



PATIENT PRESENTING CLINICAL SIGNS

Bentley Hunter
 Looking at serial chest xrays, the left caudal lung lobe mass has gotten larger but there are not obvious other nodules seen. Normally, metastatic cancer tends to grow in many places at the same time. It is possible this is a metastatic lesion but it also could be a primary mass that is growing, unrelated to the limb mass. If there are other lung masses or there is evidence of tumor spread to local nodes in the chest, then surgery is not recommended.

SPECIES

Canine
 Abnormal PE/Chem/CBC/UA Results: GA - BAR, nervous, is historically aggressive and is muzzled for exam. CV/R - NSR, NM, PSS, mm not examined but tongue is pink and moist, panting with normal effort, lungs clear GI/ GU - abd tense but is not painful, cannot palpate deeply but there are no obvious masses palpated, interstitially well hydrated MSI: amb x 3, right hind leg has been amputated, BCS 6/9 with stable body weight, shedding but has full coat, normal muscle mass, stump palpates normally. EENT - No d/c OU/AU/nares Neuro - normal mentation PLNs - all palpate normally Patient has left cranial lung lobe - consistent with metastatic neoplasia (4/27/22) Patient has had right distal femur - amputation 7/23/21 Labs were normal.

BREED

German Shepherd Mix

SEX

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

COMPUTED TOMOGRAPHY OF THE THORAX

COMPUTED TOMOGRAPHIC FINDINGS

AGE

7 Years

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

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.

INTERPRETED BY

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

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.

HOSPITAL NAME

**Southern Oregon
 Veterinary Specialty
 Center**

In the caudoventral aspect of the caudal part of the left cranial lung lobe, a well-defined, roundish, soft tissue attenuating nodule with small zones of mineralization is appreciated, presenting a mild heterogeneous contrast enhancement pattern. The nodular lung lesion is measuring 2.8 cm in size. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization and dystelectasis of the caudodorsal aspects of the lung parenchyma.

REFERRING VET

Kim Winters

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

In the pictured parts of the cranial abdomen, a soft tissue attenuating and heterogeneous contrast enhancing parenchymal nodular lesion is appreciated, causing convex distortion of the splenic capsule at the same level. The splenic mass is measuring 5.4 cm in size.

INVOICE

55311

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of pulmonary nodule, caudal part of the left cranial lung lobe with dystrophic mineralization
- Splenic mass
- Pulmonary osteomas

DATE

11-21-22



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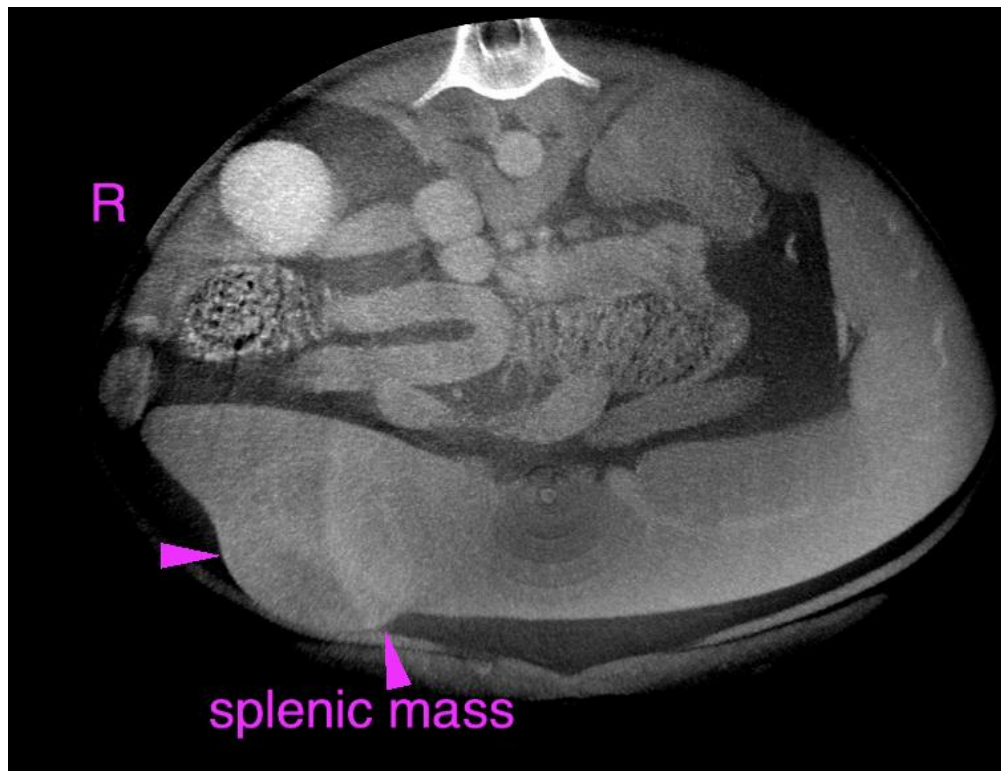
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary mass of the caudal part of the left cranial lung lobe is highly suggestive for pulmonary neoplasia – either metastasis or primary pulmonary neoplasia (e.g. carcinoma) are considerations here. Ultrasound guided FNA sampling can be performed for further definition. There is no evidence of metastatic disease throughout the remaining lung lobes. Complete surgical excision of the pulmonary mass is considered feasible.

