



PATIENT PRESENTING CLINICAL SIGNS

Russell Persons ADR, not eating as well as usual, found fractured tooth. At appointment for fractured tooth WBC was high. Suspicious area found on thoracic radiographs for mass in thorax or possible abscess.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALKPHOS & ALBUMIN were elevated on chemistry. WBC was 31 (5-16.76). Otherwise unremarkable PE

Canine

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Labrador Retriever

Chest:

SEX The caudo-ventral thorax shows a large, amorphous mass mainly located on the left but crossing the midline following the pleural border of the diaphragm (estimated diameters 8.1 x 7.8 cm on the left, latero-lateral > 12 cm). There is broad-based contact especially to the left pleural surface of the caudal lung lobe. At least one nodule-like pulmonary lesion of 1.5 cm is detected disrupting the pleural continuity. Mild pleural effusion in the left hemithorax and moderate pericardial effusion are recognized.

Male

AGE

7 Years

The mediastinal lymph nodes (sternal, cranial and perihilar) are moderately enlarged.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Apart from small atelectasis the lungs are regularly ventilated.

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

HOSPITAL NAME

Abdomen:

The abdomen appears regular.

The abdominal lymph nodes and vessels have no particular findings.

REFERRING VET

Dr. Trevor Bjerke

Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

58794

- Large, amorphous mass left caudal thorax with suspected inclusion of the pleura, diaphragm, pericardium and the left caudal lung lobe
- Mediastinal lymph adenomegaly
- Unilateral pleural effusion left hemithorax

DATE

6-13-23



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Russell Persons

The CT findings most likely present malignant neoplasia in the left caudo-ventral thorax. Distribution, extension, size and shape would go along with that assumption including a suspected locally invasive/aggressive growth. The origin is not obvious and could be diaphragmatic, mediastinal and pleural. Changes of the lymph nodes are highly suspicious for a regional metastatic spread. The mass, the pleural and pericardial effusion should be accessible for ultrasound guided FNA/biopsy which could be performed next. An inflammatory lesion and/or herniation issue are unlikely.

SPECIES

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SEX

Male

AGE

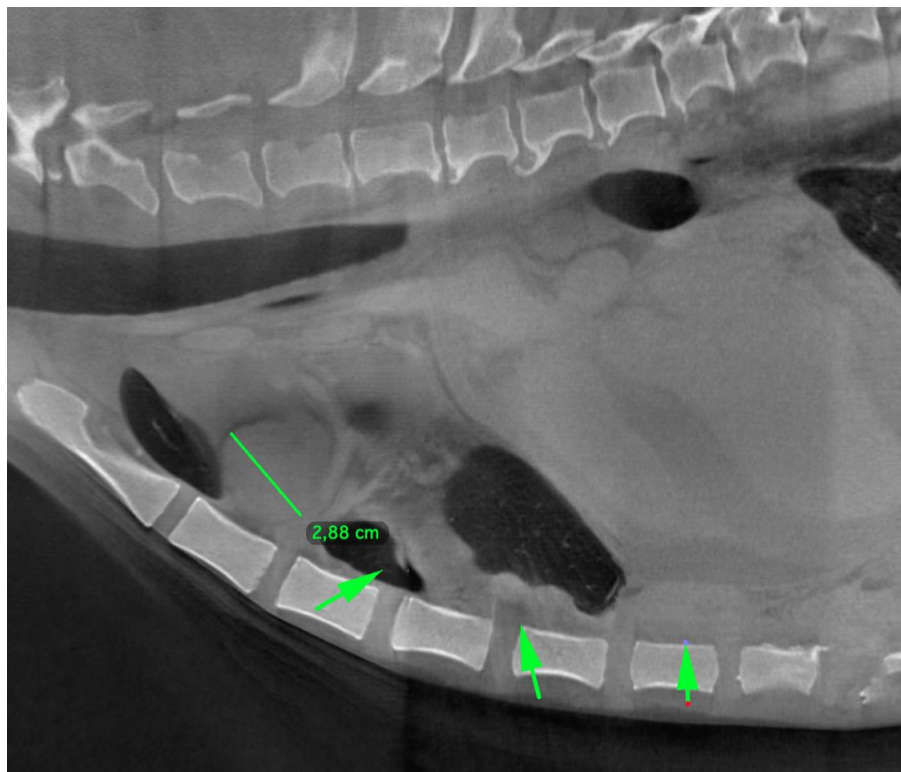
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HOSPITAL NAME

