



PATIENT

Elsa Moore

SPECIES

Canine

BREED

Greyhound

SEX

FS

AGE

8Y

WEIGHT

70

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lyndsey/Vanessa

HOSPITAL NAME

Tempe Lake Veterinary
Clinic

REFERRING VET

Dr. Lockhart

INVOICE

75543

DATE

6-17-26

PRESENTING CLINICAL SIGNS

9-year-old FS Greyhound presented for diagnostic workup of multiple previously identified masses. Previous cytology was consistent with large-cell lymphoma. Owner elected additional staging and tissue sampling to further characterize the disease and guide treatment recommendations. Appetite, activity level, and quality of life reportedly remain good at home.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the region of the cutaneous trunci muscle bilaterally, multiple nodular protrusions from the muscle with moderate contrast enhancement are appreciated. In the distal aspect of the right supraspinatus & infraspinatus muscle and craniodorsal aspect of the right latissimus dorsi muscle, level with the 5th right intercostal space, an irregular shaped heterogeneous contrast enhancing area is visible respectively.

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 caudal aspect of the right caudal lung lobe, a well-defined, mild irregular ovoid shaped nodule is seen; measuring 12 x 9 x 9 mm. The remainder of 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.

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 bony and surrounding soft tissue structures reveal no abnormalities.



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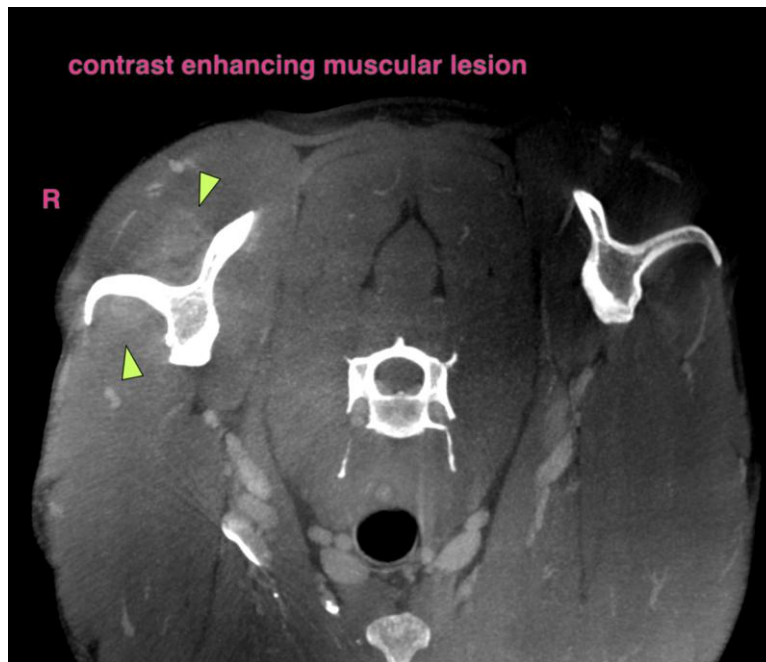
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple nodule lesions along the cutaneous trunci muscle bilaterally
- Multiple intramuscular contrast enhancing lesions skeletal muscles
- Solitary pulmonary soft tissue nodule
- Normal appearing abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are supporting the diagnosis of disseminated neoplastic disease – regarding the history underlying round cell tumor is likely, a differential can be hemangiosarcoma or (carcinomatosis). Biopsy of the subcutaneous nodule can be performed for specification.





