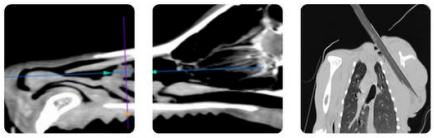

PATIENT

Mikhial Giffin

SPECIES

Canine

BREED

Pekingese

SEX

MI

AGE

15

WEIGHT

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Veterinary Technicians

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Caley Howard

INVOICE

72764

DATE

11-25-25

PRESENTING CLINICAL SIGNS

Pre anesthetic chest radiographs - needs an enucleation History 1# weight loss, bloodwork unremarkable Otherwise doing great
Abnormal PE/Chem/CBC/UA Results: 5/6 systolic heart murmur, cardiomegaly looks to be the same as it was in 2022 Concern for cranial chest mass?

RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

In the laterolaterale views, level with the 2nd intercostal space, an ill-defined, bilobed, soft tissue opacity is superimposed on the cranial lung field – not appreciated in the VD view. The remainder of the lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Zone with alveolar pattern cranial lung field

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the ill-defined margins, the soft tissue opacity superimposed on the cranial lung field is unusual for pulmonary mass and I consider the odds for zone with atelectasis, granuloma, fibrosis or pneumonia higher. Theoretically an enlarged cranial mediastinal lymph node is a differential. In case of doubt, follow up radiographs in 2-4 weeks or a CT study of the thorax may be helpful for specification.

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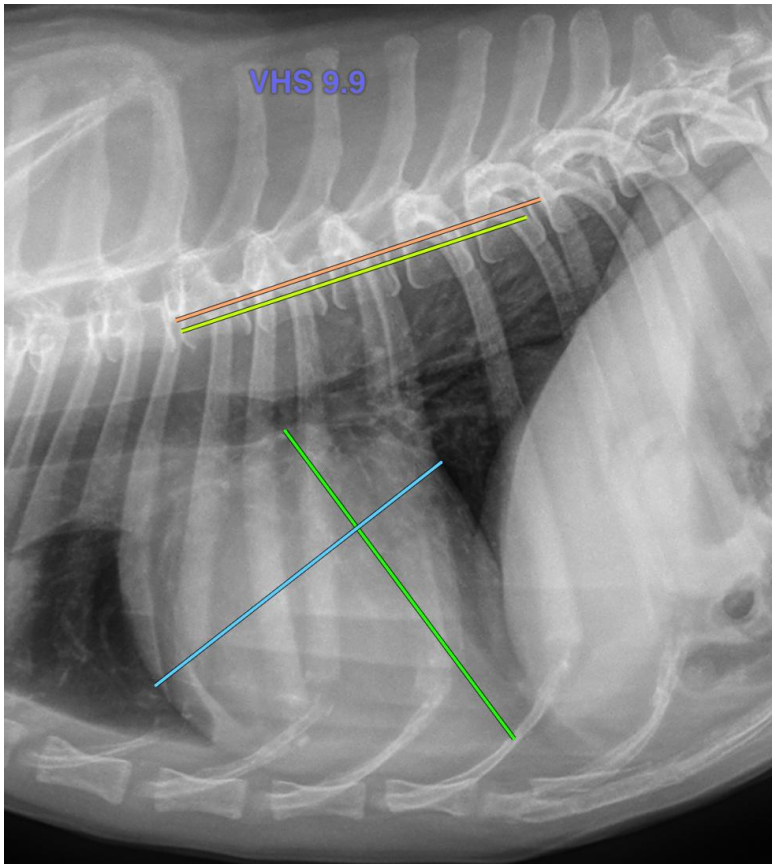

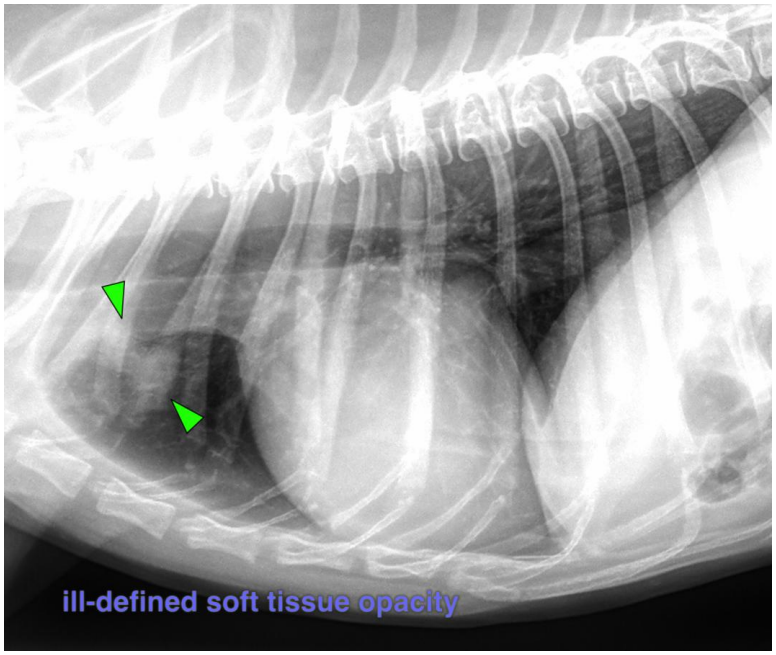

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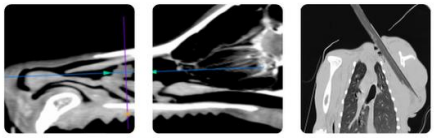

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com