



PATIENT PRESENTING CLINICAL SIGNS

Roger Matos rDVM refers for CT Scan as surgical and treatment plan for left pulmonary mass. Patient has presented seizure episodes and is referred for head CT Scan.
 Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- AMYL moderate decreased

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE HEAD & THORAX

Pre/post contrast studies provided for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Shih Tzu

Head:

SEX

The interhemispheric gap is in the midline without evidence of a mass effect. As far as can be assessed, there are regular cortical gyri in the cerebral and cerebellar region with a symmetrical ventricular system. Brain stem and cerebellum are inconspicuous. The pituitary gland is within normal limits.

NM

AGE

13 Years

Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

The right external ear canal shows a mass-like obliteration of its horizontal part protruding the tympanic membrane inwards. External ear canals are ventilated apart from that, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly.

Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical, especially the mandibular and medial retropharyngeal lymph nodes.

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Chest:

REFERRING VET

Dr. J. Crescioni, DVM

The left caudal lung lobe presents a rounded to amorphous mass of 2.0 cm with a ring enhancing capsule and diffuse contrast uptake of the inner texture. Margins are mildly indistinct with broad based pleural contact and compression of the adjacent supplying bronchus. Another focal, ill-defined increase of density is recognized in the cranial tip of the left cranial lobe with wide-extending subpleural thickening/pleural lines.

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The right caudal lung lobe shows at least two cavitary, aerated, non-reactive lesions (0.96 + 0.68 cm). The lungs are regularly ventilated apart from that with close contact to the inner thoracic wall on all sides. There is no evidence of pleural fluid accumulation or free pleural gas.

DATE

6-20-23

The mediastinum is regular in width and density. The cranial mediastinal lymph nodes are prominent but still considered to be normal. The thoracic trachea presents as expected. Moderate dilation with fluid filling is noted in the course of the cervical and thoracic parts of the esophagus.



PATIENT The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

Roger Matos 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.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Canine
- Pulmonary mass dorso-medial part of the left caudal lung lobe
 - Consolidated lesion with pleural thickening left cranial lung lobe
- BREED**
- Aerated cavitory lesions right caudal lung lobe
 - Suspected inflammatory polyp right external ear canal
- Shih Tzu
- Dilated, fluid-filled esophagus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX CT findings of the left caudal lung lobe are suspicious for a neoplastic lesion. The mass-like appearance, the diffuse inner enhancement and compression of the adjacent bronchus would go along with that assumption. An inflammatory issue as seen with abscess formation or granuloma cannot be fully excluded. Biopsy is needed for final assessment. Obvious signs of an aggressive or metastatic behavior are not recognized since pleural effusion and typical lymph adenomegaly are not noted.

AGE 13 Years The consolidated area in the left cranial lobe probably shows residual inflammation including the pleural/subpleural region. Small atelectasis due to anesthesia is another plausible differential.

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Cerebral intra-axial lesions such as infarcts, small edema or low-grade neoplasia are difficult to recognize in CT and therefore not ruled out completely. However, cerebral neoplasia is not suspected in this case. Changes within the right external ear canal must be correlated with the clinical presentation and likely present an inflammatory polyp with a still intact integrity of the tympanic membrane.

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Findings of the esophagus are unspecific and could be normal under anesthesia due to regurgitation/gastric reflux. Differentials include mild esophagitis and initial megaesophagus (clinically relevant?).

