



PATIENT

Barklee Parkinson

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

27.7 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Aubrie N.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

35368

DATE

10/30/25

PRESENTING CLINICAL SIGNS

History: Incidental lung nodule found on CT scan prior to splenectomy on 10/01/25. Splenectomy + lung lobectomy performed on 10/02/25. Recheck thoracic CT to assess for changes to remaining pulmonary nodule not removed during lobectomy.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates along the thoracolumbar junction present moderate spondylosis formation.

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.

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 left caudal lung lobe is absent the respective bronchus presents a hyperattenuating stapler row in the hilar region. The lung parenchyma presents the expected architecture and attenuation behavior. The left crus of the diaphragm is in a relative cranial position due to the decreased volume in the left hemithorax.

In the medial aspect of the right cranial lung lobe, level with the 3rd right intercostal space, pulmonary nodular lesion, presenting mild feathered margins is seen, measuring 6 mm in diameter. The remainder of the lung parenchyma are aerated and present the expected architecture with randomly distributed interspersed punctuate mineralization.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary nodule right cranial lung lobe
- History of lobectomy left caudal lob
- Pulmonary osteomas
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The solitary pulmonary nodule is not specific and potentials include granuloma, fibrosis, round pneumonia/mucus impaction or metastasis. Correlate with findings from the preceding CT study.



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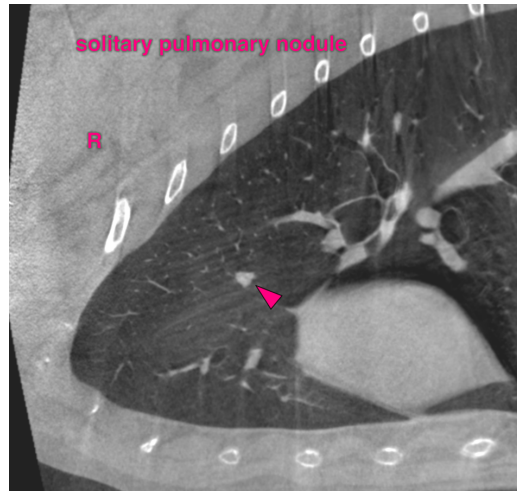
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com