



**PATIENT PRESENTING CLINICAL SIGNS**

Pablo Wiseman Recent onset coughing. CXR showed large soft-tissue mass in cranioventral thorax. US-guided FNA was consistent with carcinoma (suspected pulmonary). Hx of cutaneous MCT removals. Abnormal PE/Chem/CBC/UA Results: SQ masses on left thorax

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** Multifocal spondylosis formation is seen along the thoracic spine.

Boxer Multiple small intermuscular lipomas are appreciated along the shoulder region bilaterally.

**SEX** Nodular enlargement of the left thyroid gland is appreciated, measuring 1.8 x 1.6 x 2.2 cm in size; post contrast administration, the left thyroid gland presents a hypoattenuating center.

**MN** 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.

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

11 In the cranial part of the left cranial lung lobe, a well-defined, homogeneous soft tissue attenuating and mild heterogeneous contrast enhancing mass is appreciated, measuring 7.5 x 5.7 x 6.0 cm in size. The accompanying bronchi are deviated or compressed. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS**

CARE Surgery Center

- Solitary pulmonary mass cranial part left cranial lung lobe
- Nodular enlargement left thyroid gland
- Multiple small intermuscular lipomas shoulder region bilaterally
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**REFERRING VET**

Matthew Keats DVM,  
DACVS-SA

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The pulmonary mass is most consistent with primary pulmonary neoplasia, carcinoma is most common. FNA sampling of the pulmonary mass by the 2<sup>nd</sup> left intercostal space can be performed for further definition. Complete surgical excision of the pulmonary mass by (partial) lobectomy of the left cranial lung lobe is feasible.

**DATE**

12-14-22

The nodular enlargement of the left thyroid gland in combination with the hypoattenuating center can indicate a thyroid cyst. Differentials include (non)functional thyroid macronodular hyperplasia, thyroid carcinoma or adenoma of the parathyroid gland. FNA sampling can be performed for further differentiation.



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Canine

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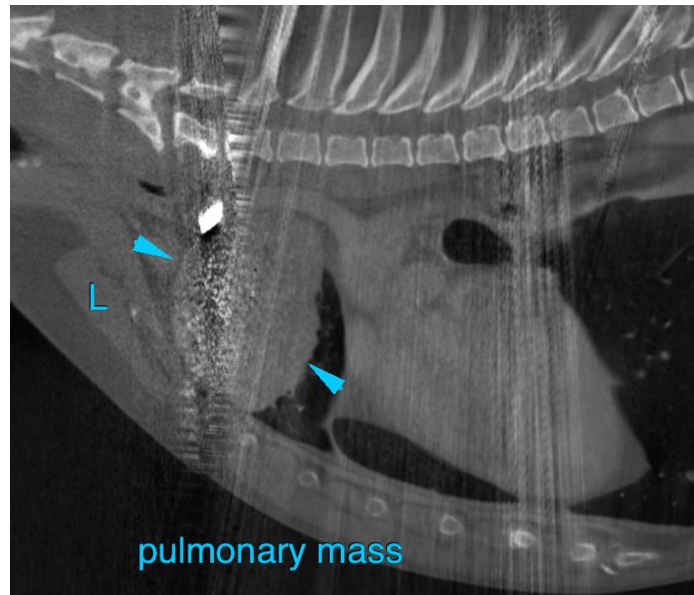
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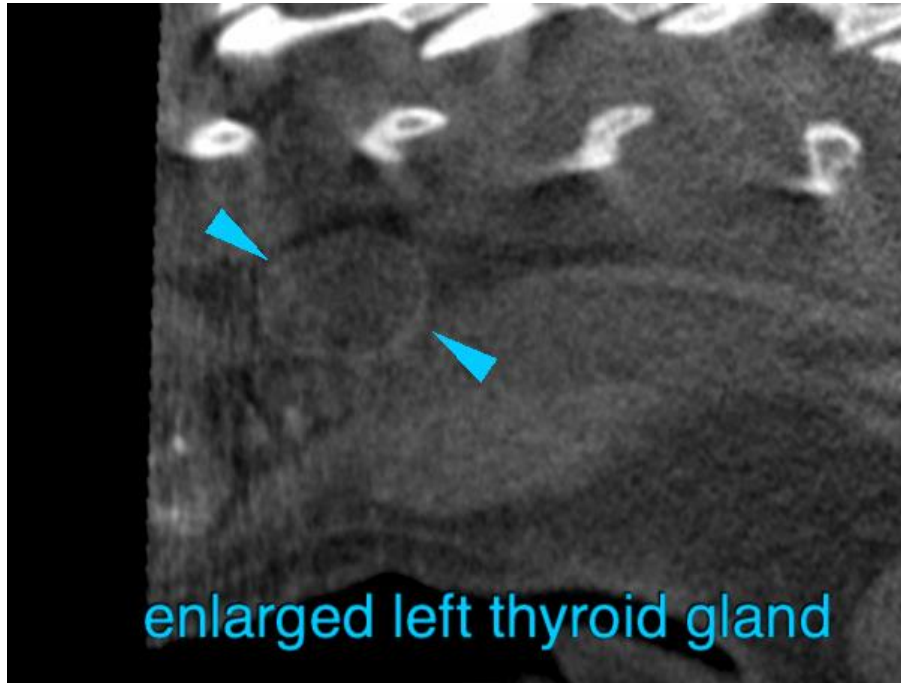
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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