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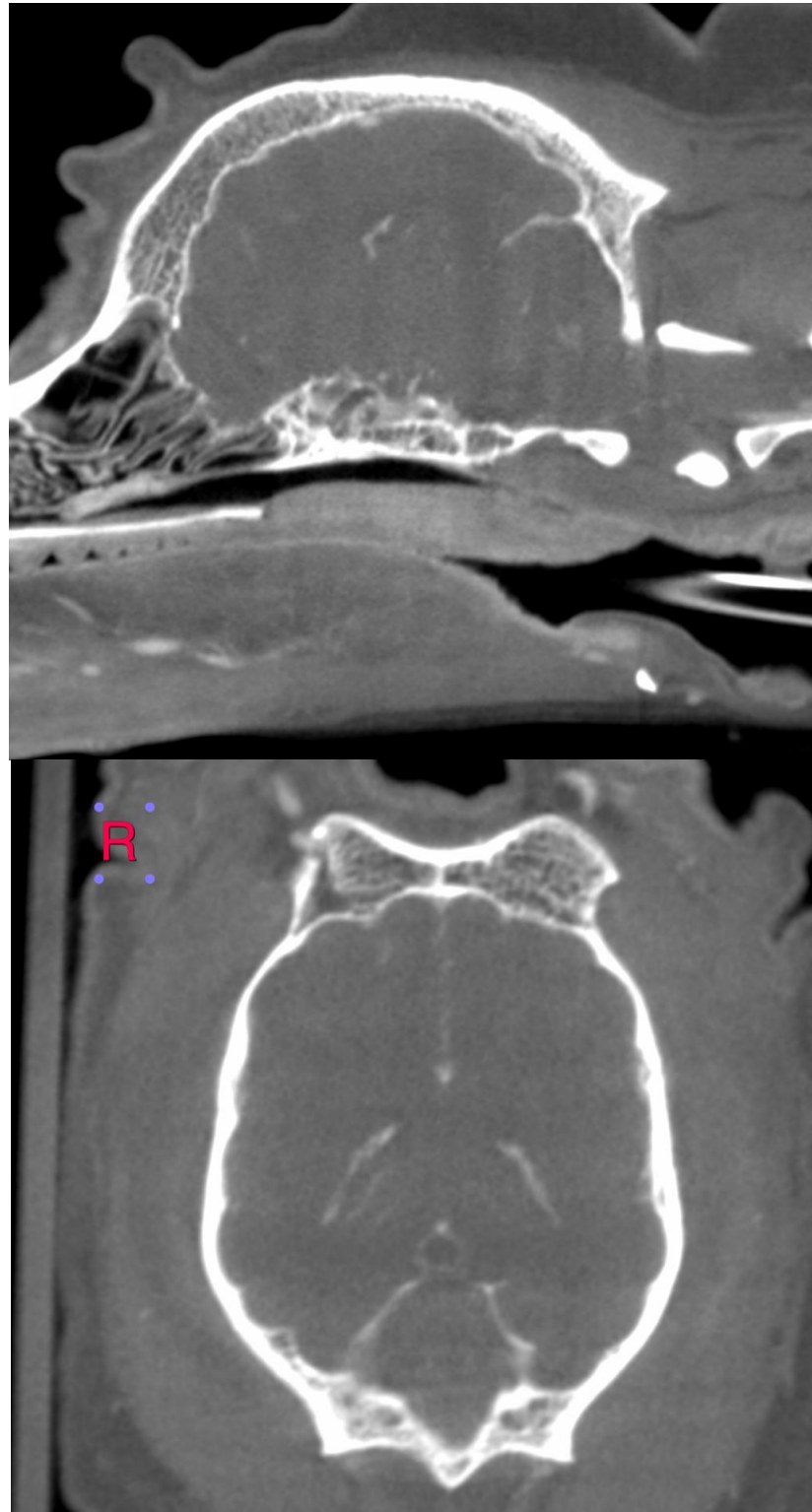
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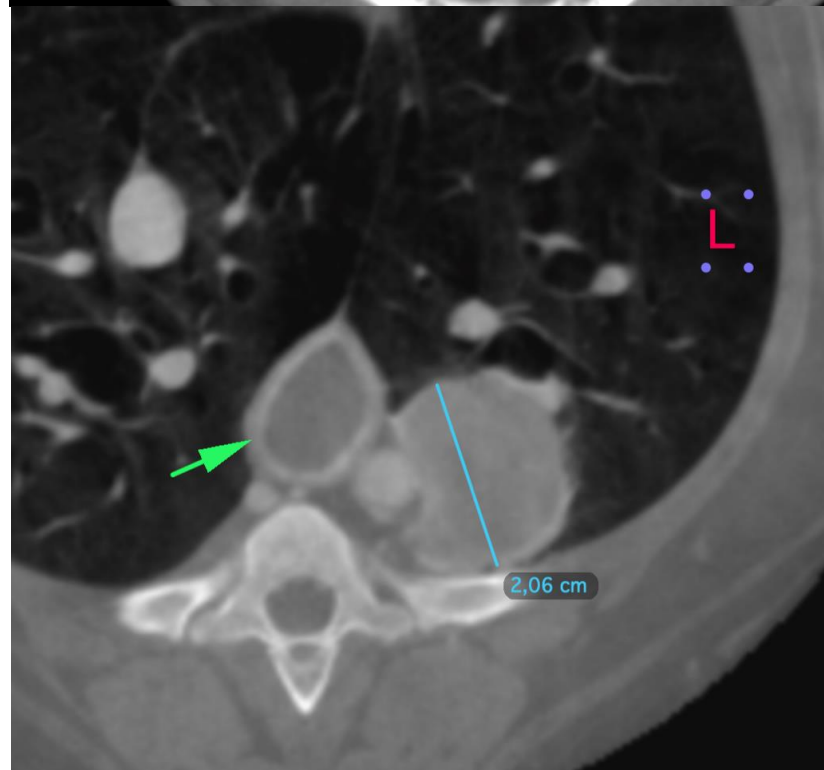
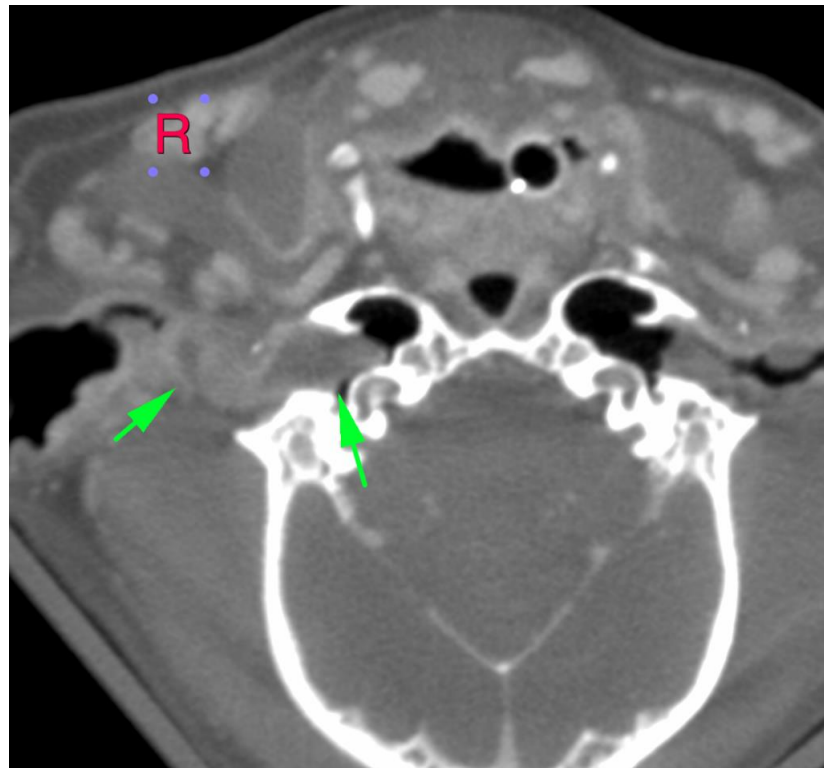
