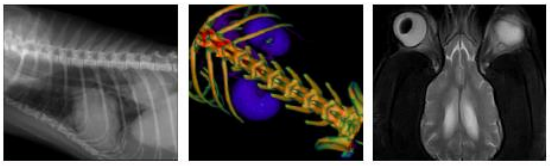
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sasha Forker-Lopath

SPECIES

Canine

BREED

Doberman Pincher

SEX

SF

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Jeonghwa Kim

INVOICE

51392

DATE

4-7-22

PRESENTING CLINICAL SIGNS

Sasha presented with a 3 month history of cough. Thoracic radiographs show a mass in the right cranial chest. There has been no response to enroflaxacin. Radiologist report says: "Large soft tissue mass in the tracheobronchial lymph node region. A right middle lung mass extending along the bronchus or a large tracheobronchial lymphadenopathy (neoplasia, fungal disease) with secondary compression of the right middle bronchus should be considered." Gabapentin helps reduce the cough. Previous diagnosis: Thoracic mass Purpose of CT scan: Diagnostic, staging Location of CT scan: Chest Mass (behaviors): Unknown Therapies tried and response: Enroflaxacin, Gabapentin - helps with the cough, Zyrtec at night. Current medication: Gabapentin 300 mg 8-12 hours, DES 1mg 5-7x/week Current signs: Cough persists Appetite and activity level: Picky eater/grazer. No change in appetite. Energy levels same. Abnormal PE/Chem/CBC/UA Results: PE: **Respiratory:** Bronchial rales are audible over the right mid thorax; respiratory rate and effort are normal Lab: Blood work is dated 3/18/22. CBC - PCV = 47%, WBC = 9800, neutrophils = 7056, lymphocytes = 1372, monocytes = 588. Platelets = 470,000. Chemistry - normal. T4 = 0.9. Urinalysis - USG = 1.035, pH = 6.0, 1+ protein, WBC = 0, RBC = 2-3/hpf, no bacteria. Ultrasound guided fine needle aspirates from the pulmonary mass are submitted for cytology.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large approximately 10 x 6 cm sized irregular shaped soft tissue attenuating mass is seen within the dorsal perihilar aspect of the right cranial lung lobe. The mass presents bronchocentric growth and causes severe bronchial compression. Moreover, the mass blends directly into the severely enlarged and rounded tracheobronchial lymph node which measures 8.5 x 5 cm. Severe ventral displacement and compression of the trachea, carina, and mainstem bronchi is noted owing to the tracheobronchial lymphadenomegaly. The right cranial lung lobe mass and enlarged tracheobronchial lymph node appear to share vascularity. The remainder of the lung presents no evidence of interstitial nodules or masses. The cranial mediastinal and sternal lymph nodes present within normal limits.

Multiple spondyloses are seen throughout the cervical thoracic spine.

A small intermuscular lipoma is seen in the right cranial thoracic wall. Two larger subcutaneous lipomas are present in the right cranioventral thoracic wall/axillary region.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large perihilar right cranial lobe lung mass meeting neoplastic criteria.
- Severe tracheobronchial lymphadenomegaly meeting neoplastic criteria.
- Multiple spondyloses.
- Lipomas.