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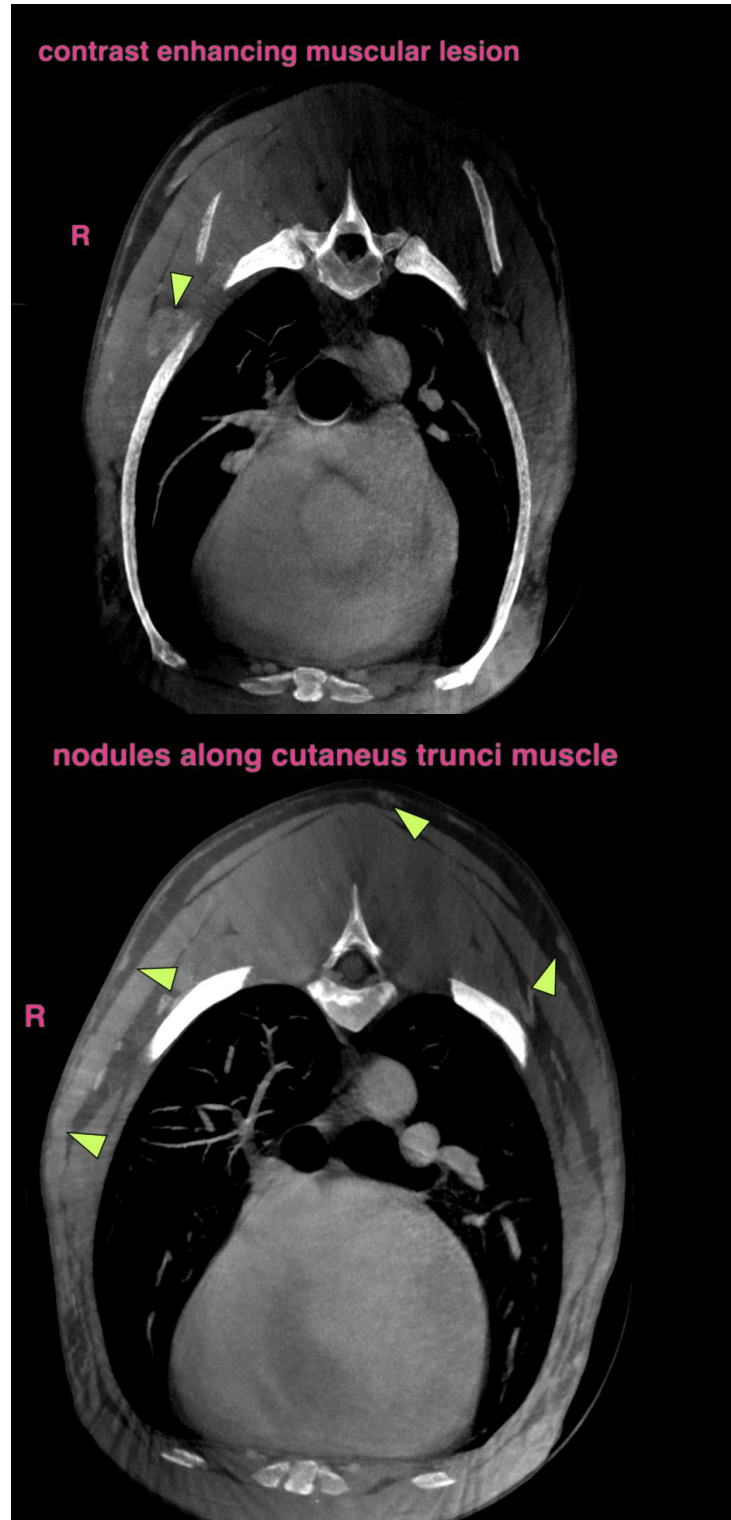
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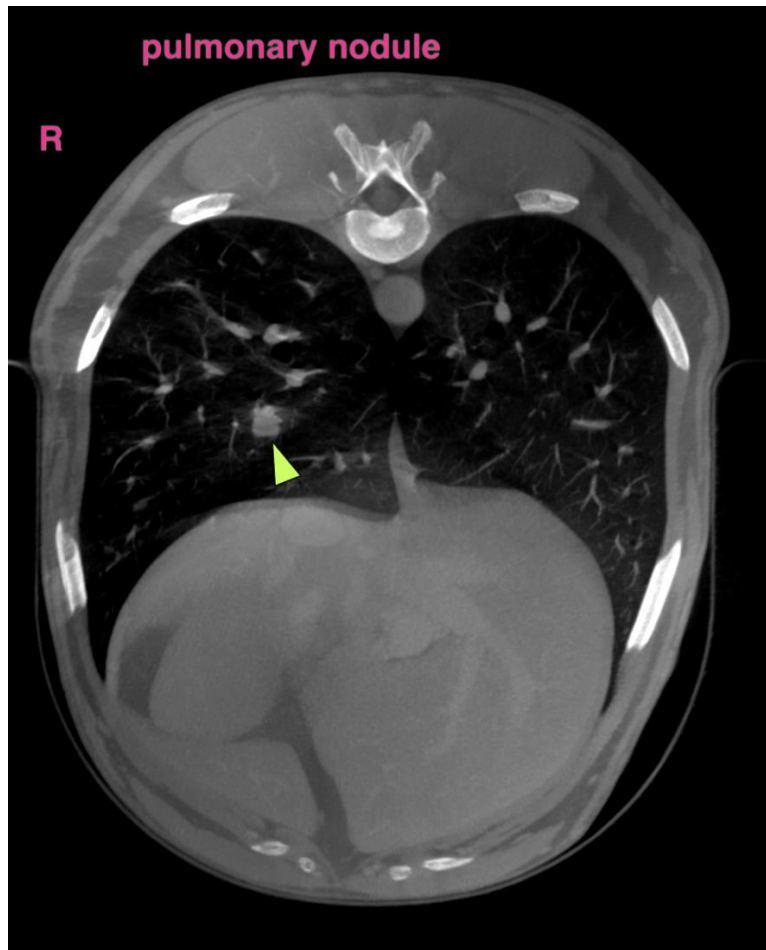
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com