



PATIENT PRESENTING CLINICAL SIGNS

Emma Jakowski mass at the caudal mammary gland region , started to bleed this morning weak not responding, drank water, not eating much, not moving tumor on abdomen, has enlarged a lot in the last couple of weeks not e/d today 1 BM yesterday, diarrhea while walking, falls on one side, not even walking right now

SPECIES

Canine

BREED

Shih Tzu

Abnormal PE/Chem/CBC/UA Results: the tumor started bleeding RBC result 4.76 and reference value 5.83-9.01 Hematocrit result 0.327 and reference value 0.366-0.545 WBC result 18.87 and reference value 5.50-16.90 neutrophils 13.79 and reference value 2.00-12.00 Monocytes 3.78 and reference value 0.30-2.00 Platelets 1145 and reference value 175-500 Urea (BUN) 14.28 and

RADIOGRAPHIC STUDY OF THE THORAX

Multiple right and left lateral as well as ventrodorsal and dorsoventral views of the thorax totaling 11 images available for review.

SEX

Spayed Female

RADIOGRAPHIC FINDINGS

An approximately 5.0 cm sized soft tissue opaque mass is seen in the caudodorsal thorax in a midline position. There is no evidence of a diaphragmatic defect or malpositioning of the esophagus or stomach.

AGE

11 Years

A second large mass is seen in the right cranial thorax and appears to be associated with the right cranial lung lobe which presents a lobar sign with mass effect causing mediastinal shift towards the left side.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Pulmonary mass of the right cranial lung lobe.
- Second caudal thoracic mass of either mediastinal or pulmonary origin.

HOSPITAL NAME

Truscott Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals two thoracic masses. One is associated with the right cranial lung lobe and likely neoplastic in origin. Lobar neoplasia is thought most likely. Lobar pneumonia, abscess, granuloma, and hemorrhage all are thought by far less likely.

REFERRING VET

Dr. Mena Abdelsayed

The caudal thoracic mass may either be of mediastinal or pulmonary origin. A mass in the position of the accessory lung lobe is thought slightly more likely than a caudal mediastinal mass such as an enlarged lymph node or other. However, the accuracy of radiographs in differentiating these two entities is limited and further definition by means of CT could be considered. Alternatively, ultrasound guided fine needle aspiration of the right cranial lobar mass could be considered a first step in further characterizing this mass as either neoplastic or non-neoplastic more definitively.

INVOICE

52846

DATE

7-13-22



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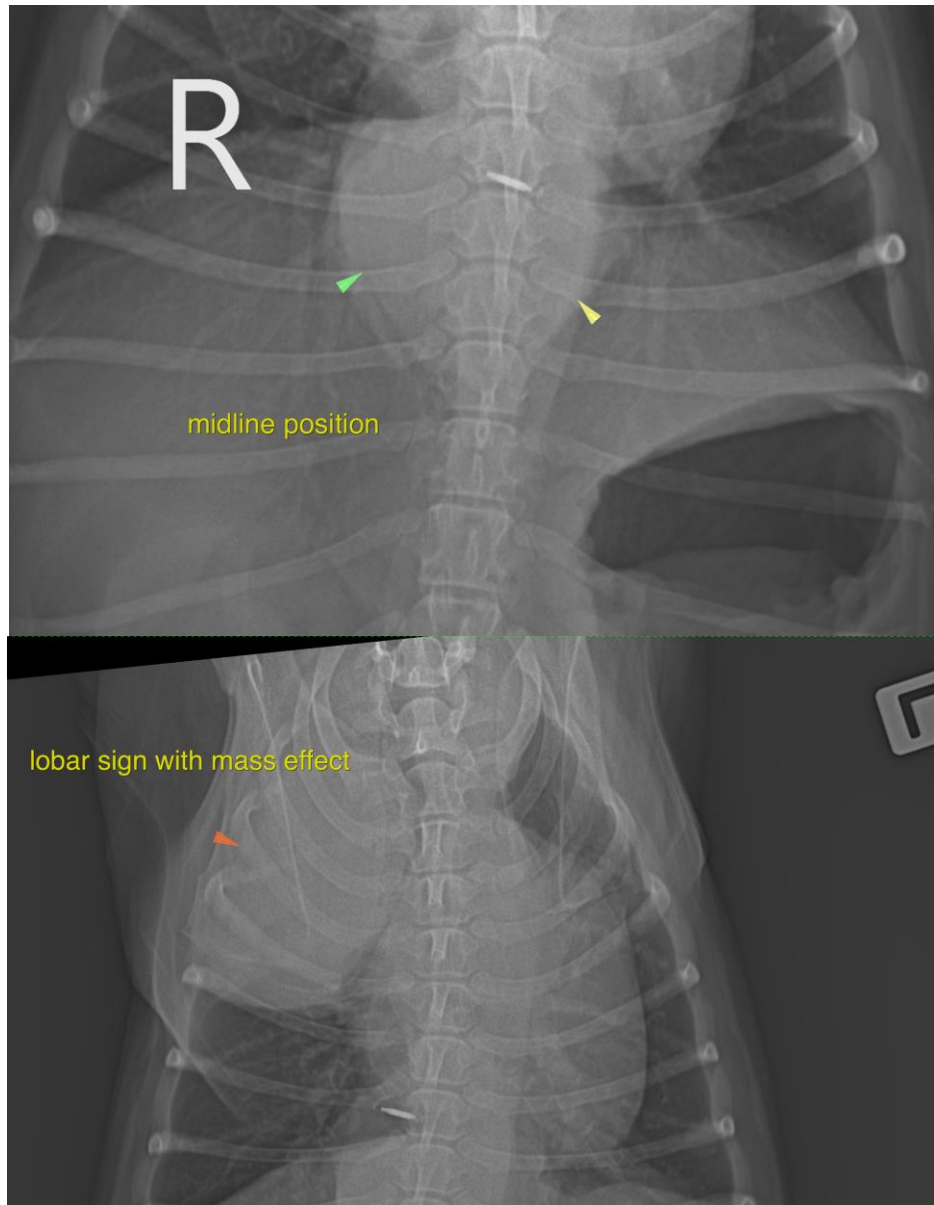
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PATIENT

Emma Jakowski

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.

SPECIES

Canine

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

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