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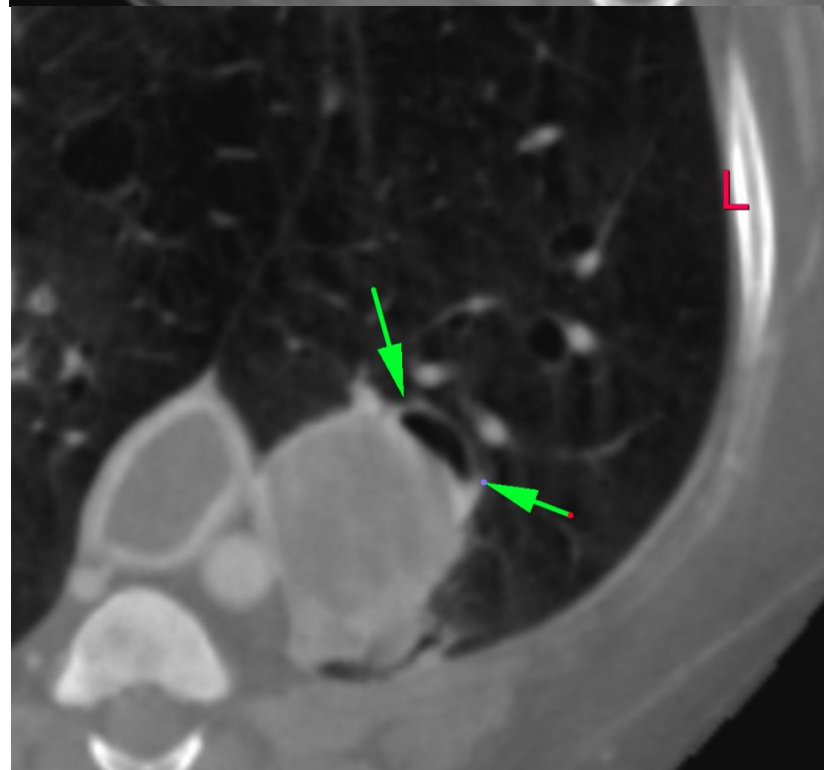
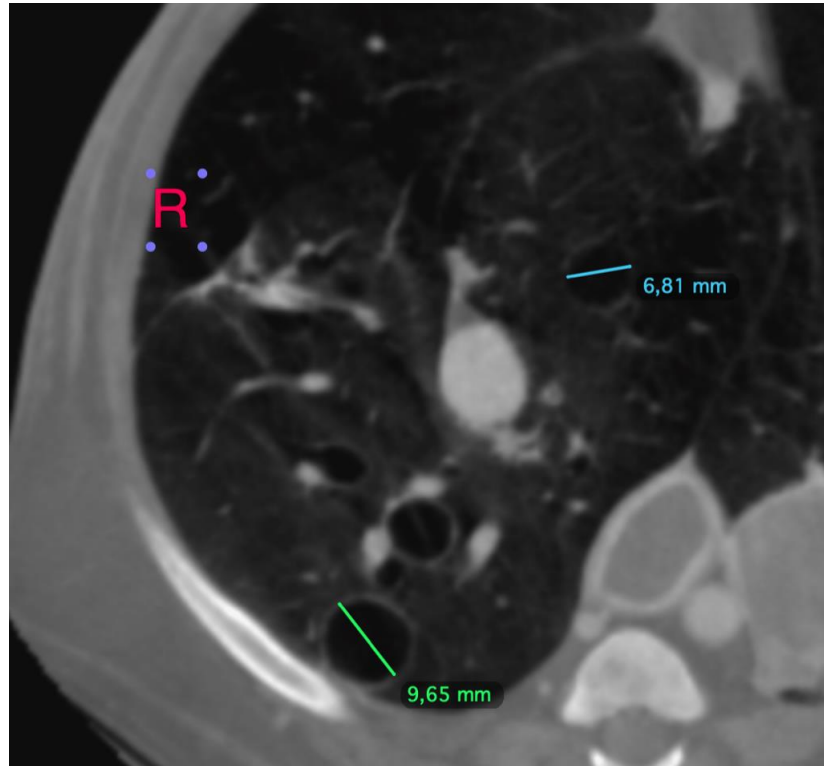
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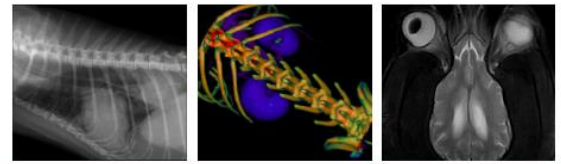
