



**PATIENT PRESENTING CLINICAL SIGNS**

Suki Borsa PT has been having on and off vomiting and diarrhea for 3-4 weeks. Pt is also very lethargic for 2-3 months, really bad past couple weeks. Pt will go off by himself and sleep a lot of the day. O says this is unusual for him not wanting to be around her. Pt having decreased appetite- not wanting to eat some days. Pt is also having some coughing hacking occasionally. Abdominal radiographs within normal limits, Thorax radiographs are abnormal Thorax radiographs taken 3/13/23. There are multiple mass appearance within the lung lobes. This could be due VF granuloma ( even though the VF titer was negative) or malignant masses. We can pro-actively treat with baytril and amoxicillin ( abx) along with Fluconazole for a month and recheck his chest radiographs in one month. At this time if it is a malignant masses I can refer to oncologist but they would like to further diagnose with TTW and/or lung biopsy to see what masses we are dealing with and what type of radiation and chemotherapy they would like to put him on. O stated she does not want to go to that extent for Suki. Abdominal radiographs within normal limits, Thorax radiographs are abnormal

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male Neutered

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and vd views provided for review.

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**AGE**

10 Years

The extra-thoracic soft tissues are homogenous without abnormalities.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The cardiac silhouette appears normal.

There are multiple round nodules of soft tissue opacity throughout all lung parts with different sizes noted. Maximum diameters measure up to 1.8 cm.

The trachea is unremarkable in diameter and course.

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Veterinary Hospital

The cranial mediastinum appears thickened with expected soft tissue density. No mediastinal shift is seen.

The esophagus is not visible and considered to be normal.

**REFERRING VET**

Dana Nassoij, D.V.M

The diaphragm is unremarkable, there are no signs of relevant pleural effusion.

**RADIOGRAPHIC DIAGNOSIS**

- Nodular interstitial lung pattern
- Questionable thickening of the cranial mediastinum

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Radiographic findings are severe and do match with the clinical presentation. The significant nodular pattern is commonly seen with metastatic neoplasia or with granulomatous disease. I would rule out active inflammatory disorders like (eosinophilic) pneumonia and lung abscesses. Primary pulmonary

**DATE**

3-14-23



**PATIENT** neoplasia is unlikely. I would favor metastatic pulmonary disease which may cause additional secondary pneumonia.

Suki Borsa

The questionable thickening of the cranial mediastinum could be consistent with mediastinal lymph adenomegaly.

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Next diagnostic steps could be endoscopy with TTW/BAL for cytology and microbiological testing (r/o blastomycosis, coccidioidomycosis) and/or tomography for guided samples and to search for primary neoplasia.

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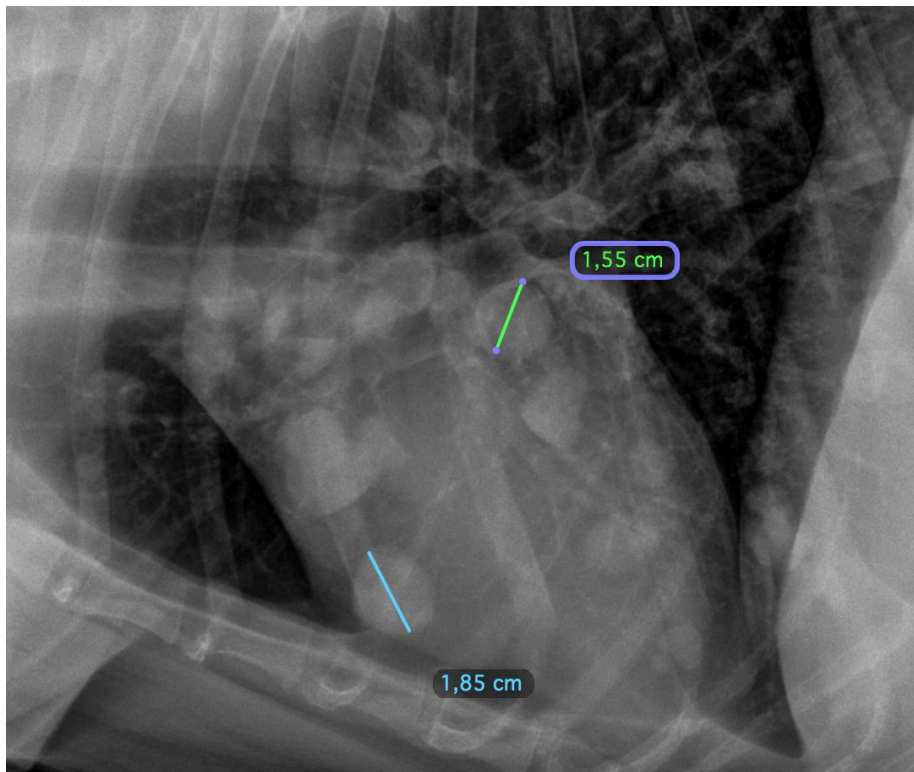
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**PATIENT**