Casselton Vet Service



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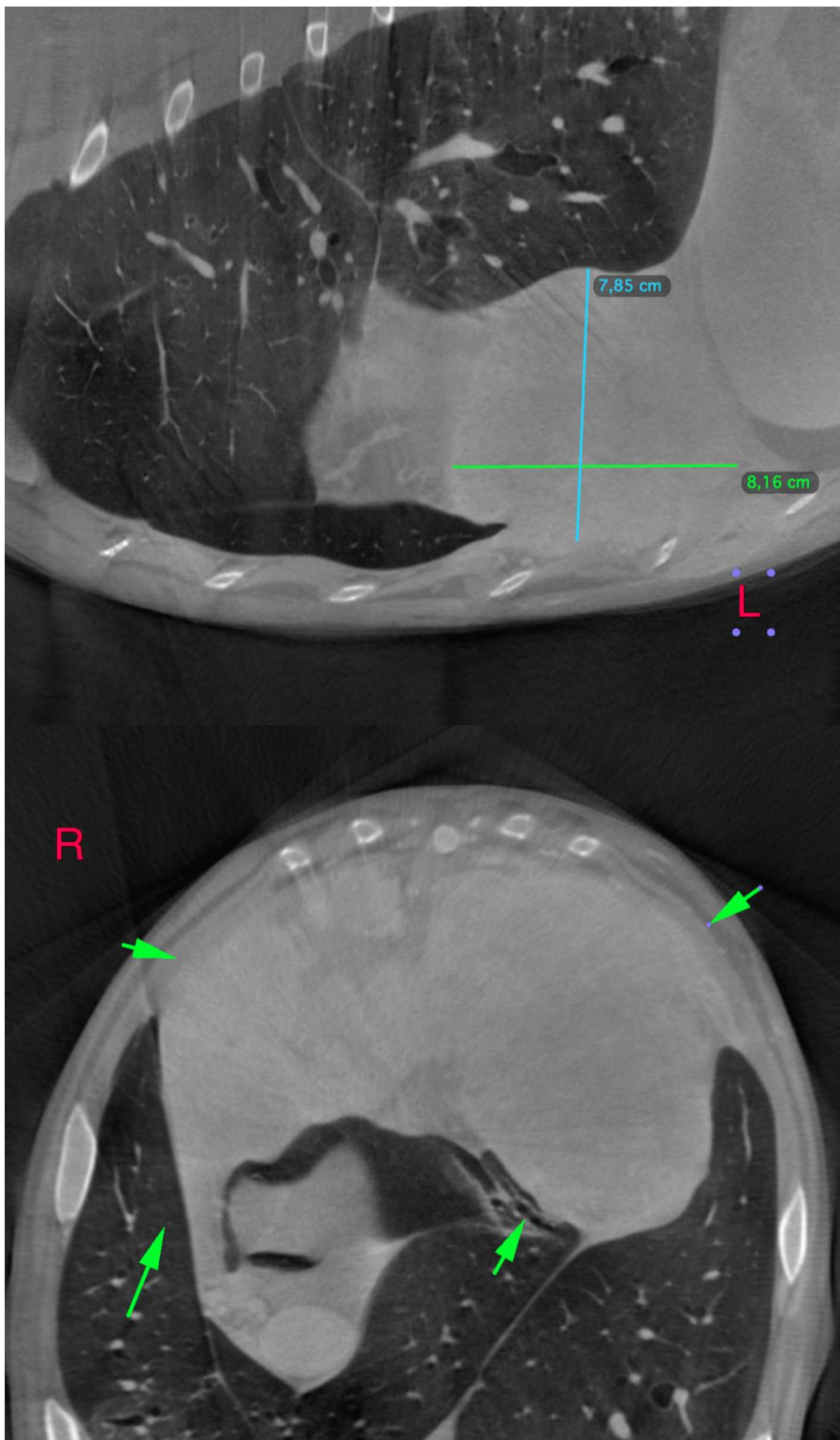
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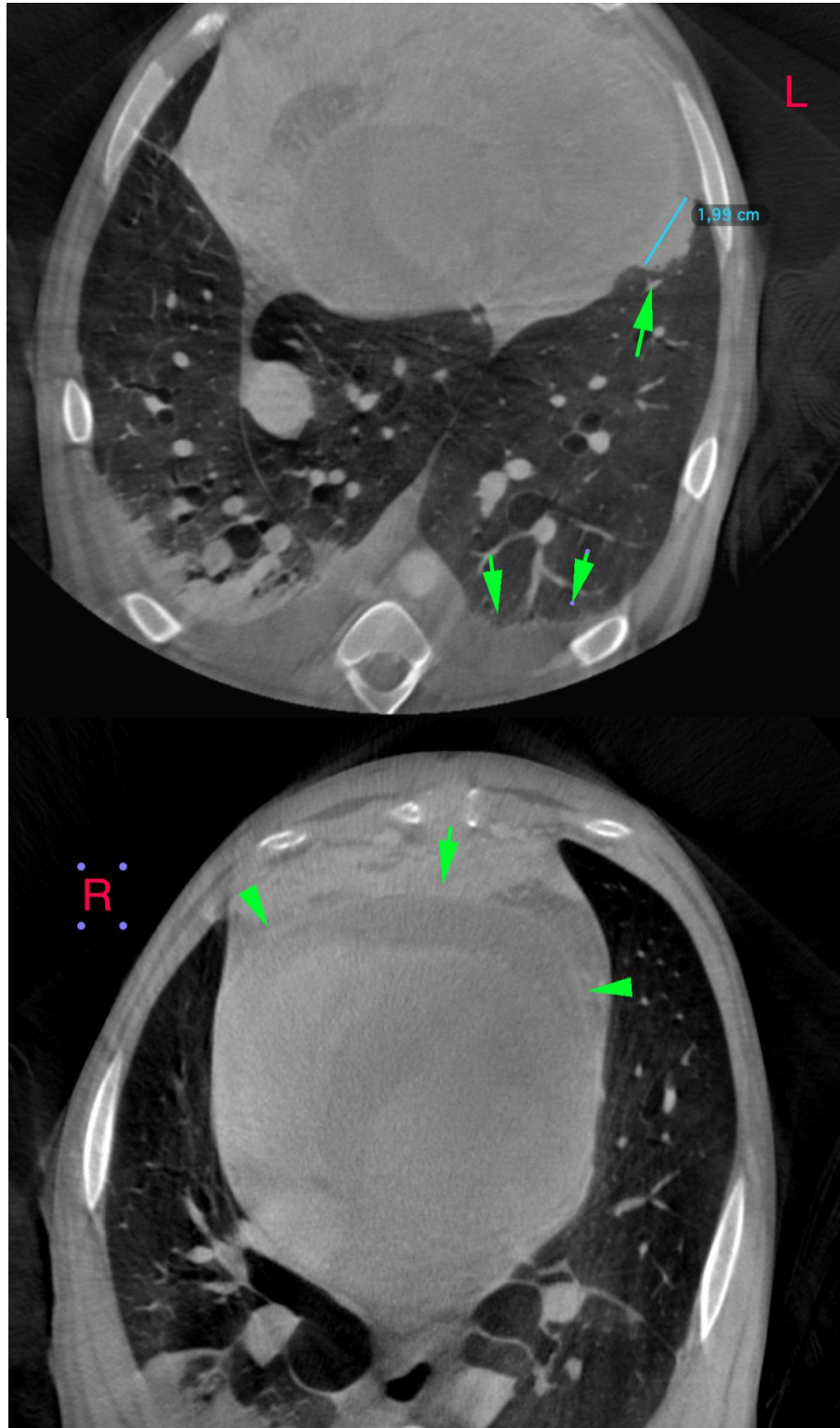
