



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Maria Grace Jedlicki

Recent history of increasingly severe cough. X-ray reveal a lung mass in the left cranial lung field. She was treated with prednisone to no effect. Changed primary veterinarians, new rDVM switched her to Piroxicam and Palladia. Patient has been doing much better on these meds. Still has some coughing +/- blood. Would like to know if mass is resectable or not.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**BREED**

Beagle

**COMPUTED TOMOGRAPHIC FINDINGS**

In the subcutaneous tissue lateral to the left scapula, a well-defined, ovoid shaped, soft tissue attenuating nodule, measuring 18 x 8 mm in size is visible.

**SEX**

FS

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.

**AGE**

12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Likely originating from the cranial part of the left cranial lung lobe, a cavitated mass with solid and fluidity component is visible, containing gravity dependent fluid attenuating material and a small amount of gas – presenting a horizontal gas-fluid-interface. The mass is measuring 6.4 x 5.7 x 4.3 cm in size.

The caudal segment of the left cranial lung lobe presents a small region of peribronchial consolidation.

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Multifocal punctuate mineralization of the parenchyma of the remaining lung lobes is noted.

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

**REFERRING VET**

Gover

The spleen is irregular, the splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

49361

- Cavitated pulmonary mass cranial segment of the left cranial lung lobe
- Peribronchial consolidated lesion caudal segment left cranial lung lobe
- Irregular spleen
- Non-specific subcutaneous nodule lateral to left scapula
- Pulmonary osteomas

**DATE**

1-5-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cavitated pulmonary mass, originating from the left cranial lung lobe, is most consistent with primary pulmonary neoplasia – such as bronchogenic carcinoma, broncho-alveolar carcinoma – that might have become infected. Preceding pneumonia and abscessation of the left cranial lung



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lobe is a consideration as well but appears less likely.

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The peribronchial consolidated lesion in the caudal segment of the left cranial lung lobe can present region of pneumonia/mucus impaction, granuloma or metastasis.

**SPECIES**

Lobectomy of the entire left lung lobe appears as a feasible treatment option.

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The irregular spleen can be a sequela to chronic splenitis or splenic infarction. FNA sampling can be used to rule out malignant transformation completely.

