



## PATIENT

Bolt Bigley

## SPECIES

Canine

## BREED

Mixed

## SEX

Male Neutered

## AGE

13Y

## WEIGHT

14.6kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Mountain West  
Veterinary Specialists

## HOSPITAL NAME

Mountain West  
Veterinary Specialists

## REFERRING VET

Melanie Thompson

## INVOICE

73406

## DATE

1-20-26

## PRESENTING CLINICAL SIGNS

### History:

- Bolt developed a cough
- Currently, he exhibits both a moist, productive cough and a hacking cough, which may be related to post-nasal drip. He sometimes coughs up blood.
- Nasal discharge has been present for the last 3-4 months.
- Chest Radiographs (October 2025): Revealed multiple pulmonary nodules - metastatic neoplasia versus fungal infection
- Fungal Titters: Negative.

## COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORAX

A high resolution pre- and post-contrast CT study of the skull, neck, and thorax is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull & Neck

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

In the nasal cavity, a small to moderate amount of fluid attenuating material is attached to the conchal structures.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The osseous and surrounding soft tissue structures of the neck are within normal limits.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

In the caudodorsal aspect of the left caudal lung lobe roundish, heterogeneous soft tissue attenuating mass with interspersed amorphous mineralization and peripheral multicameral gas attenuating areas are appreciated; measuring approximately 6.8 cm in diameter. Multifocal throughout the lung, roundish, complex cavitated roundish lesions, demarcated by a prominent soft tissue attenuating capsule are seen; measuring up to 2.2 cm in diameter.



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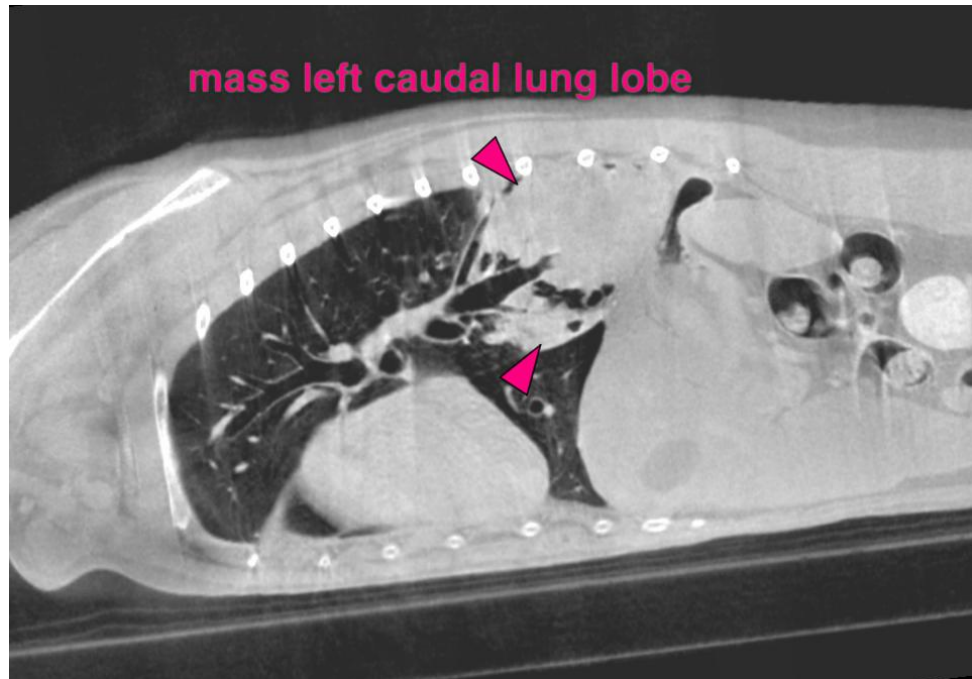
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass with dystrophic mineralization left caudal lung lobe
- Multiple thick walled complex cavitary lesions multifocal throughout the lung
- Mild rhinitis – suspect non-specific rhinitis
- Normal neck

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary lesions are consistent with primary pulmonary neoplasia – likely originating from the left caudal lung lobe and metastatic spread throughout the lung. The top differential is carcinoma. FNA sampling may be performed for specification. Treatment options are limited to palliative measures.





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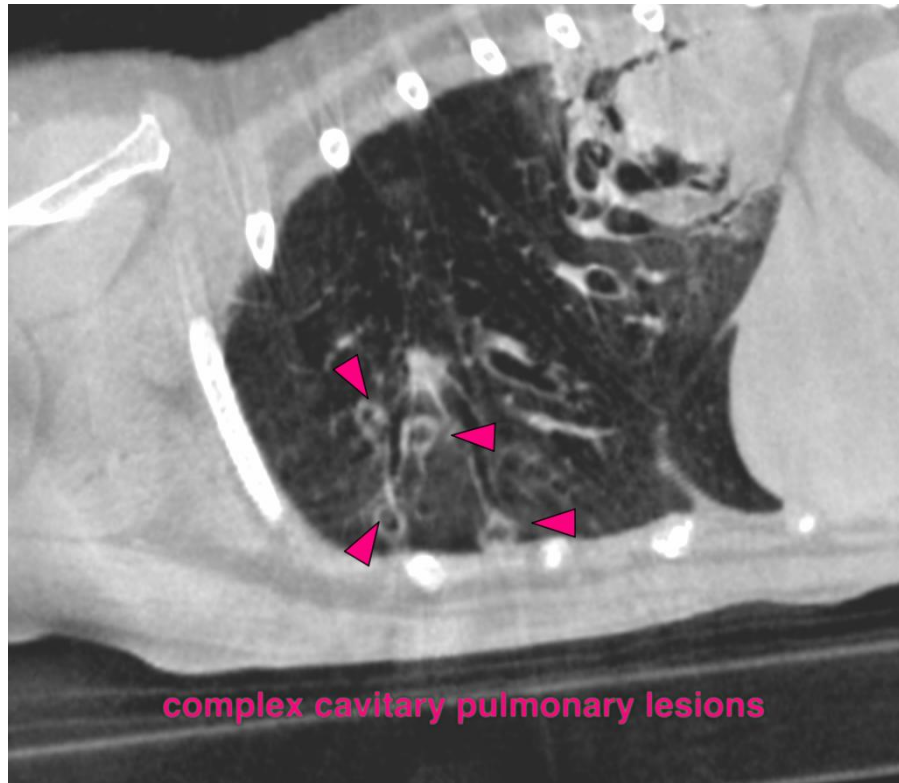
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)