



PATIENT

Lola Stojanoski

PRESENTING CLINICAL SIGNS

Patient has a chronic intermittent cough, first treated here in July and partially responsive to doxycycline and steroids but never fully resolved. Issues have now progressed to dysphagia, often gagging after eating and arching her back in pain. Thoracic radiographs are concerning for a caudal thoracic mass near the esophagus and diaphragm vs a potential hernia.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX

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

BREED

Westie

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue at the left dorsal aspect of T7/T8, a well-defined, heterogeneous contrast enhancing nodule, measuring 1.6 cm in size is noted.

SEX

Fs

The mediastinal fat presents mild fat-stranding.

The tracheobronchial, cranial mediastinal and sternal lymph nodes are prominent.

AGE

11 Years, 7 Months

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

Generalized significant thickening of the bronchial walls and cylindrical bronchiectasis is seen. The lung parenchyma presents a generalized moderate unstructured reticular pattern. In the caudodorsal aspect of the left caudal lung lobe, a well-defined, roundish, soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 4.8 x 3.7 x 3.6 cm in size. The accompanying bronchi are compressed.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Multifocal punctuate mineralization of the pulmonary parenchyma is seen.

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

HOSPITAL NAME

Wilson Veterinary
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass left caudal lung lobe
- Significant broncho-interstitial lung pattern
- Bronchiectasis
- Lymphadenopathy tracheobronchial, cranial mediastinal & sternal lymph nodes
- Non-specific subcutaneous nodule dorsal aspect thoracic spine
- Pulmonary osteomas

REFERRING VET

Dr. Kabacinski

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The advanced bronchointerstitial lung pattern in combination with the history of chronic cough is most suggestive for chronic bronchopneumopathy, such as eosinophilic bronchopneumopathy. Rule out accompanying infectious bronchitis – bacterial versus parasitic. The pulmonary mass of the left caudal lung lobe can present eosinophilic granulomatosis of the lung. However, primary pulmonary neoplasia, such as bronchogenic carcinoma, is a plausible differential.

DATE

10-31-22

The lymphadenopathy of the tracheobronchial, cranial mediastinal and sternal lymph nodes can present reactive hyperplasia/eosinophilic infiltration or metastatic disease.

Recommend ultrasound guided FNA sampling of the pulmonary mass by the 8th/9th left intercostal space and the sternal lymph nodes. Bronchoscopy including BAL can be used for



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further evaluation of bronchial disease as well and to rule out diffuse neoplastic infiltration.