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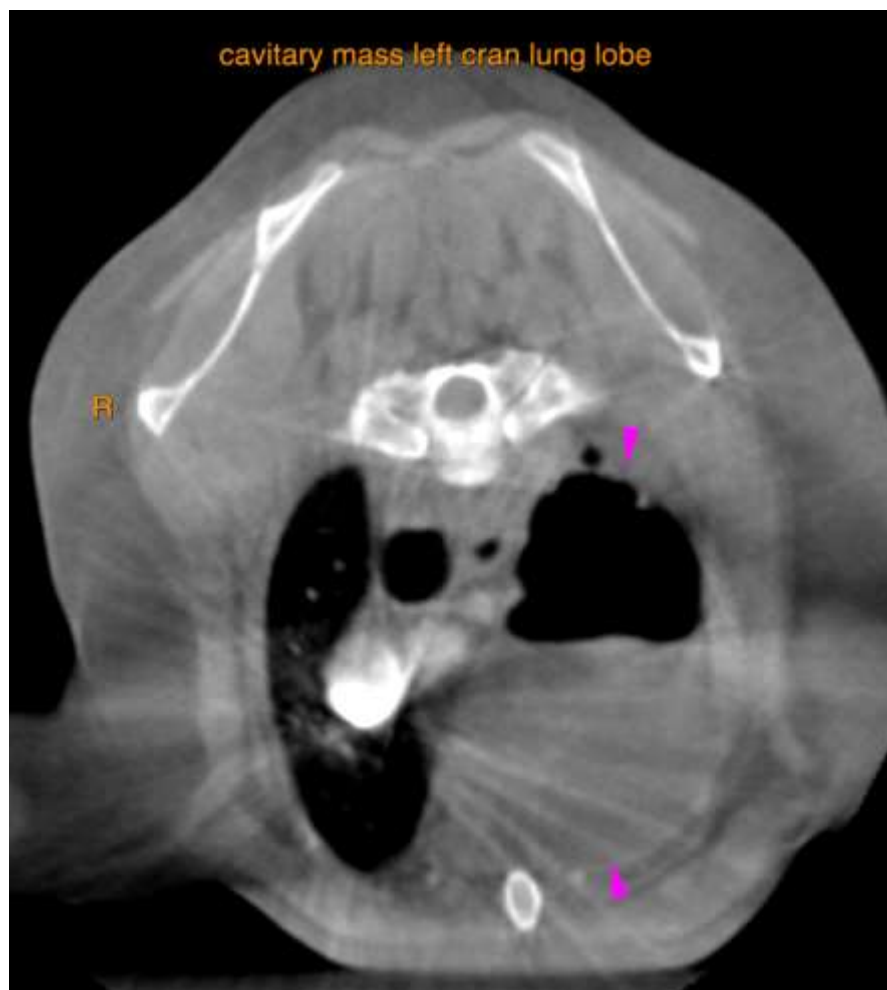
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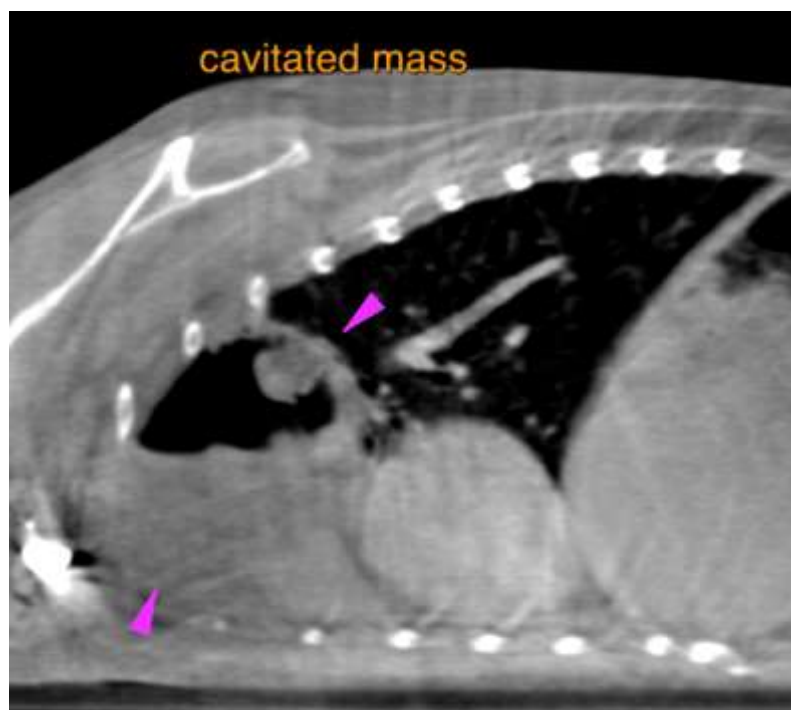
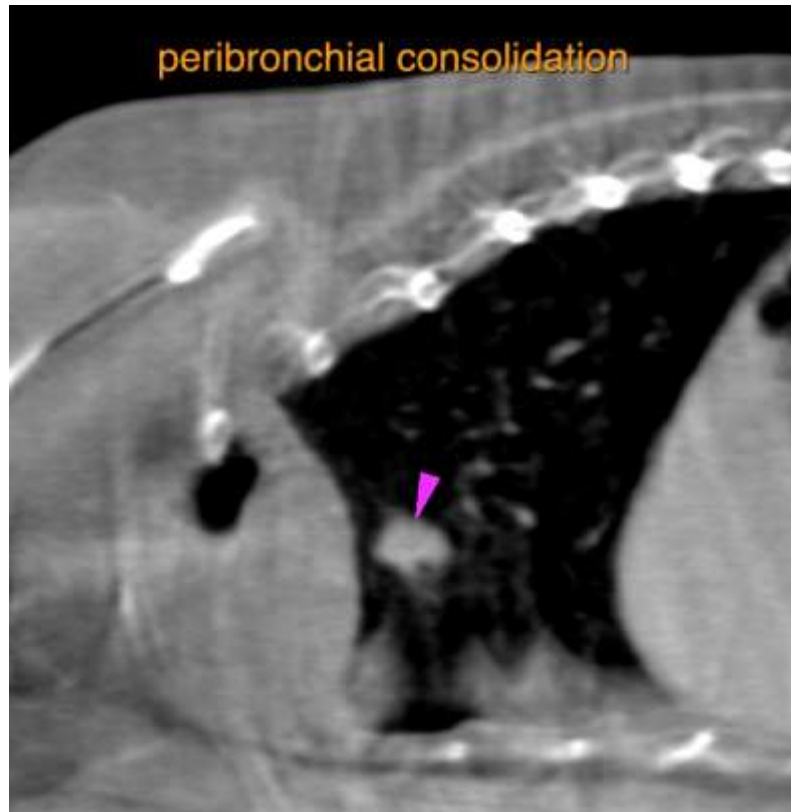
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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