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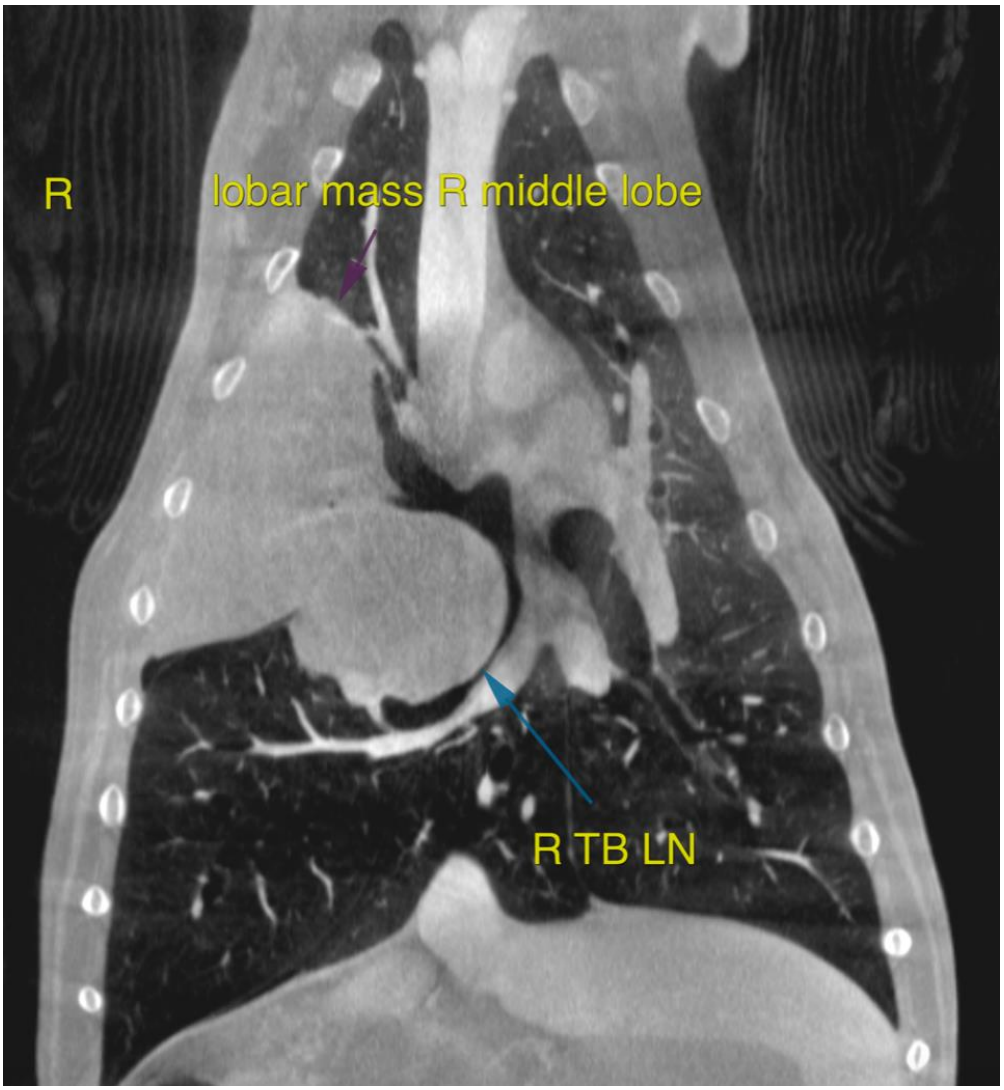
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with large pulmonary and tracheobronchial lymph node masses. The masses directly blend into each other and appear to share vascularity. Resectability of the masses may be limited by their size and anatomic positions; however, no direct involvement of the right middle and right caudal lung lobes, other than deviation and compression of their bronchi, is noted. Differential diagnosis includes secondary pulmonary neoplasia such as round cell neoplasia versus primary neoplasia of the lung such as bronchial carcinoma with metastatic disease.



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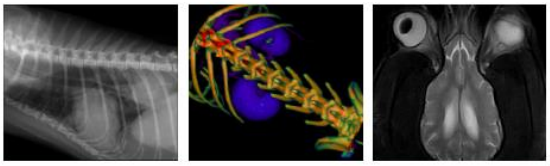

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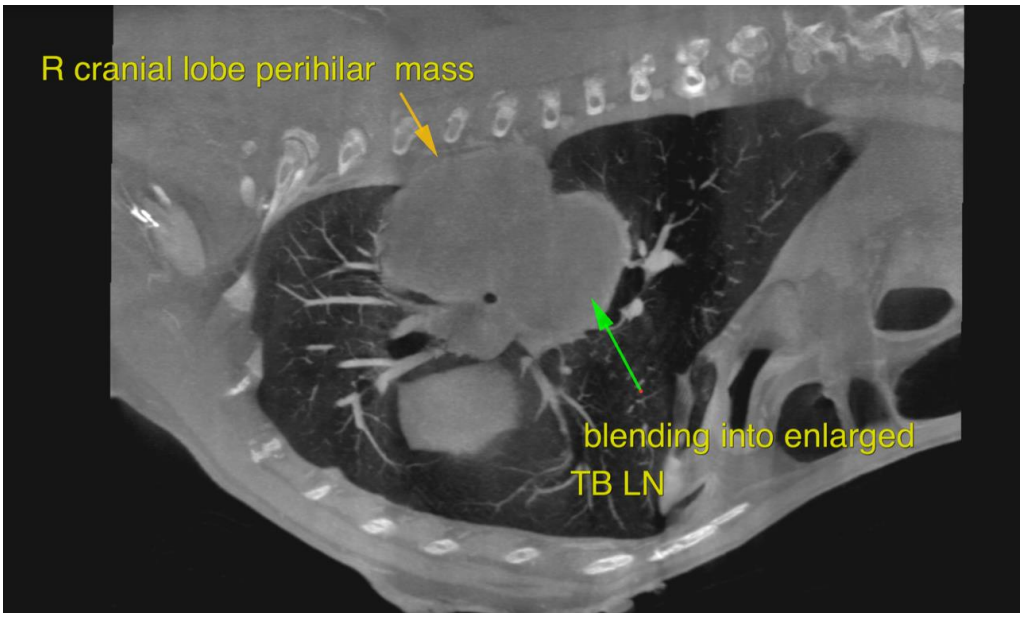

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com