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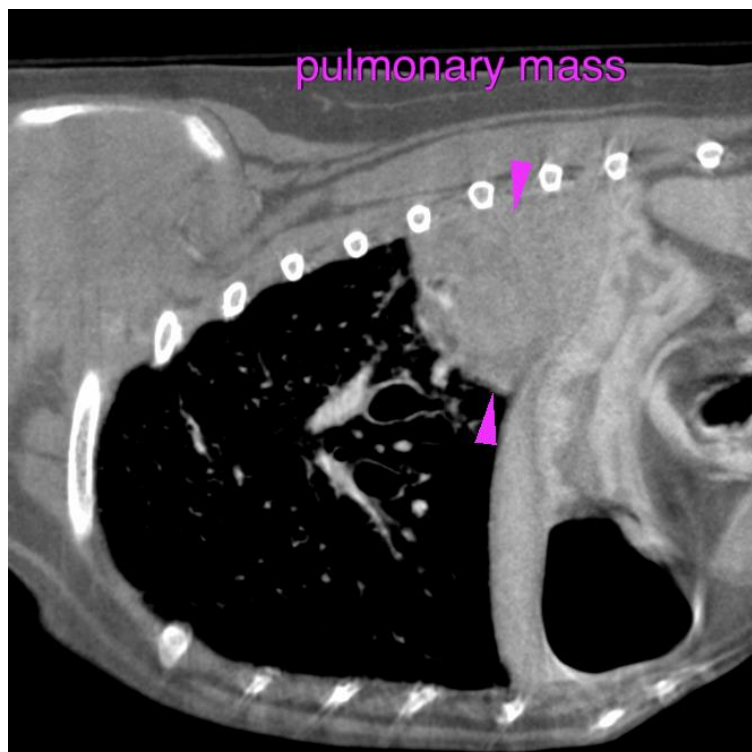
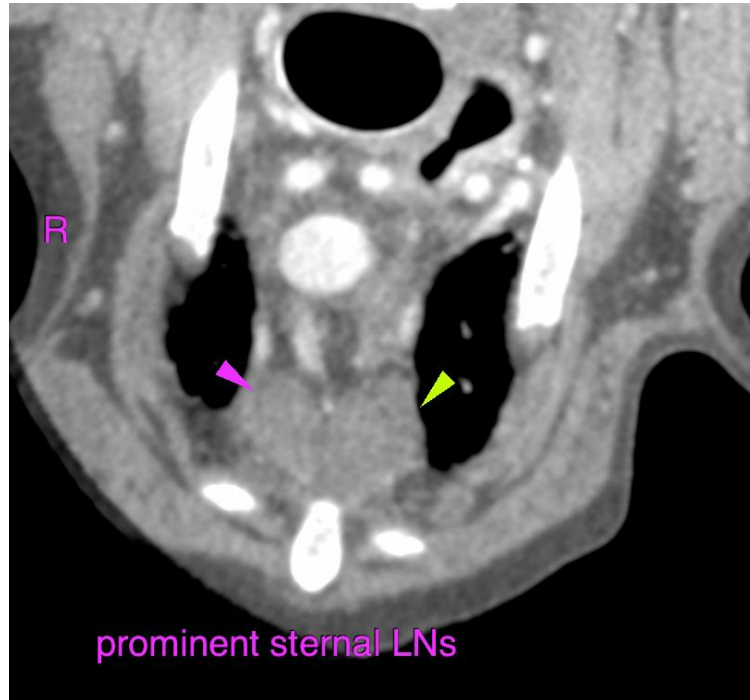
Dr. Kabacinski

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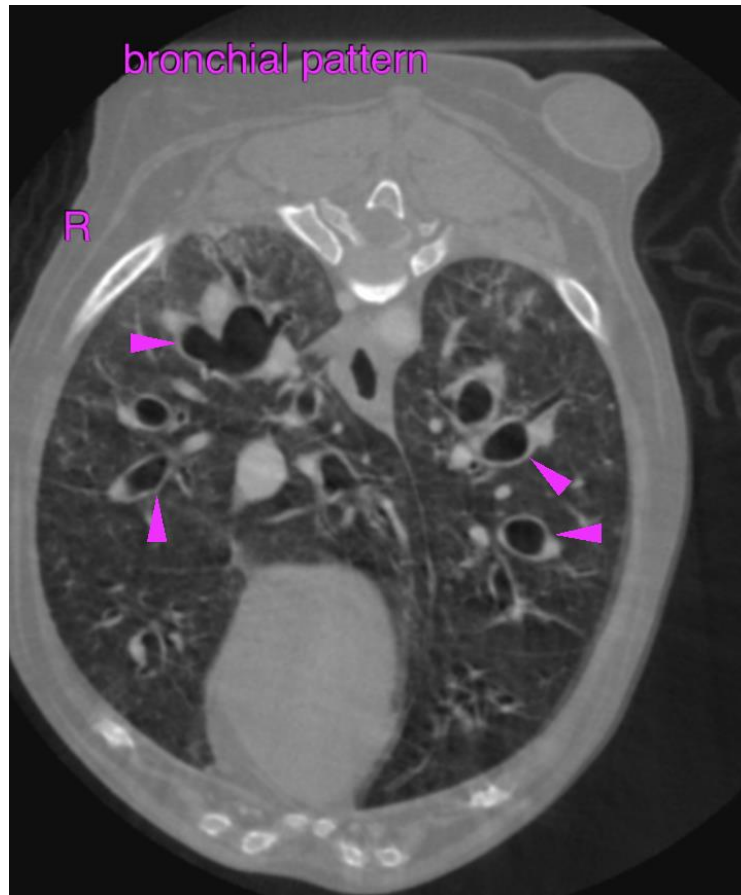
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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