- Irregular plaque like polypoid lesion right lateral urinary bladder wall
- Large intermuscular lipoma caudal aspect right thigh
- Atelectasis right caudal lung lobe
- Significant dilated gallbladder without evidence of mechanical obstruction
- Generalized advanced periodontal disease and dental resorptive lesions of the remaining teeth
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes – likely reactive hyperplasia due to underlying dental disease
- Multiple absent teeth
- Multiple lipomas along the neck and trunk

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PATIENT • Spondylosis deformans

Lucy Fabres **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

SPECIES The soft tissue mass in the dorsal aspect of the 11th left intercostal space is suggestive for primary soft tissue neoplasm, sarcoma is considered likely. FNA sampling can be used as advanced diagnostic test.

Canine The polypoid lesion arising from the right urinary bladder wall can present inflammatory polyp or neoplastic transformation of the urinary bladder wall with transitional cell carcinoma being most common. BRAF testing can be used as advanced minimally invasive diagnostic test.

BREED An underlying cause for the acute respiratory distress is not appreciated. The atelectasis of the right caudal lung lobe can be a sequela to general anesthesia and compression of the lung lobe. I do not see evidence of underlying bronchial obstruction, torsion, mass.

SEX The hepatic changes are suggestive for chronic hepatic disease (e.g. hepatitis) ± hepatic cirrhosis and secondary enlargement of the caudate process due to altered blood flow.

