

PATIENT

Maddox Hudson

PRESENTING CLINICAL SIGNS

Difficulty breathing and unable to rest comfortably.

Abnormal PE/Chem/CBC/UA Results: Heart muffled on left side on auscultation, able to hear on right. No murmur noted. Increased respiratory effort, no crackles noted. Xrays showed pulmonary effusion. Chest tap was blood. Echo report: Large intrathoracic mass and pleural effusion (suspected pulmonary in origin) likely carcinoma vs other Myxomatous mitral (mild) and tricuspid (mild) valve disease Normal LA/LV dimensions (stage B1) Radiologist interpretation of chest rads: Normal cardiac silhouette with moderate pleural effusion. Suspected intrathoracic mass.

SPECIES

Canine

BREED

Pitbull

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Neutered Male

The bony and surrounding soft tissue structures are within normal limits.

AGE

6 Years

A moderate to marked amount of non-contrast enhancing, soft tissue attenuating material is visible in the dorsal aspect of the pleural cavity. The lung lobes are retracted from the thoracic wall and present a reduced volume, multiple regions of compression atelectasis of the lung parenchyma are noted. Pleural fissure lines are visible. There is a fluid attenuating region visible in the left ventral aspect of the left hemithorax opposing gravity and with mild peripheral contrast enhancement and splaying of the lung lobes at the same level, presenting concave margins outlining a potential mass measuring approximately 7.8 x 5.3 x 12.2 cm in size.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Neel Veterinary
Hospital

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

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

REFERRING VET

Dr. Chris Logan

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pleural mass left hemithorax
- Moderate to marked pleural effusion
- Pleural thickening
- Dystelectasis of the lung

INVOICE

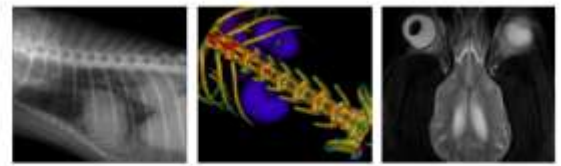
48357

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

11-15-21

The findings support the diagnosis of a pleural mass in the left hemithorax centrifugally displacing the surrounding lung lobes. Neoplasia is the top differential such as mesothelioma, sarcoma or carcinoma. However, granuloma or less likely cystic entrapment of pleural effusion or abscess formation are considerations as well. The mass is not pulmonary in origin regarding the imaging features. Recommend ultrasound guided FNA sampling of the mass for further definition as well as complete fluid analysis of the pleural effusion. There is no evidence of overt changes of the thoracic wall and based on the results of the advanced diagnostic tests surgical excision of the mass might be an option.



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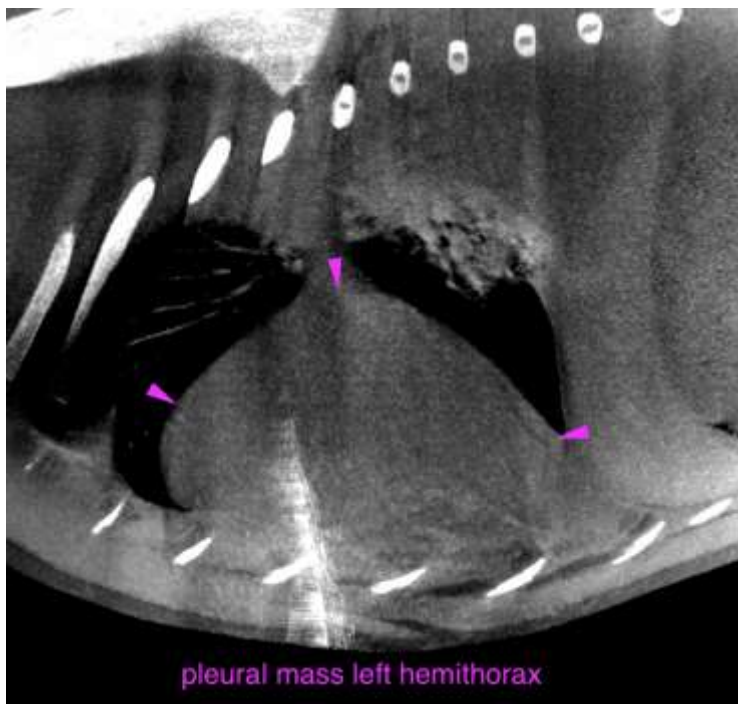
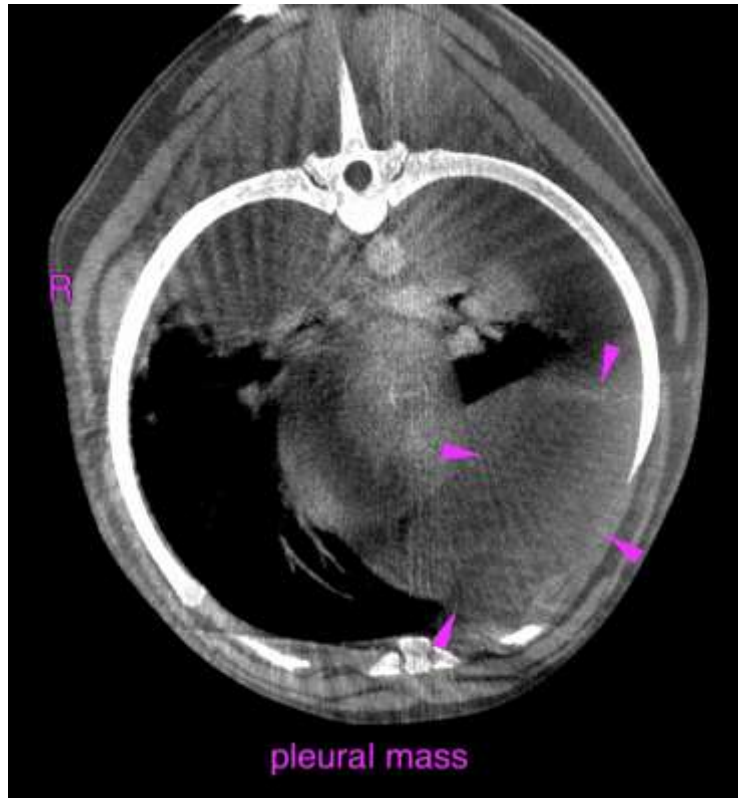
Dr. Chris Logan

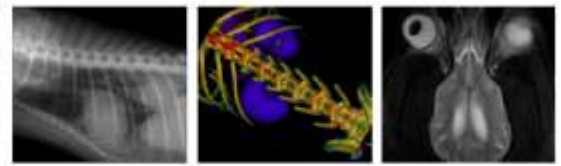
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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