



PATIENT

Korben Dallas
Marenco

PRESENTING CLINICAL SIGNS

Weight loss Allergic LAWD w/ Chronic cough - - very well controlled on inhaler MCT (2-3cm erythematous dermal mass on L lateral tarsal region) Recent hemorrhagic prepucial mass removed (not bx) Hx heartworm disease - treated 2016 Exam on 4/14/22: Respiratory: Lungs auscult clear; trachea clear; eupneic, but panting (stress), no cough during exam - chronic cough well controlled at home w inhalers

SPECIES

K9

Abnormal PE/Chem/CBC/UA Results: Exam on 10/19/22: Cardiovascular : Unable to assess heart today due to increased lung sounds, appropriate synchronous femoral pulses. CRT < 2s. Respiratory/Nasal Cavity : Harsh BVS sounds bilaterally with notable wheezes after panting - notable abdominal effort when breathing. No nasal discharge observed.

BREED

Rat Terrier

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Intact Male

RADIOGRAPHIC FINDINGS

Multifocal spondylosis formation is seen along the caudal thoracic spine. The costal cartilages present moderate degenerative changes.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

18 Years

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

Originating from the left caudal lung lobe, a roundish, well-defined, large soft tissue mass is appreciated, measuring approximately up to 11 cm in size. The heart is deviated cranially and to the right by the mass effect in the VD projection. The left principal bronchus is deviated ventrally.

HOSPITAL NAME

DTLAvets

The remainder of the lung parenchyma present a generalized unstructured interstitial lung pattern.

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

REFERRING VET

Dr. Flores

RADIOGRAPHIC DIAGNOSIS

- Large pulmonary mass left caudal lung lobe
- Generalized mild to moderate unstructured interstitial lung pattern
- Degenerative changes costal cartilages
- Spondylosis deformans

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary mass originating from the left caudal lung lobe is compatible with primary pulmonary neoplasia, carcinoma is most common. FNA sampling of the pulmonary mass by the 8th left intercostal space can be performed for further definition.

DATE

10-26-22



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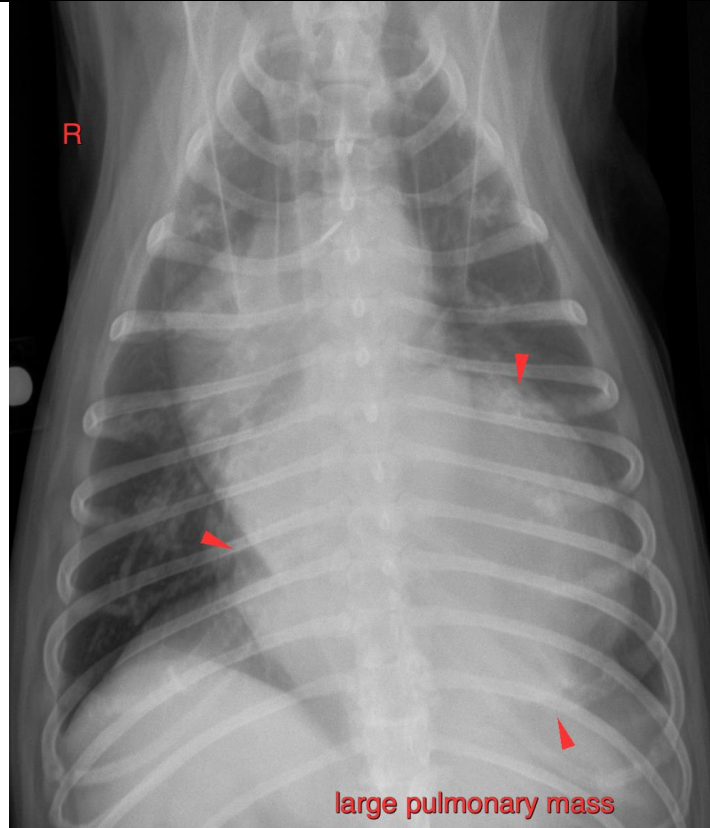
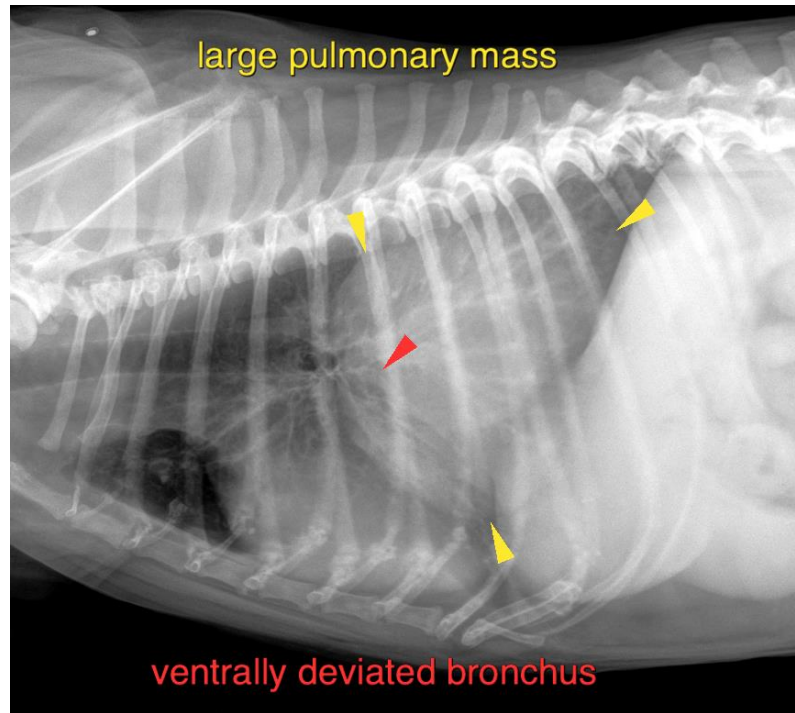
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Rat Terrier

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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