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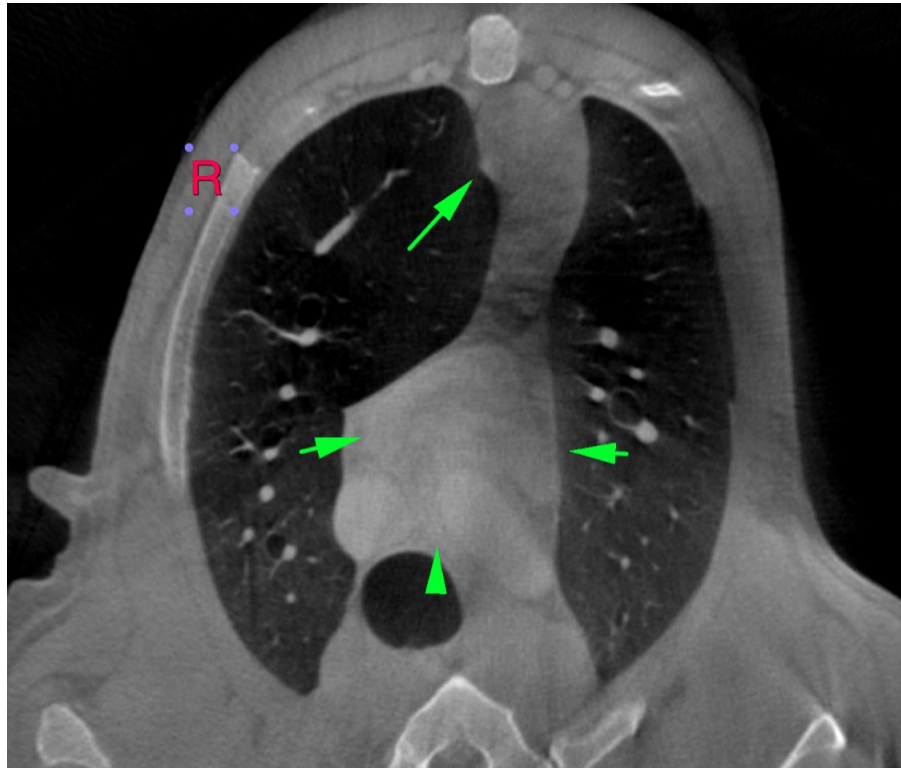
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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