



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Geiger Swanson

**SPECIES**  
Canine

**BREED**  
English Bulldog

**SEX**  
MN

**AGE**  
7.5 Years

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

**HOSPITAL NAME**  
Casselton Vet Service

**REFERRING VET**  
Dr. Jackie Schmid

**INVOICE**  
55827

**DATE**  
12-21-22

Littermate was recently diagnosed with a tumor at the base of the heart . Littermate did not have any physical signs besides swollen feet. O was informed it was a genetic problem and O would like screen for any cardiac tumors. Geiger has been normal at home-eating/drinking/breathing all normally. No vomiting/diarrhea/coughing/sneezing. Good activity & attitude. Thoracic radiographs taken 2 weeks ago: Radiographs: The thorax is shortened due to the breed. The cranial lung fields are somewhat hazy but normal for the breed. Misshapen thoracic vertebrae. Abnormal PE/Chem/CBC/UA Results: Chem=within normal limits; CBS essentially within normal limits (eosinophils slightly elevated at 1.39, MCHC slightly elevated).

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple hemivertebra are seen along the thoracic spine. Multifocal mild spondylosis formation is seen along the thoracic spine.

The mediastinum is moderately widened by fat. 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. A faint multilobulated thymic remnant is seen in the cranial mediastinum.

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.

The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis of the caudodorsal aspects of the lung parenchyma.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Dystelectasis of the lung parenchyma, due to general anesthesia
- Multiple hemivertebra along thoracic spine
- Incidental thymic remnant
- Spondylosis deformans

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is negative for neoplastic disease, there is no evidence of a cardiac mass/heart base mass.



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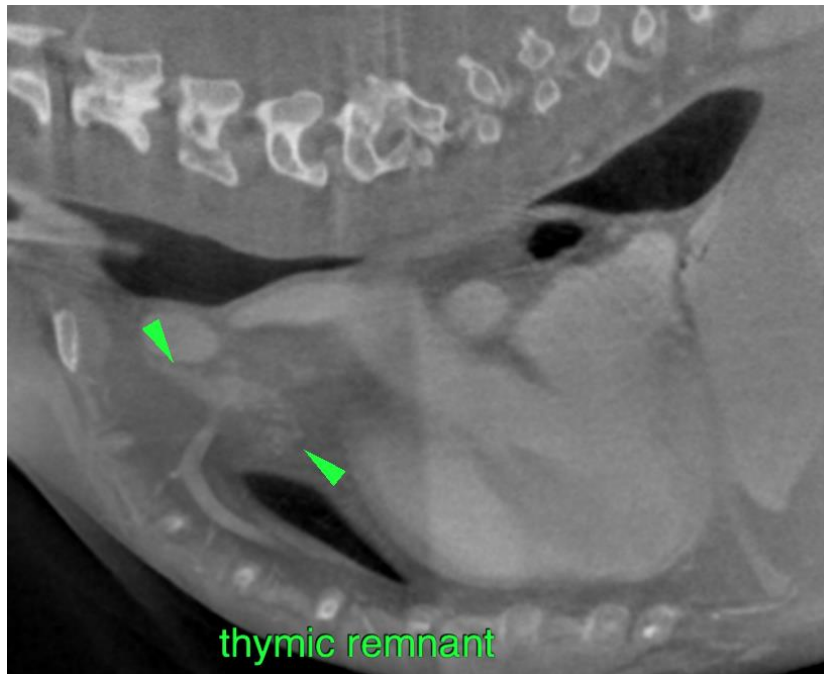
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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