



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Hank Lewis

SPECIES
Canine

BREED
German Shepherd/Lab Mix

SEX
Neutered Male

AGE
11 Years, 11 Months

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

HOSPITAL NAME
All Pets Medical Center

REFERRING VET
Agnes Rupley, DVM

INVOICE
55829

DATE
12-23-22

PRESENTING CLINICAL SIGNS
PRESENTED FOR: Coughing REPORTED SYMPTOM: Sleepy and lethargic. Occasionally makes a hacking noise, then goes back to breathing regularly. Owner thinks he may be coughing up some saliva. Chews food, then spits it out then eats it. Started about a week ago. No actual vomiting occurs and bowel movements are normal. Owner noticed small mass on left side of his neck about 2 days ago. HISTORYH of enlarged prostate, then neutered. VITALS: 59.9 pounds Temperature: 101.6 (normal range is 99.5 F- 102.0 F) Heart Rate: 80 bpm (normal is 70-80) Respiratory Rate: 88 bpm PANTING (normal is 15-25) Mucous Membrane Color: pink/red Capillary Refill Time: <2 CURRENT MEDICATIONS: Applesauce with animal safe essential oil all natural for anxiety supplement, gets it in the morning. No heartworm prevention. EXAM FINDINGS: Normal bronchovesicular sounds asculted bilaterally. No nasal discharge is present. Trachea is sensitive. No heart murmur. Severe dental calculus and gingivitis. Nuclear sclerosis. An approx 1x1 cm firm cutaneous mass is present on the left lateral neck. The mass was aspirated and slides sent to an oncologist for evaluation. LAB RESULTS: No significant abnormalities on CBC. The Heartworm Test detected no antigen. A drop of blood was examined microscopically for microfilaria - none observed. Chemistry panel and BAL recommended and declined. ASSESSMENT AND PLAN: Radiographs (x-rays) reveals suspected 22.06x20.54 soft tissue opacity at T7-8 and a 17.88x17.06mm mass at the tracheal bifurcation on the lateral views; with a bronchial pattern. Evaluation of the images by a radiologist and trial with doxycycline recommended.

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.

Level with the 6th intercostal space, superimposed on the aorta, a well-defined soft tissue opaque nodule is seen, measuring 18 mm in size. The nodule is not appreciated on the VD view. The remainder of the lung parenchyma present 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.



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RADIOGRAPHIC DIAGNOSIS

- Solitary pulmonary soft tissue nodule caudal lung field

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The solitary pulmonary nodule can present primary pulmonary neoplasia, metastasis, granuloma, fibrosis, round pneumonia, pulmonary cyst. As the nodule is not appreciated on the VD view, it cannot be defined if the nodule is located in the right or left caudal lung lobe. The second appreciated nodule in the hilar region is considered as an end on projection of a pulmonary vessel.

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If surgery is a consideration here, recommend a CT study for surgical planning and ruling out small pulmonary nodular lesions not appreciated by radiography.

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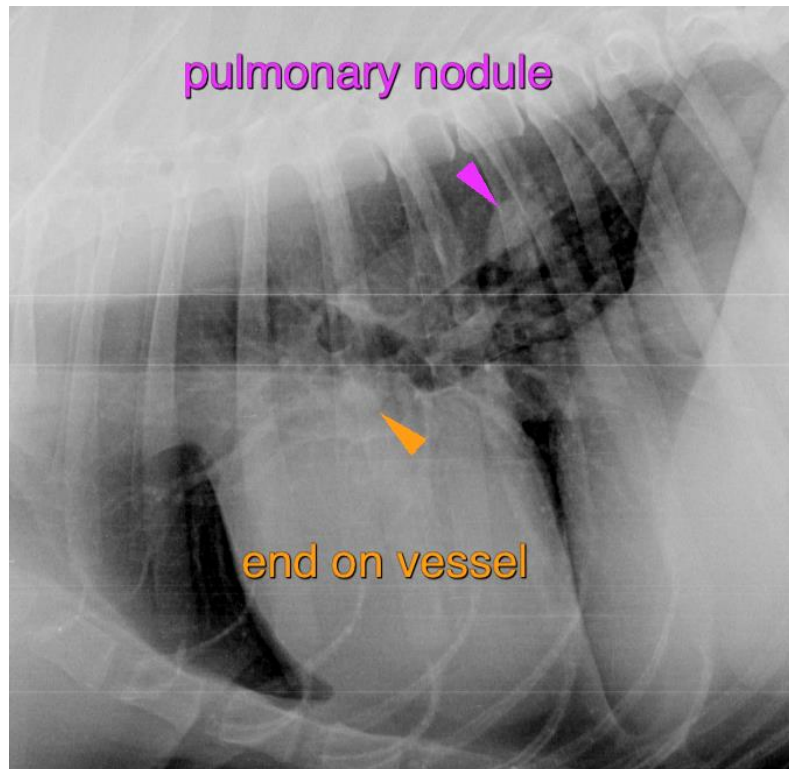
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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