



**PATIENT PRESENTING CLINICAL SIGNS**

Lily Petolino PC- gag noted by O hypertensive with elevated UPC on benazepril- bp stable thoracic mass- r/o osteoma vs neoplasia vs other  
 Abnormal PE/Chem/CBC/UA Results: upc 0.7 kidneys normal - alp 300 , alt normal hm 3/6 systolic

**SPECIES**

Canine

**RADIOGRAPH OF THE THORAX**

Right/left lateral and ventrodorsal views provided for review.

**BREED**

Pitbull Mix

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.  
 The extra-thoracic soft tissues are homogenous without abnormalities.

**SEX**

Female Spayed

The cardiac silhouette is normal without evidence of chamber enlargement.

**AGE**

8 Years

There is a soft-tissue to mineral-dense, rounded structure of approximately 1.7 cm on the right lateral view recognized silhouetting with the heart/aortic root located ventrally to the carina causing a questionable deviation of the left cranial main stem bronchus. The lesion cannot be identified on the left lateral and vd view.

**INTERPRETED BY**

Sebastian Jawinski,  
 German Board  
 Certified Vet  
 Specialist in  
 Diagnostic Imaging

The pulmonary vessels are normal in size and taper appropriately in the periphery. The lung density appears normal apart from that.

The trachea is unremarkable in diameter and course. The luminal outline of the trachea is smooth.

The mediastinum presents expected soft tissue density, there is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen.

**HOSPITAL NAME**

Legacy Animal  
 Hospital

The esophagus is not visible and considered to be normal.

The diaphragm is unremarkable, no signs of pleural effusion.

**REFERRING VET**

Dr. Kristin Potenzzone  
 DVM

**RADIOGRAPHIC DIAGNOSIS**

- Questionable nodule ventral to the carina silhouetting with the heart 1.7 cm

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The questionable nodule ventral to the carina is only recognized on the right lateral view. This finding still could be artificial due to summation effects (especially rib-ending and vessels) and the respiratory phase. There are no compelling signs of an aggressive bony and/or pulmonary lesion.  
 Diagnostic value of thoracic radiographs is limited in case of mediastinal/perihilar/heart base lesions. These cannot be fully excluded. Follow up radiographs are recommended to differentiate whether this

**DATE**

5-2-23



**PATIENT** Lily Petolino is a constant finding or more likely artificial. Sonographic examination and/or tomography could be performed next to evaluate the mediastinum and heart base.

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**REFERRING VET**

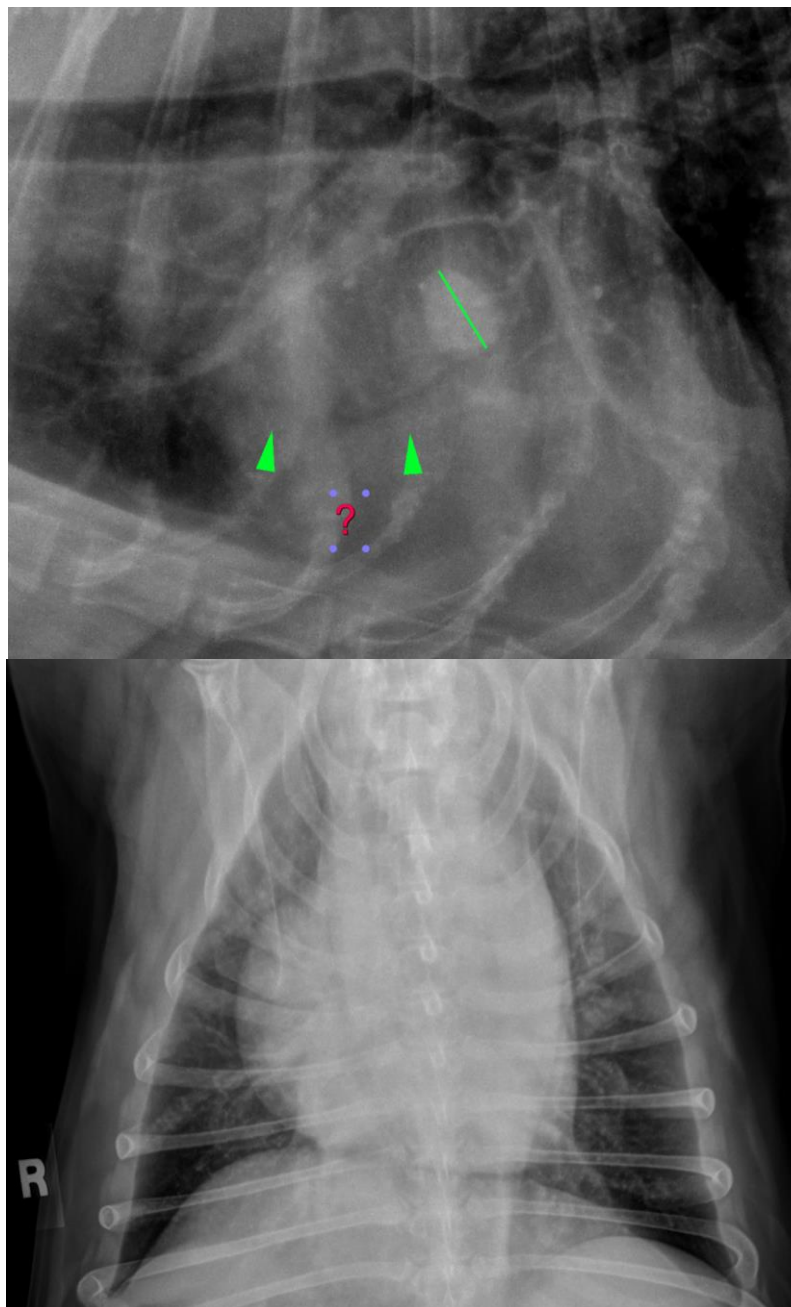
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**PATIENT**

Lily Petolino

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.

**BREED**

Pitbull Mix

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
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