

**PATIENT**

Shane Keating

PRESENTING CLINICAL SIGNS

Shane presented for nodule on chest. This was first noted a month and a half ago when dog starting coughing blood

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution plain CT study of the thorax is provided for review.

BREEDGerman Shorthaired
Pointer**COMPUTED TOMOGRAPHIC FINDINGS**

At the left thoracic wall, approximately level with the 5th left rib, a cutaneous nodular lesion is visible.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small.

SEX

Male

The cardiovascular structures including the pulmonary vasculature are within normal limits. Mild mineralization of the aortic root is visible.

AGE

10

In the craniodorsal aspect of the left caudal lung lobe, a well-defined, spherical, uniform soft tissue attenuating mass, measuring 5.0 x 4.4 x 5.0 cm in size. The accompanying bronchi are displaced and distorted.

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

INTERPRETED BYSebastian Schaub, DVM
Dr. med. vet. DipECVDI**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Solitary pulmonary mass left caudal lung lobe
- Cutaneous nodule left thoracic wall
- Mild dystrophic mineralization of aortic root

HOSPITAL NAMEAnimal Surgical
Center**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The solitary cutaneous mass is concerning for primary pulmonary neoplasia, such as bronchogenic/bronchoalveolar carcinoma. Granuloma is a potential as well. Ultrasound guided FNA sampling by the dorsal aspect of the 6th/7th left intercostal space can be used as advanced minimally invasive test. Lobectomy of the left caudal lung lobe is a feasible treatment option, there is no evidence of pulmonary metastatic spread.

REFERRING VET

Dr. Lombardi

INVOICE

49085

DATE

12-16-21



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INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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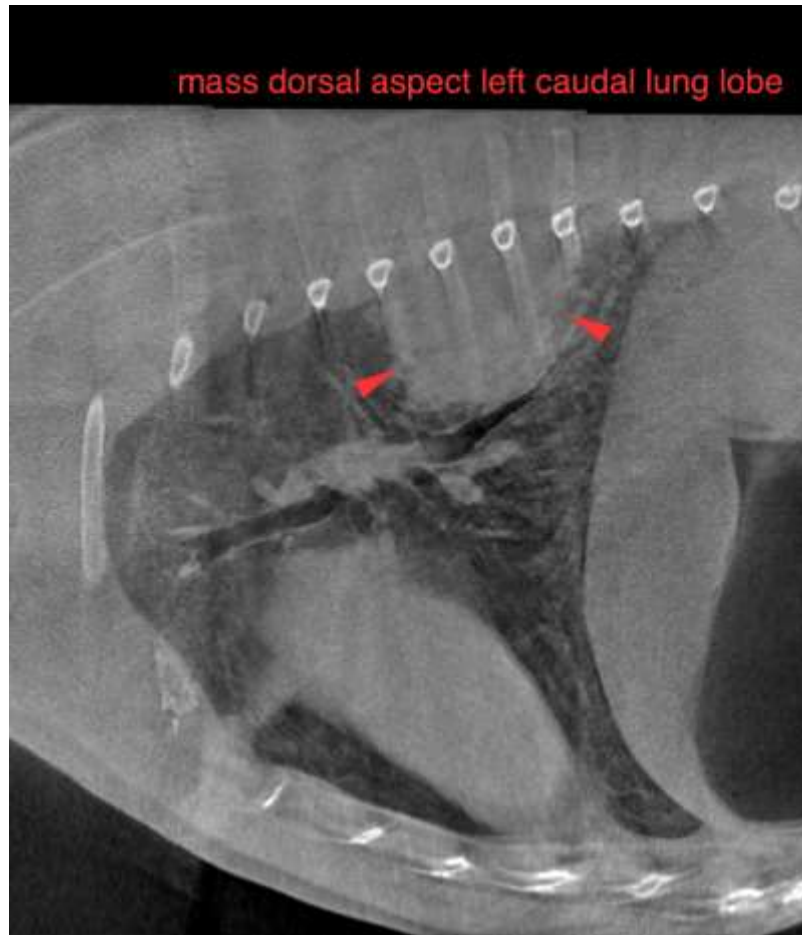
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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