



PATIENT

Tula James

SPECIES

Canine

BREED

Maltese Mix

SEX

Intersex

AGE

5

WEIGHT

11.16 lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lily Harper

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Blackmon

INVOICE

16404

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Pt presented on 5/26/26 for swollen submandibular lymph nodes

1. Stage III lymphoma (generalized lymphadenopathy) 2. Intersex 3. Historical abnormal heat cycles - controlled with deslorelin 9.4 mg (two 4.7 mg injections) SQ intrascapular 4. Class III malocclusion, grade 2 dental disease 5. Likely Congenital Right kidney aplasia

COMPUTED TOMOGRAPHIC OF THE SKULL, NECK, THORAX 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

Triadan 110, 210, 310, 311 and 411 are absent.

The tonsils are prominent.

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 parotid, submandibular and medial retropharyngeal lymph nodes are significantly enlarged, rounded, uniform soft tissue attenuating and mild irregular contrast enhancing.

The included segment of the neck of the neck reveals no additional abnormalities.

Thorax

The axillary lymph nodes are moderately enlarged and rounded.

The tracheobronchial lymph nodes are mildly prominent.

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

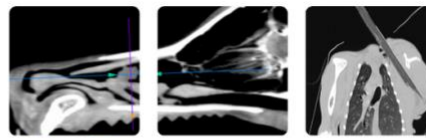
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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.



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The intraabdominal lymph nodes are generalized mild to moderately enlarged, rounded and present a mild irregular contrast enhancement pattern.

The left kidney presents within normal limits for size, shape and organ architecture. The right kidney is absent.

In the region of the absent right kidney, an irregular nodular structure is appreciated – suspect right ovary.

Along the vagina, a second tubular, partially fluid filled structure is appreciated – presenting a blind caudal ending.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized lymphadenopathy of the lymph nodes along the skull, axillary lymph nodes and intraabdominal lymph nodes
- Duplex vagina – with blind ending mild fluid filled right vagina
- Suspect right ovary region of right kidney
- Right renal agenesis
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized lymphadenopathy is fitting the history of lymphoma – if not done so yet, complementing workup by FNA sampling of the liver and spleen appears beneficial.





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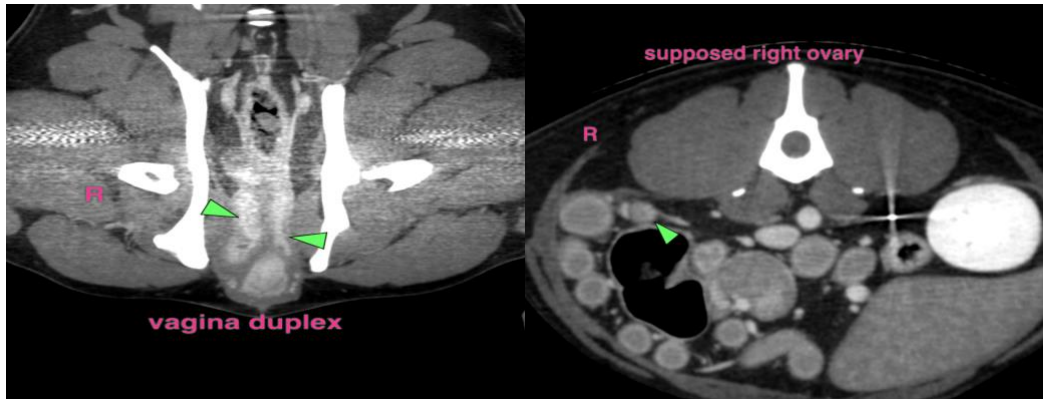
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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