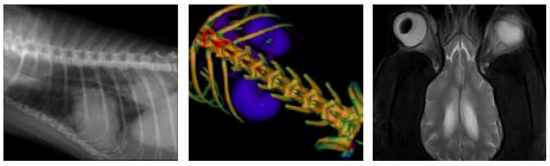
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maya Santos

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Veterinary Care Group - Westbury

INVOICE

54788

DATE

10-24-22

PRESENTING CLINICAL SIGNS

Originally presented for ACL tear - xrays show a mass effect in the chest. R/O Primary lung tumor vs. Mediastinal mass.

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue along the caudoventral aspect of the neck, a well-defined, ovoid shaped, uniform fat attenuating mass measuring 11.7 x 11.3 x 11.8 cm in size is seen. A second fat attenuating mass with a soft tissue attenuating center is appreciated in the left axillary region, measuring 8.0 x 7.2 x 15.8 cm in size.

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 cranial part of the left cranial lung lobe, a well-defined ovoid shaped, uniform soft tissue attenuating and contrast enhancing mass is visible, measuring 2.6 x 4.2 x 3.7 cm in size. The remainder of the cranioventral aspects of the lung parenchyma present mild to moderate dystelectasis. The caudal aspects of the lung are aerated and present the expected architecture.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary soft tissue mass cranial part of the left cranial lung lobe
- Large lipomas along the caudoventral aspect of the neck and left axillary region – with focal fat necrosis
- Dystelectasis of the lung parenchyma due to general anesthesia
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated mass is located in the left cranial lung lobe and primary pulmonary neoplasia is the top differential – carcinoma is most common. A differential is pulmonary granuloma. Ultrasound guided FNA sampling of the mass by the 2nd left intercostal space can be performed as advanced minimally invasive diagnostic test. Complete surgical excision of the mass by partial lobectomy of the left cranial lung lobe is considered feasible.

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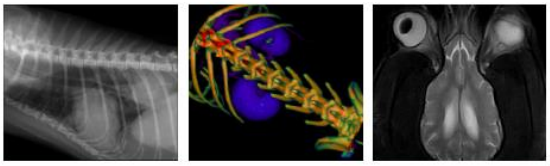

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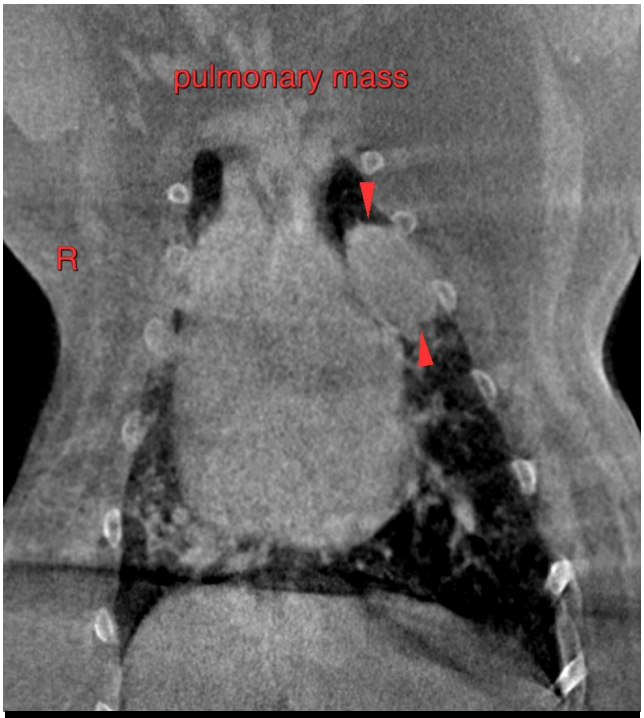

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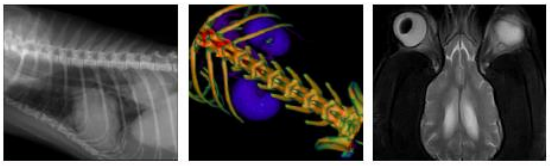

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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