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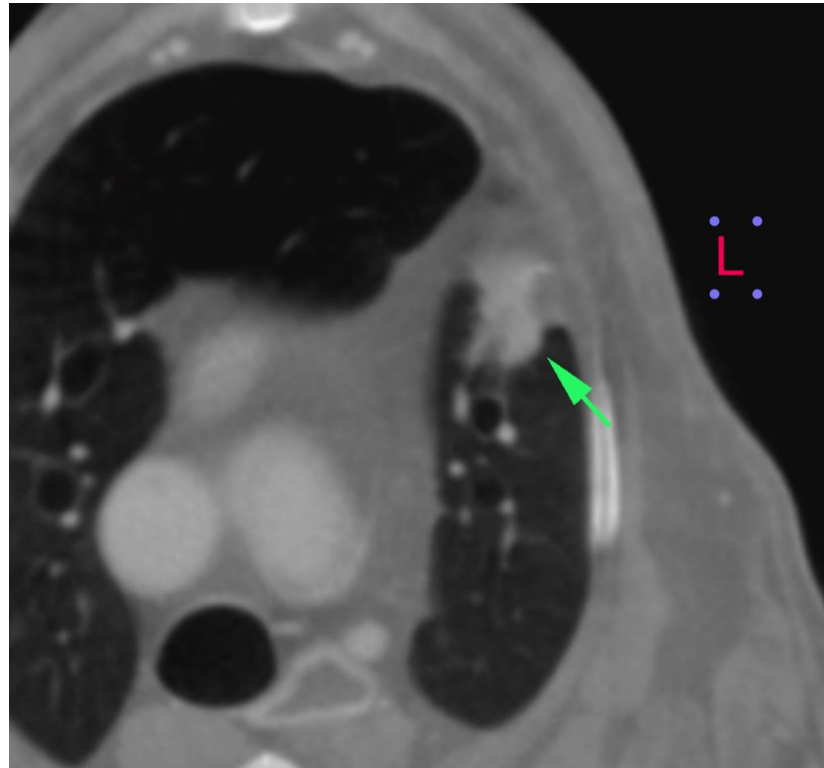
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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