Suki Borsa

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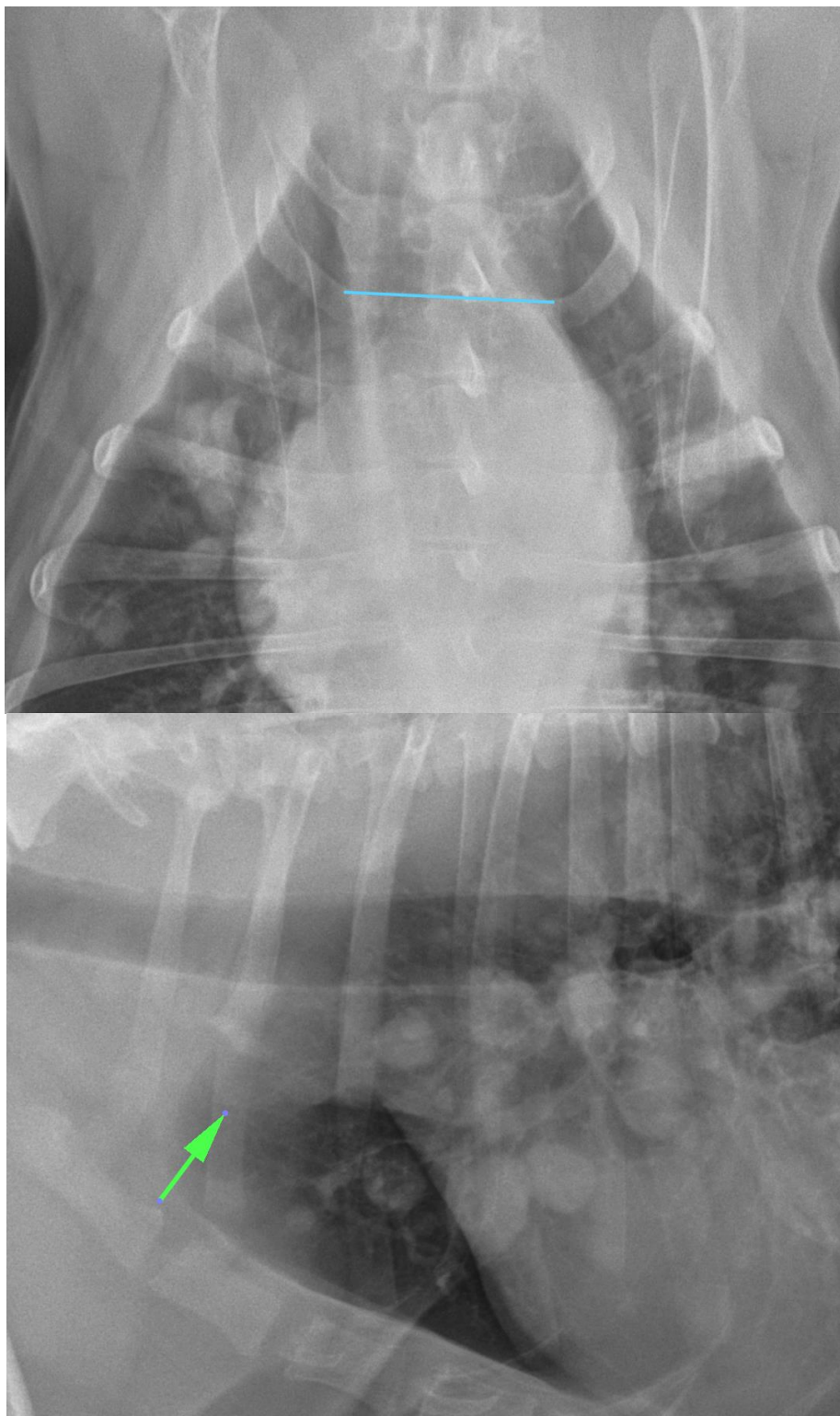
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**PATIENT**

Suki Borsa

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.

**SPECIES**

Canine

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 Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

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