



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Karma Zammit

SPECIES
Canine

BREED
Labrador Retriever

SEX
FS

AGE
12 Years

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
The Maples Animal Hospital

REFERRING VET
Dr. Linda Kazienko

INVOICE
49948

DATE
1-28-22

Karma started coughing in mid July 2021, she was taken to another veterinary clinic in early August and treated with Hydrocodone for 5 days--cough was suppressed 90%. Within a few days of stopping the meds Karma's cough returned. Aug 12-cough elicited on tracheal palpation, lungs clear. Treated with Clavaseptin 15 days and cough syrup with DM for 2-3 days. Aug 24-cough was slightly improved. Dispensed another 10 days of Clavaseptin. Sept 2-no improvement, switched meds to Baytril 100mg SID x 15 days. Oct 9-cough resolved after the 15 days and energy back to normal, but cough now returning, therefore refilled Baytril for another 30 days. Discussed radiographs, ultrasound, trans-trach wash, etc. Nov 18-Karma still has a cough and wakes during the night to cough. Karma will cough when her collar is put on. She seems to be sleeping a bit more. Lungs were clear on auscultation and no cough elicited on tracheal palpation. Jan 3/22--owner reports Karma's cough to be "worse than ever" with lots of wheezing and the cough is productive. Discussed options again and will start with a different antibiotic since antibiotics have worked in the past--dispensed Clindamycin 150mg bid x 15 days. Radiographs taken Jan 13/22. Radiographs enclosed.
Abnormal PE/Chem/CBC/UA Results:

RADIOGRAPHIC STUDY OF THE NECK AND THORAX

Radiographs of the thorax and neck are provided for review. Photographs of conventional films are provided.

RADIOGRAPHIC FINDINGS

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

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

In the caudodorsal aspect of the right cranial lung lobe, a soft tissue opaque mass is visible, extending over approximately 2.5 intercostal spaces. Multiple, variable sized, soft tissue opaque nodules are seen throughout the lung field in both the right & left lateral projection of the thorax.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.



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RADIOGRAPHIC DIAGNOSIS

- Pulmonary mass right cranial lung lobe
- Structured nodular interstitial pattern
- Normal neck

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes are most consistent with primary pulmonary neoplasia and secondary pulmonary metastatic spread. Theoretically granulomatous lung disease is a consideration, but the odds are very low. Ultrasound guided FNA sampling of the pulmonary mass by the 3rd right intercostal space can be used as advanced diagnostic test.

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Diagnostic imaging of the abdomen might be used to rule out primary abdominal neoplasia.

