



**PATIENT**

Cosmo Ragoobar

**PRESENTING CLINICAL SIGNS**

inappetence and heavy/labored breathing since Sunday  
 Abnormal PE/Chem/CBC/UA Results: grade II systolic murmur; increased expiratory effort, slightly distended abdomen per owner Polydypsia, labs normal slightly elevated amylase

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Radiographs of the thorax in three imaging planes are provided for review.

**BREED**

Maltese

**RADIOGRAPHIC FINDINGS**

Multifocal spondylosis formation is seen along the thoracic spine. The periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

Multiple fat opaque subcutaneous swellings are seen along the ventral thoracic wall.

**SEX**

MN

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.

**AGE**

17 Years, 1 Month

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Multifocal throughout the lung parenchyma, variable sized, well-defined and partially confluent soft tissue opaque nodules are visible, measuring up to 1.5x the width of a rib.

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

**HOSPITAL NAME**

Claws N Paws Animal Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Structural nodular interstitial lung pattern
- Subcutaneous lipomas ventral thoracic wall
- Degenerative osteoarthritis shoulder joints bilaterally
- Spondylosis deformans

**REFERRING VET**

Nitin Singh

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The nodular lung pattern is most consistent with pulmonary metastatic disease. Granulomatous lung disease (e.g. mycotic infection) is a consideration as well, but there is no evidence of accompanying lymphadenopathy. Consider abdominal imaging to screen for possible primary tumor.

**INVOICE**

54605

**DATE**

10-14-22



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**SEX**

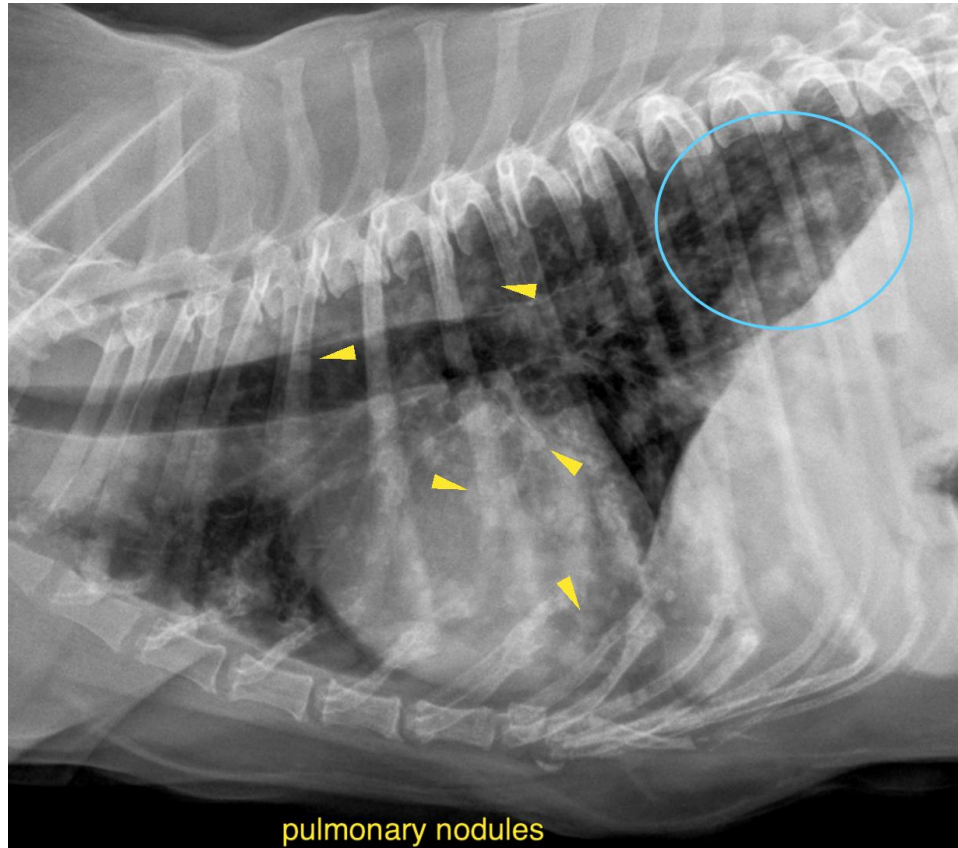
MN

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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  
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