



PATIENT

Rex Hatch

PRESENTING CLINICAL SIGNS

vague hack/ cough for last 4 months. slowly progressive. more recently having swelling between mandible. enlarged submandibular LN's (cytology had no significant findings).
 Abnormal PE/Chem/CBC/UA Results: CBC normal. Chemistry has CREA = 2.1, BUN = 53, ALK Phos = 2103, ALT = 399

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and vd views provided for review.

BREED

Pitbull

RADIOGRAPHIC FINDINGS

Surrounding bony structures age-appropriate degenerative changes of the thoracic spine.

SEX

Neutered

Extra-thoracic soft tissues are homogenous without abnormalities.

There is no evidence cardiovascular disease.

AGE

12 Years

Pulmonary density presents a marked broncho-interstitial pattern with thickened bronchial wall, indicated peri-bronchial infiltrates and a distended bronchus of the right caudal lobe. Cranio-ventral to the heart there is soft-tissue dense, rounded mass of 3.9 cm recognized. Cranial to the heart another rounded mass is indicated silhouetting with the aorta and the cranial mediastinum with a diameter of approximately 7.1 cm.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

The trachea is inconspicuous in diameter and course. Mild calcification of the main stem bronchi is noted.

The cranial mediastinum appears thickened and is poorly defined especially on the right side.

HOSPITAL NAME

Q Street Animal
 Hospital

The esophagus is not visible and considered to be normal.

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

REFERRING VET

Bretschneider

RADIOGRAPHIC DIAGNOSIS

- Pulmonary/mediastinal masses cranial thorax
- Marked broncho-interstitial lung pattern, mild calcification of the bronchial walls
- Distended main stem bronchus right caudal lobe

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic findings are significant and do match with the clinical presentation. The suspected masses in the cranial thorax are likely located in the mediastinum and lung. Additional mediastinal lymphadenopathy is possible. The poor definition probably reflects an active process such as secondary inflammation due to neoplasia. Granulomatous disease is possible but unlikely.

DATE

9-9-21



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The broncho-interstitial pattern may partially be artificial due to respiratory phase and like the bronchial wall mineralization is a secondary and chronic finding.

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Sonographic evaluation (FNA possible?) and/or chest CT could be the next diagnostic steps. Empiric therapy of a bacterial infection with follow-up radiographs in 2 weeks could be performed alternatively.

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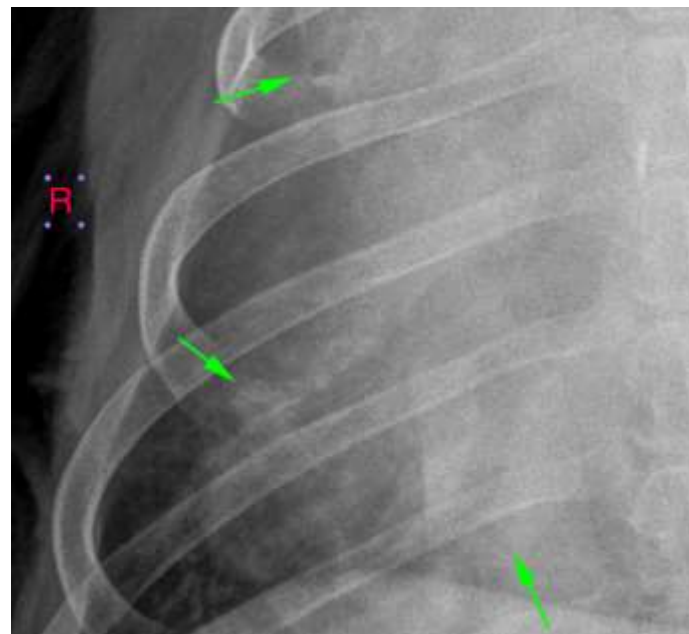
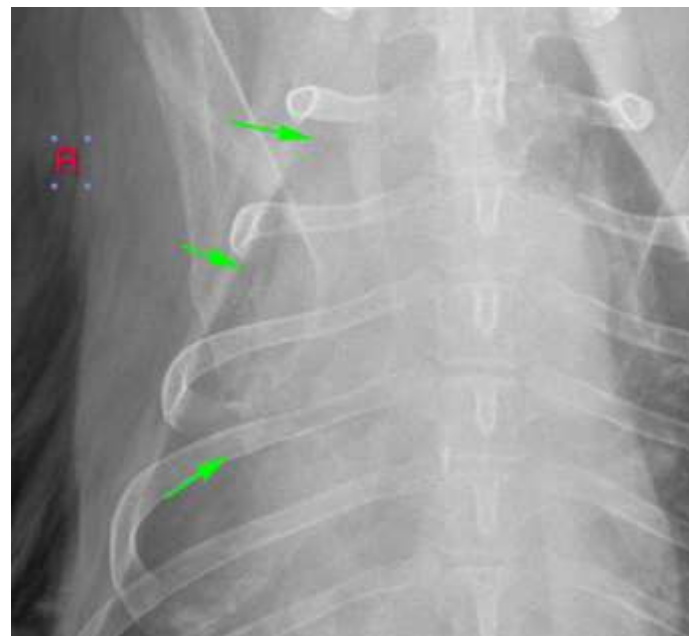
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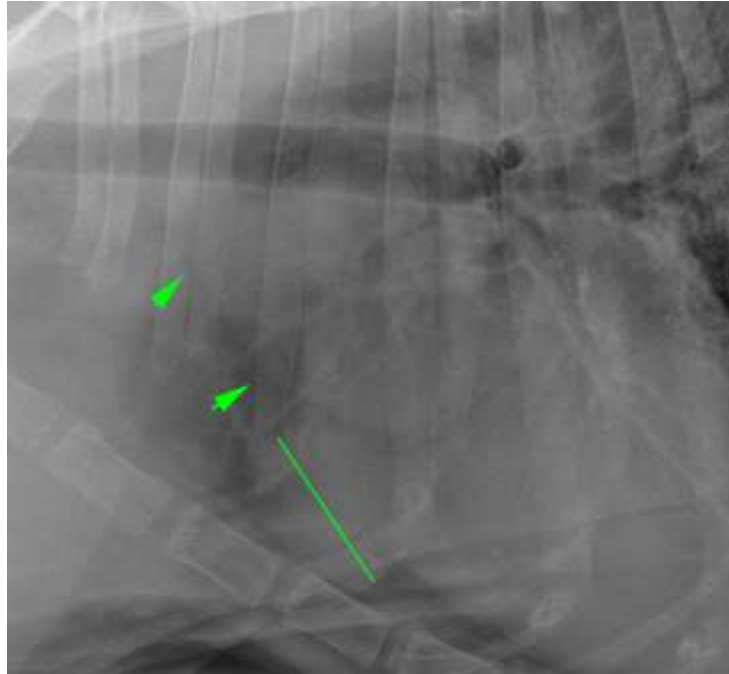
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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