



PATIENT PRESENTING CLINICAL SIGNS

Lady Toth History: Mediastinal/Tracheal mass, dog has been coughing for 2 weeks
Abnormal PE/Chem/CBC/UA Results: HCT - 27%

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

BREED

Bloodhound The periarticular bones of the left shoulder joint present moderate osteophyte new bone formation; a shell-like mineralization is seen at the caudal aspect of the humeral head.

SEX

In the left triceps muscle, an ill-defined, fusiform, peripheral contrast enhancing and central hypoattenuating lesion is visible, measuring approximately 4.4 x 1.6 x 0.6 cm in size.

Spayed Female

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

AGE

7 Years 11 Months

In the tracheal, level with the cranial thoracic aperture, a plaque like mass is lining the right and ventral tracheal wall in a semicircular manner. The mass is occupying approximately up to 75% of the cross-sectional area of the trachea and the same level. Post contrast administration the intramural tracheal mass is moderate contrast enhancing and crossing wall. The affected tracheal segment is measuring approximately 8.5 cm in length and extending to the level of the mediastinum.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Two cranial mediastinal lymph nodes are moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

HOSPITAL NAME

Blairstown AH

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

REFERRING VET

Dr. Harker

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

The cranial extremity of the spleen presents with a parenchymal nodular lesion, measuring 2.7 cm in diameter, bulging mildly beyond the splenic surface.

INVOICE

13275

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramural tracheal mass – affecting middle segment of the trachea
- Lymphadenopathy cranial mediastinal lymph nodes

DATE

1/6/22



PATIENT

Lady Toth

- Splenic mass
- Intramuscular possible cavitory lesion left triceps muscle
- Degenerative osteoarthritis left shoulder joint with synovial metaplasia
- No evidence of pulmonary metastatic spread

SPECIES

Canine

BREED

Bloodhound

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is compatible with tracheal neoplasia such as adenocarcinoma, plasmocytoma, mast-cell tumor, chondrosarcoma, other. The tracheal mass is explaining the clinical signs. The splenic mass might be related with the tracheal mass in case of plasmocytoma/round cell tumor or metastasis can represent benign nodular hyperplasia. The odds for metastatic spread to the cranial mediastinal lymph nodes are high. Tracheoscopy with biopsy and/or ultrasound guided FNA sampling of the trachea and spleen are feasible advanced diagnostic tests. Based on the results of the advanced diagnostic tests, the chances of palliative chemotherapy might be discussed with oncologist. Tracheal stenting can be considered as a palliative treatment option if dyspnea develops.

SEX

Spayed Female

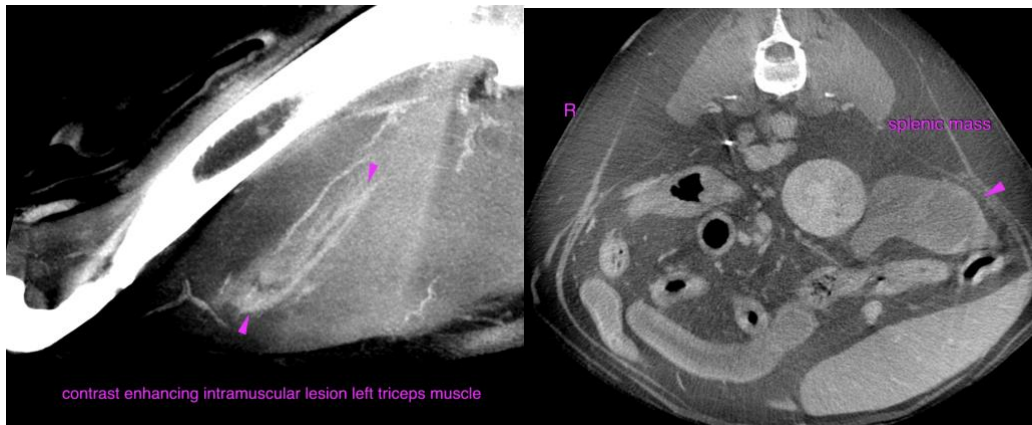
The intramuscular lesion of the left triceps muscle can represent myositis – possible preceding trauma or intramuscular injection. Intramuscular metastasis can be a differential as well.

AGE

7 Years 11 Months

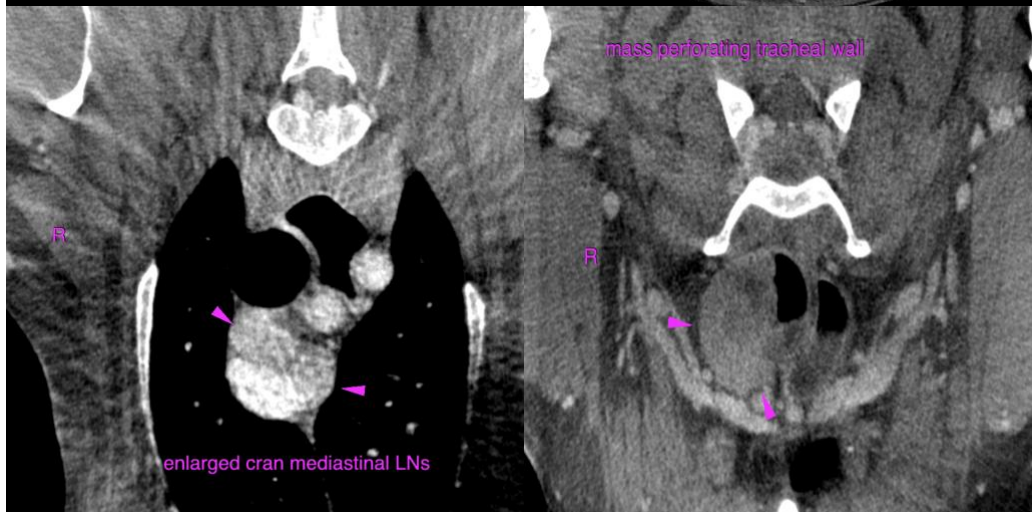
INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI



HOSPITAL NAME

Blairstown AH



REFERRING VET

Dr. Harker

INVOICE

13275

DATE

1/6/22



PATIENT

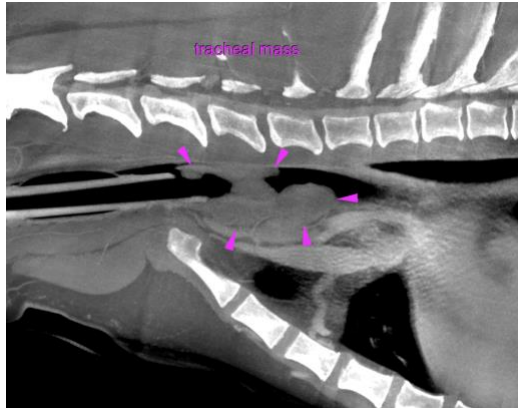
Lady Toth

SPECIES

Canine

BREED

Bloodhound



SEX

Spayed Female

AGE

7 Years 11 Months

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

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Harker

INVOICE

13275

DATE

1/6/22