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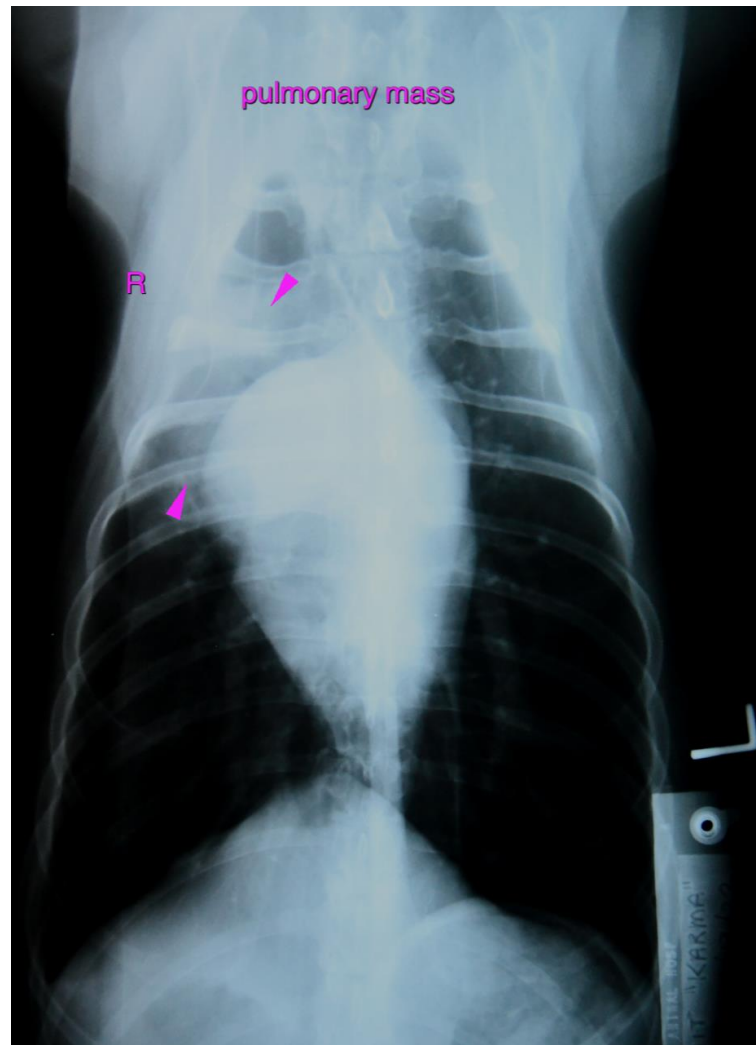
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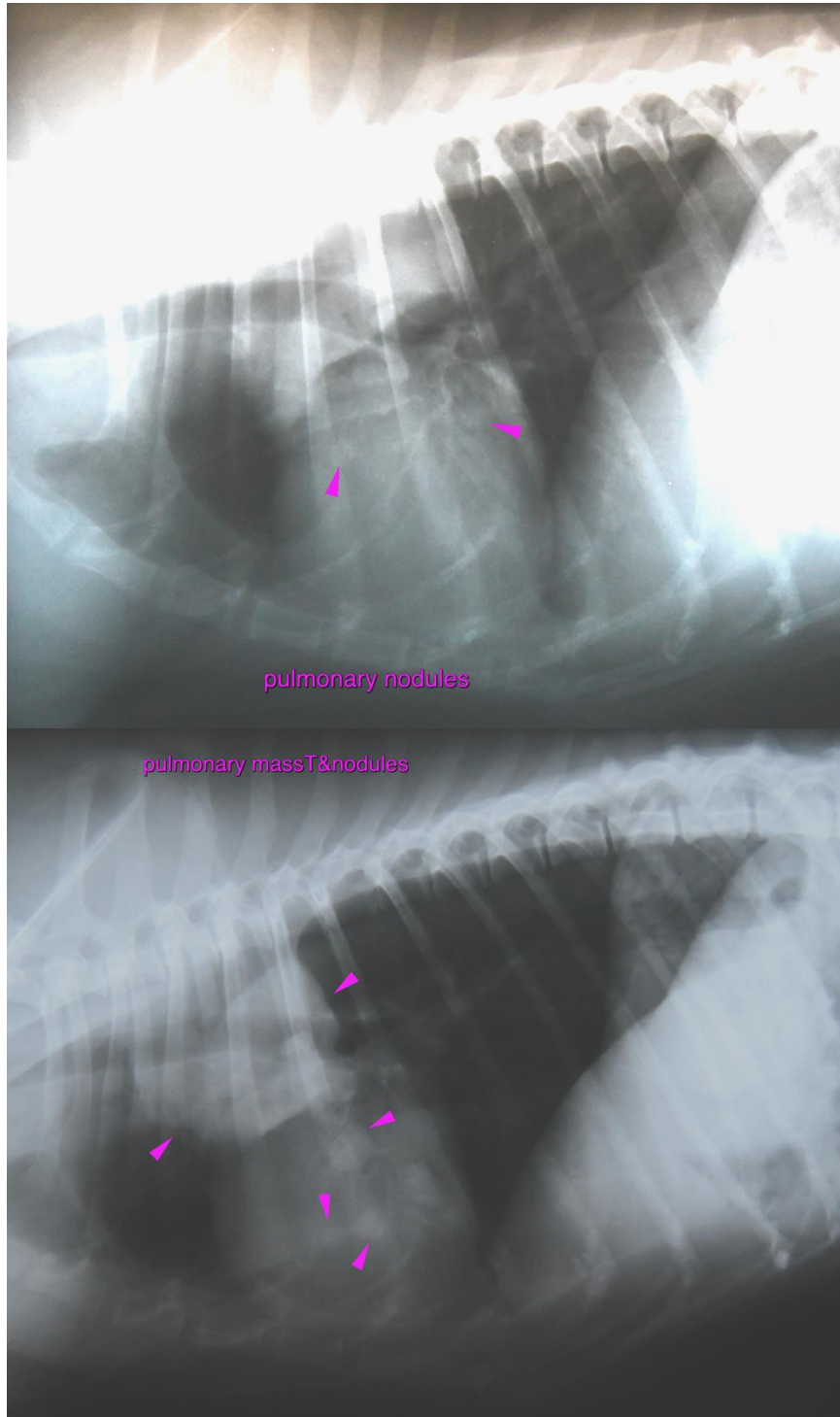
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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