The splenic mass can present nodular hyperplasia or neoplasia (e.g. round cell tumor, hemangiosarcoma). Independently from the dignity, splenectomy is considered as the therapy of choice as both benign and malignant masses can rupture and cause peritoneal hemorrhage.





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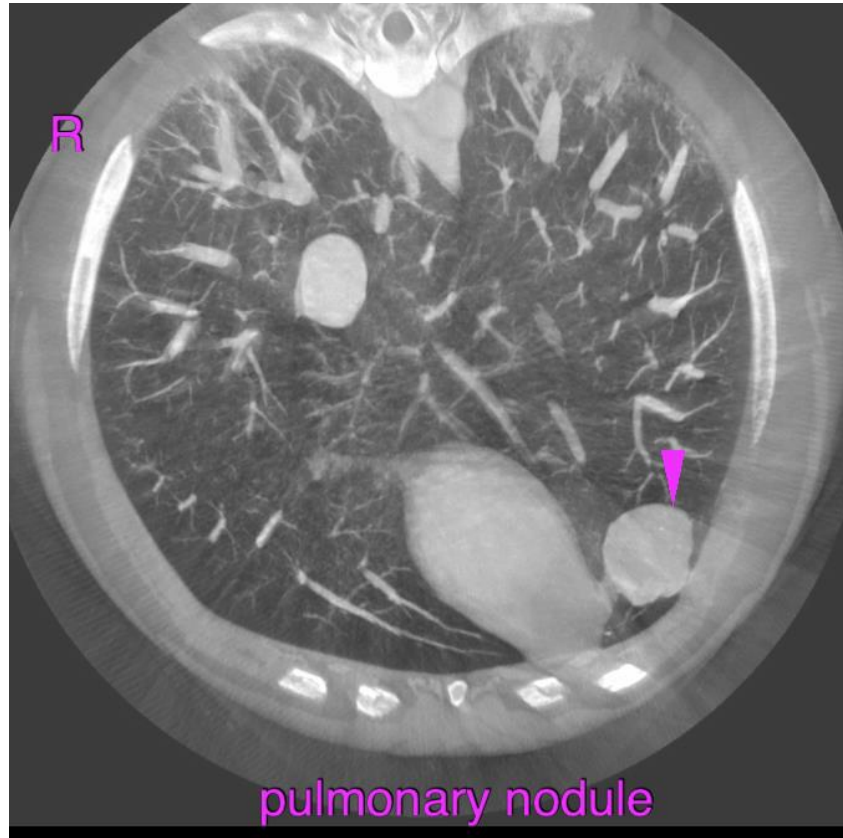
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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