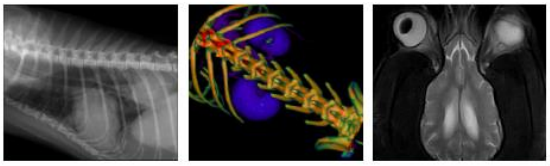

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Toby Santos

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

6 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

14013

DATE

10/25/21

PRESENTING CLINICAL SIGNS

History: Hx of vomiting, then lethargic on Oct. 11. Radiographs conclusions from then: severe diffuse chronic bronchial pattern. Nodular lesion right cranial lung.
Abnormal PE/Chem/CBC/UA Results: Obese

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST

The lungs present an increased interstitial density throughout. A mild bronchial pattern is noted as well as subtle peribronchial infiltrates (s. for example right caudal lobe). A poorly defined soft tissue dense nodule of 1.96 x 1.55 cm is detected in the tip of the right cranial lobe showing an open, ventilated bronchus having broad based pleural contact. Small areas of atelectasis are recognized in the ventral parts of the right caudal lobe. Lungs are regularly ventilated apart from that with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

Mediastinum is widened due to fat storage but has regular density. Mediastinal (sternal-, tracheal-, bronchial-) lymph nodes are normal. Thoracic trachea and esophagus present as expected.

Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown.

Heart is inconspicuous as far as can be assessed with CT. Diaphragm is normal.

The extra-thoracic soft tissues show significant obesity. Thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lung nodule right cranial lobe 1.96 x 1.55 cm
- Mild broncho-interstitial pattern
- Small atelectasis right caudal lobe due to positioning and anesthesia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple differentials existing for the detected nodule of the right cranial lobe. Primary lung neoplasia, which I would favor from a CT perspective, inflammatory issues and granulomatous disease are common.

Next diagnostic steps could be endoscopy with BAL for cytology and microbiological testing (r/o blastomycosis, coccidioidomycosis) and/or ultrasound guided FNA/biopsy. Final diagnosis is often a matter of temporal evolution, therefore follow up radiographs and/or CT in 4 weeks are recommended with subject to endoscopic/histopathologic/cytologic results. Currently evidence of metastatic spread is not noted.

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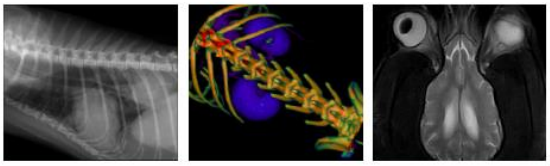

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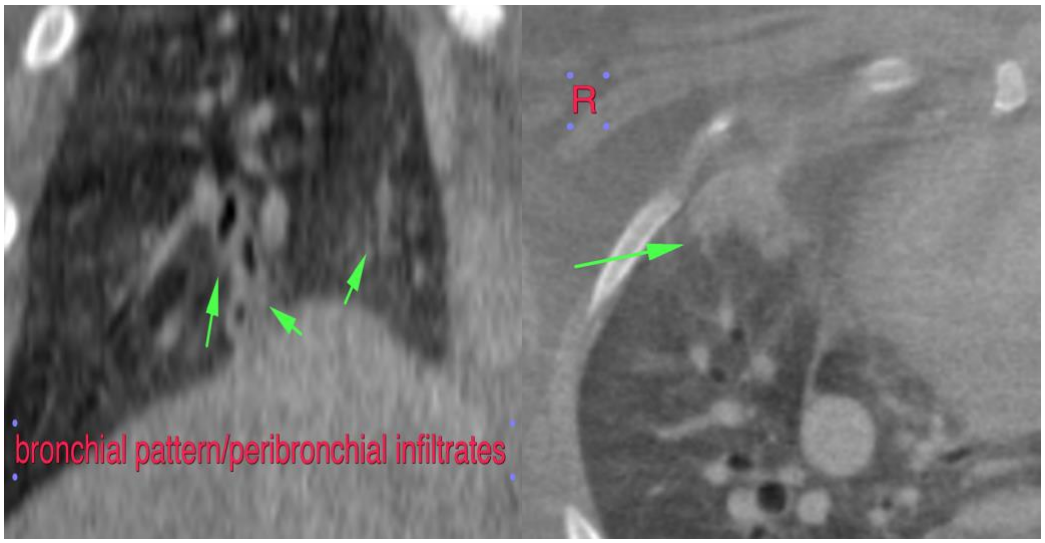
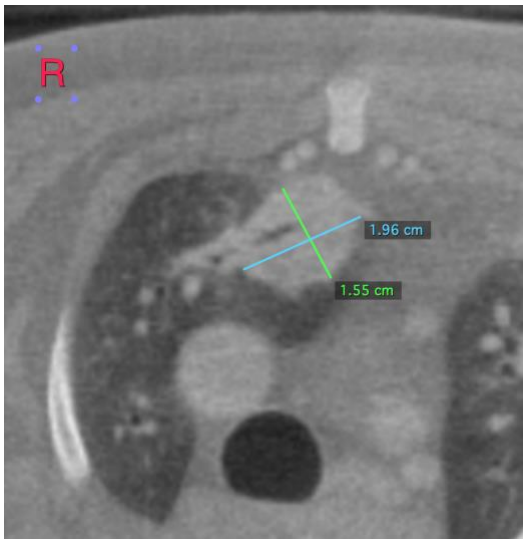
The increase of interstitial lung density and bronchial wall thickening speak for a more chronic inflammatory process such as bronchitis/mild bronchopneumonia as seen with infectious disease or allergic issues. Fat storage enhances the impression of a broncho-interstitial pattern.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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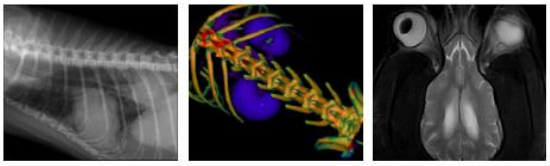

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