


PATIENT PRESENTING CLINICAL SIGNS

Tikka Irvine Wheezing and stridor at home, no response to Pred. Pre operative radiographs showed a 2cm mass in the right cranial thorax. Circular in shape and solid in appearance. Discussion with the owner about the mass and the possibilities that it could be include granuloma, tumor as the top differentials. The owner requested to continue to surgery for a laryngeal tie back and to get a CT of the thorax to help further elucidate the mass effect.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX
BREED

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

Vizsla

COMPUTED TOMOGRAPHIC FINDINGS

Regarding the anatomy, electronic image markers are flipped – R is considered as the left side of the patient and L as the right side.

SEX

Spayed Female

Multifocal throughout all lung lobes, well-defined, soft tissue nodules measuring up to 5 mm in diameter is seen. A pulmonary nodule measuring 1.7 cm in diameter is seen in the right cranial lung lobe.

AGE

13 Years

The right proximal humeral epiphysis/metaphysis, a geographic mid ill-defined osteolytic lesion is visible, measuring 1.5 cm in size.

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 Vet
 Specialty Center

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

COMPUTED TOMOGRAPHIC DIAGNOSIS
REFERRING VET

Dr. Logan C

- Monostotic semi-aggressive osteolytic lesion right proximal humerus
- Structured nodular interstitial lung pattern

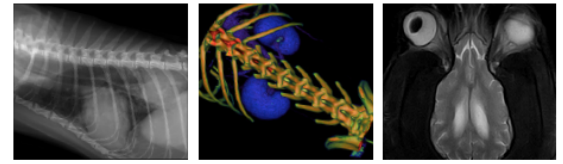
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INVOICE

33563

The osteolytic lesion of the right humerus, in combination with the structured nodular interstitial lung pattern are significantly increasing the odds for underlying metastasizing neoplastic disease. Differentials for the lesion in the right humerus include primary osseous neoplasia (e.g. osteosarcoma, chondrosarcoma, round-cell tumor) or metastasis; benign lesions can include osseous cyst or fibrous dysplasia are less likely differentials. Underlying granulomatous disease such as eosinophilic granuloma or less likely mycotic infection, might be a potential but considered also less likely. Bone biopsy of the osteolytic lesions of the right humerus can be used for further definition.

DATE

12/17/21



PATIENT Consider complementing workup by an abdominal ultrasound examination to screen for possible primary neoplasia,

Tikka Irvine

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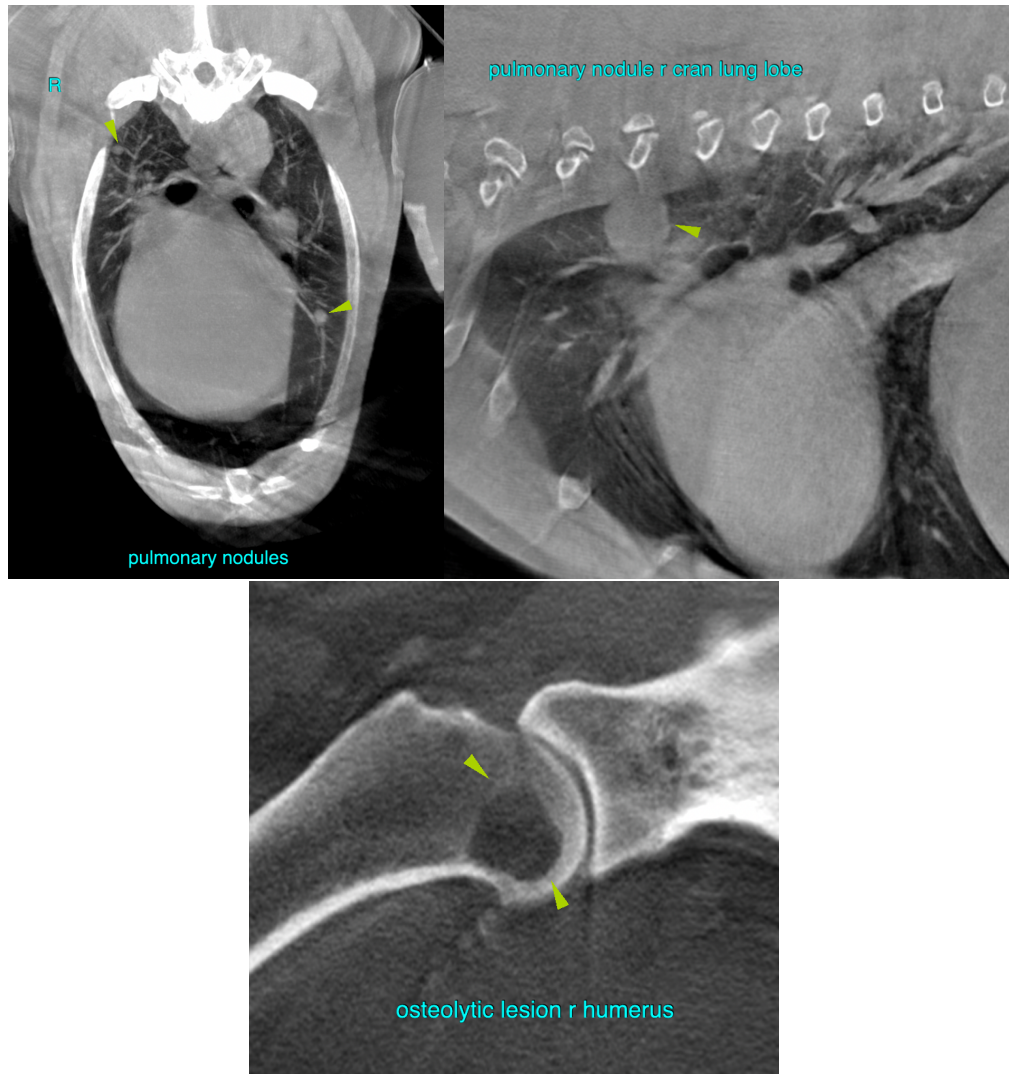
Dr. Logan C

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DATE

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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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