



PATIENT

Mosco Blackman

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

13.5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr Engelschall

INVOICE

48376

DATE

11-15-21

PRESENTING CLINICAL SIGNS

Presented for dental and CT with consultation. Increased coughing/hacking. Historical masses in thorax, seen on radiographs in Jan 2021. Increased pain in neck and right front leg. Radiographs were repeated 9/14/21- Same masses seen in right cranial lung lobe and in mid-caudal lung fields (suspect accessory lung lobe) and masses had increased in size. VF test in Jan was negative. Previously on Meloxicam, Gabapentin & Methocarbamol- no improvement.

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Nodular enlargement of the right thyroid gland is visible, measuring 4 x 4 x 9 mm in size.

A moderate amount of non-contrast enhancing gravity dependent material is visible in the pleural cavity. The lung lobes are retracted from the thoracic wall and present a moderately decreased volume. The right cranial lung lobe presents a heterogeneous contrast enhancing mass, measuring 1.4 x 2.4 x 2.2 cm in size. The remainder of the lung parenchyma are aerated with small regions of dystelectasis. Post contrast administration, mild to moderate thickening of the pleural lining is visible.

In the caudal mediastinum, at the right ventral aspect of the caudal esophageal segment, a mild ill-defined roundish, heterogeneous mild to moderate contrast enhancing mass measuring 2.4 cm in diameter is visible. The accessory lung lobe is displaced ventrally and distorted by the mass effect. The esophageal wall associated with the mass presents loss of wall layering. An intramural mass with central punctuate mineralization is seen level with the cardia, measuring 9 mm in size.

The cranial mediastinal lymph nodes and the superficial cervical lymph nodes bilaterally are moderately enlarged and present a mild heterogeneous contrast enhancement pattern.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass right cranial lung lobe
- Paraesophagus versus intramural esophageal mass caudal intrathoracic esophageal segment
- Intramural mass level with cardia
- Lymphadenopathy cranial mediastinal & superficial cervical lymph nodes
- Moderate pleural effusion
- Pleuritis
- Nodular enlargement right thyroid gland – macronodular hyperplasia versus neoplastic transformation



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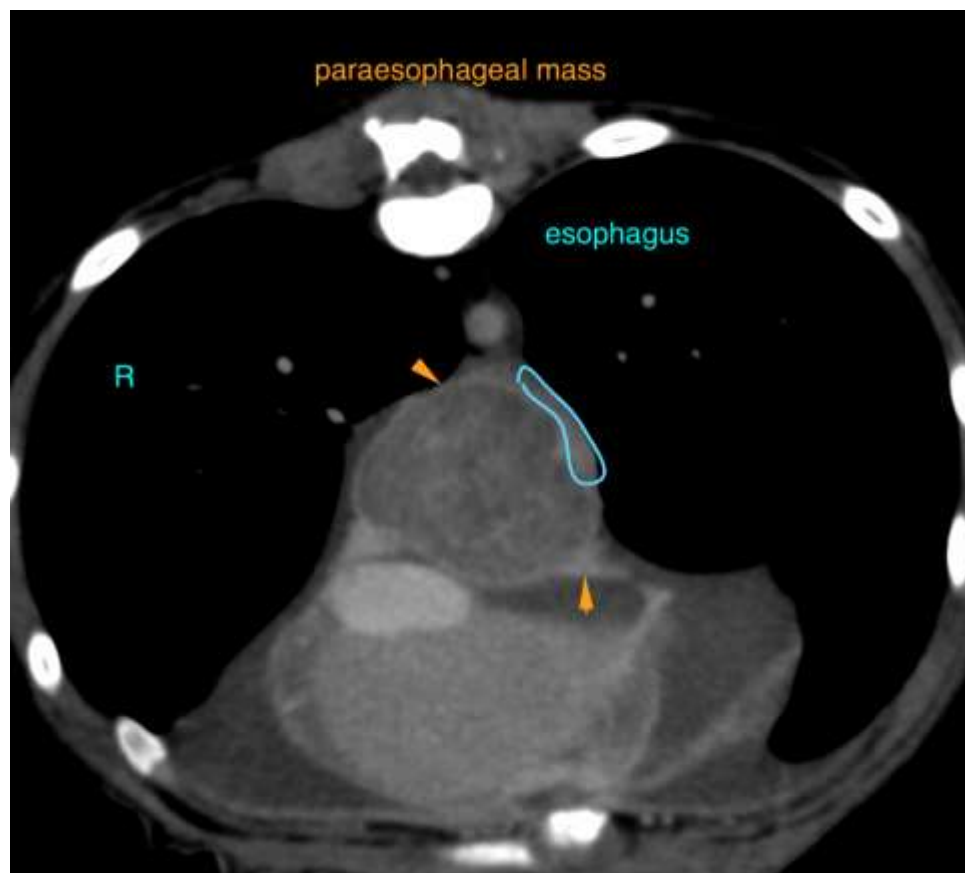
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are concerning for disseminated neoplastic disease with mass lesion of the right cranial lung lobe, paraesophageal/eccentric mural esophageal mass, intramural mass level with the cardia and lymphadenopathy of the regional lymph nodes of the thorax. Carcinoma or sarcoma are the top differentials here. Ultrasound guided FNA sampling of the pulmonary mass and the superficial cervical lymph nodes can be performed for further definition. The chances of palliative treatment options can be discussed with oncologist. Overall, the odds for any underlying granulomatous inflammatory origin are considered very low.





