



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Arlo Matich
SPECIES Canine
BREED Boston Terrier
SEX Neutered Male
AGE 8 Years

PRESENTING CLINICAL SIGNS
 History: Presented for left cranial lung lobe mass and pleural effusion. Fluid cytology concerning for carcinoma.
 Abnormal PE/Chem/CBC/UA Results: Increased respiratory rate and effort. Unable to auscult heart from left side of chest.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

The right hemithorax is inconspicuous. On the left there is a mass effect noted starting caudal to the thoracic inlet. The lesion can be traced caudal to the heart and represents a mass lesion of the left cranial lung lobe. The cranial mediastinum gets deviated to the right. Residual ventilation of the lobe is not recognized. The supplying bronchus ends abruptly. The cranial aspect of the lesion reveals fluid filling with an indicated ring enhancement, the caudal aspects present two mineral-dense foci. The left lung parts caudal to the lesion show significant bronchial wall thickening and mild peribronchial infiltrates and a nodular pattern. The 2nd and 3rd rib reveals subtle periosteal thickening and irregularities at the inner surface.

Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lung mass left cranial lobe
- Periosteal changes of the adjacent 2nd/3rd rib
- Marked bronchial pattern of the left caudal lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abrupt ending of the left cranial bronchus and the mass effect of the cranial lobe could represent uncommon lobe torsion with central necrosis/abscess. However, the bronchial obstruction, pattern of the lobe itself and especially the periosteal reactions of the ribs are uncommon for an inflammatory issue and highly suspicious for an aggressive lesion such as the suspected carcinoma. The mineral dense spots can represent metaplastic calcification due to neoplasia; foreign material cannot be fully excluded. There is no obvious mediastinal metastasis recognized but infiltration and metastasis of the left caudal lobe is likely.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet Specialist
 in Diagnostic Imaging

HOSPITAL NAME

Mobile Pet Imaging
 CFL

REFERRING VET

Dr. Rodriguez

INVOICE

12907

DATE

9/1/21



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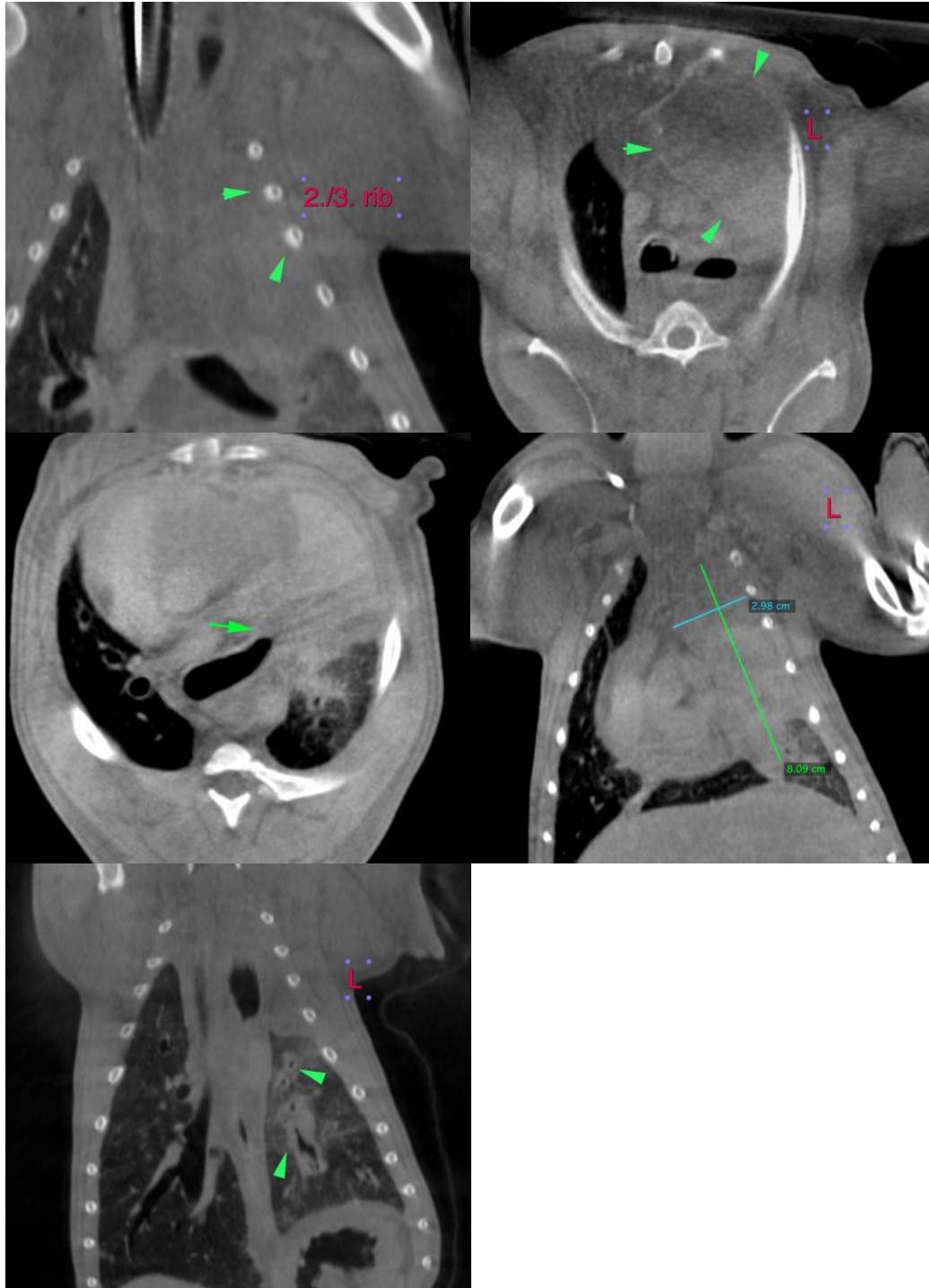
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Arlo Matich 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.

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

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