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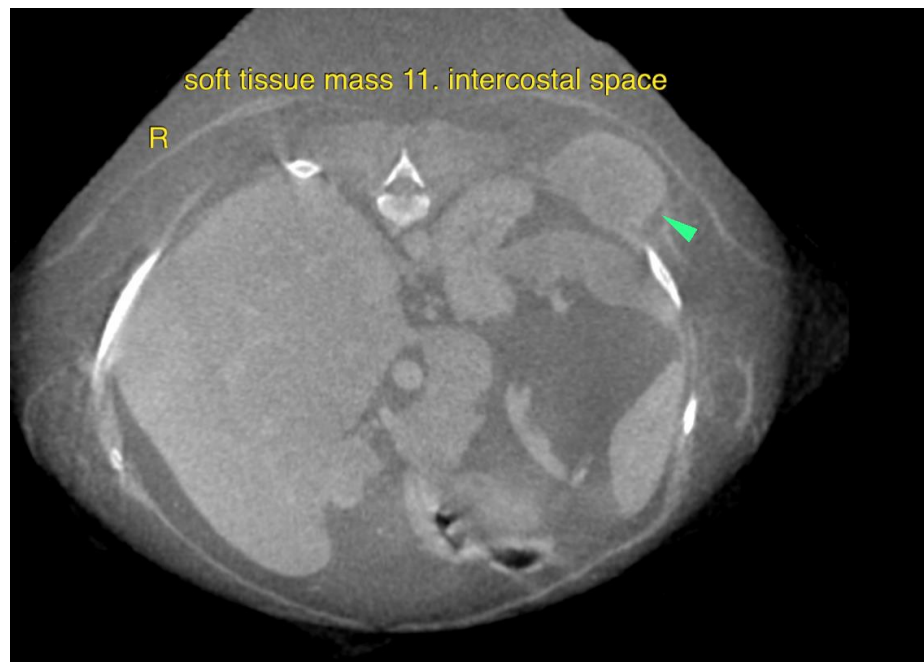
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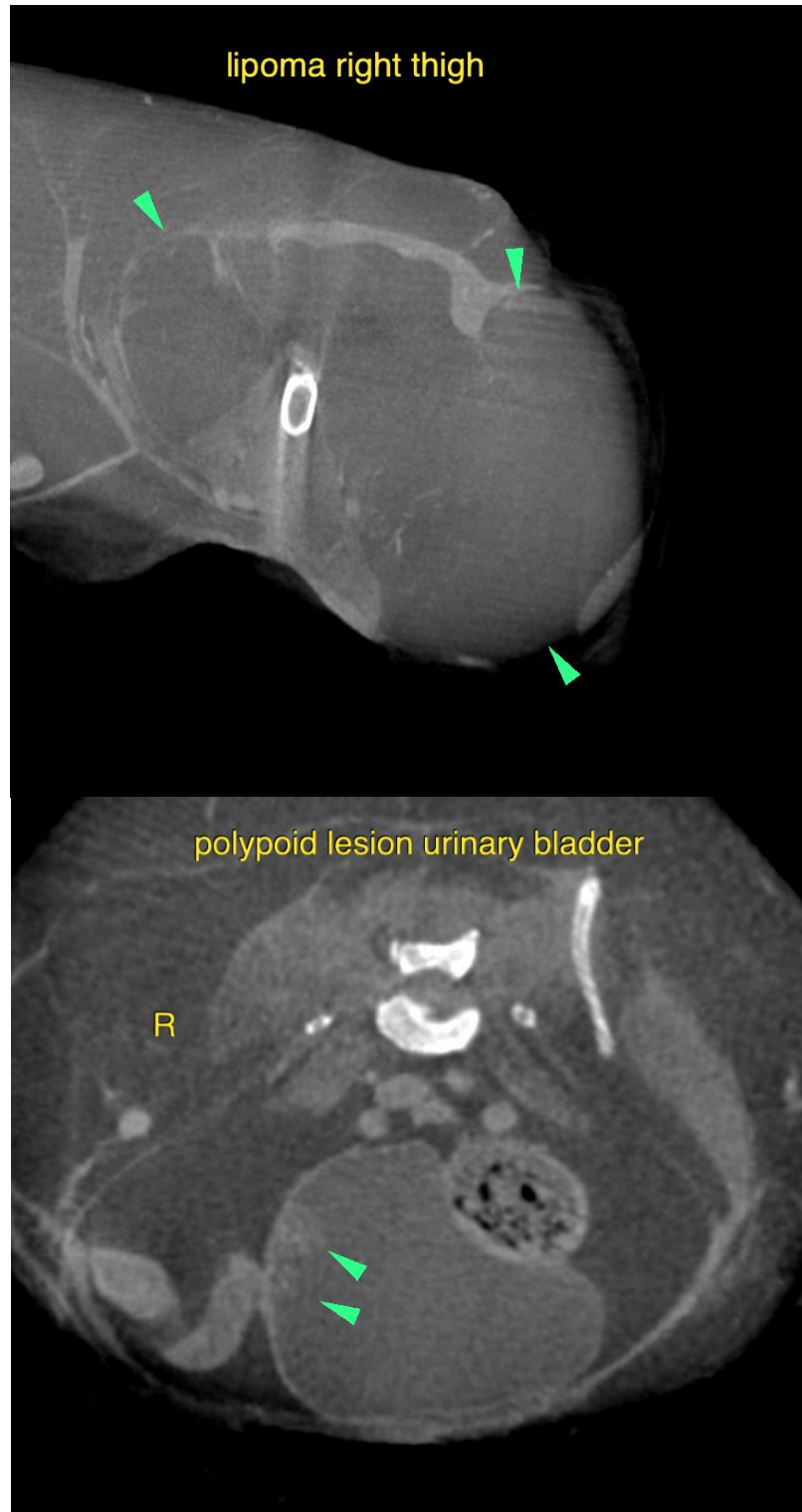
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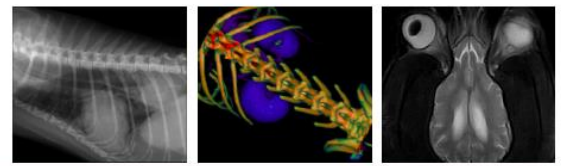
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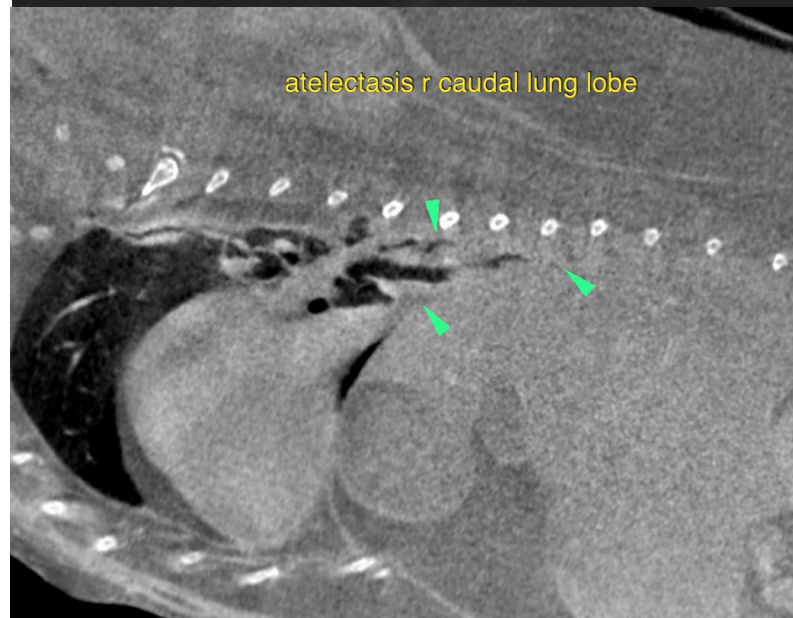
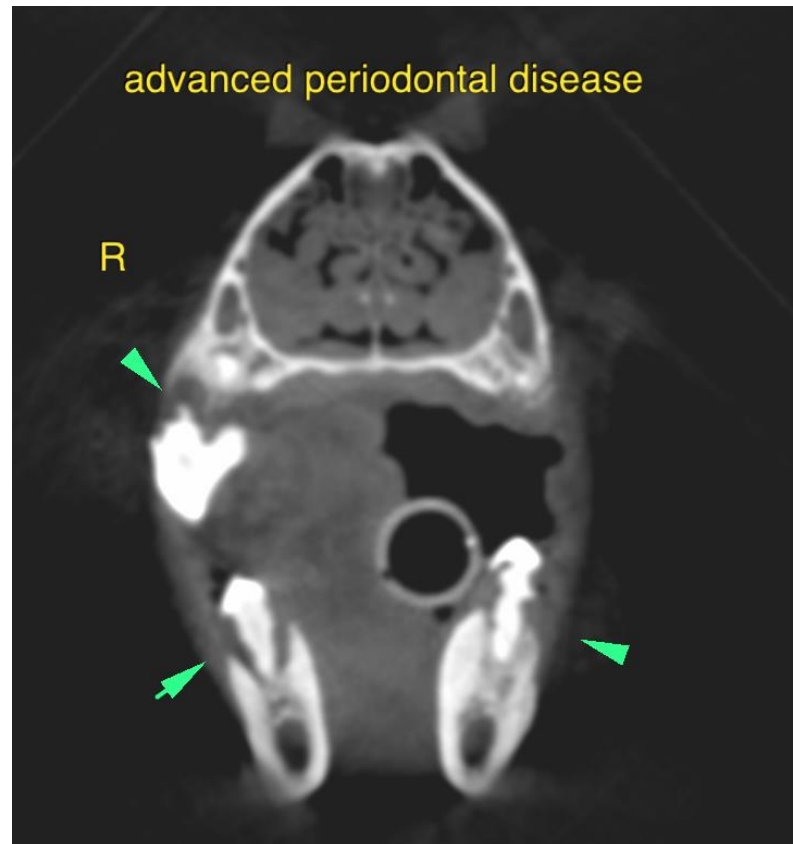
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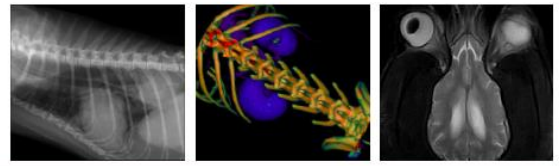
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SPECIES The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Canine

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.

BREED

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com

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