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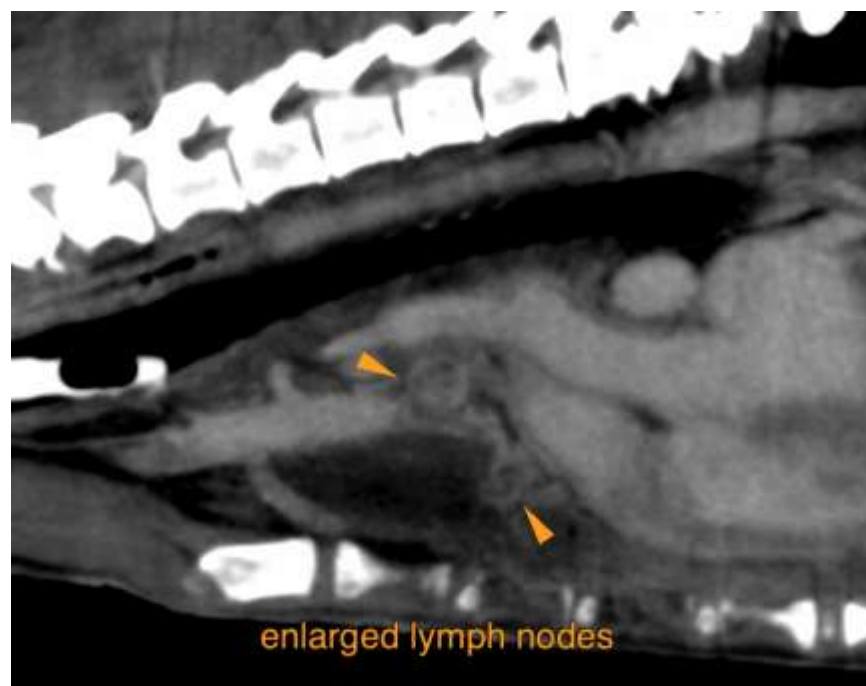
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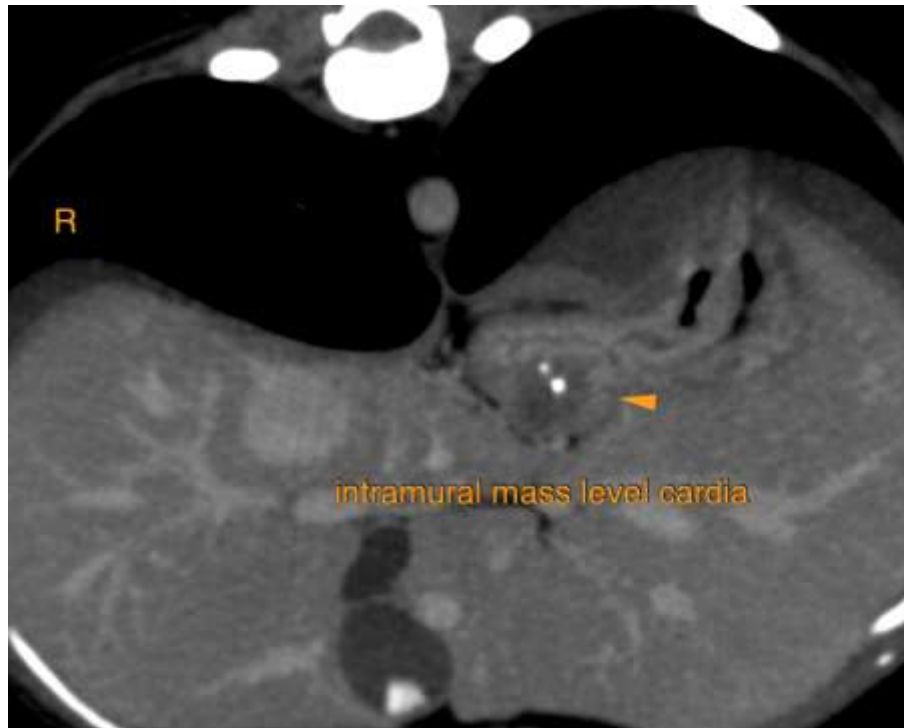
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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