



PATIENT

PRESENTING CLINICAL SIGNS

Peepers Loskocinski

Patient presented for mammary mass removal - preop xrays suspicious for metastasis in lungs

SPECIES

RADIOGRAPHIC STUDY OF THE THORAX

Feline

Radiographs of the thorax in three imaging planes are provided for review.

BREED

RADIOGRAPHIC FINDINGS

DSH

Multifocal mild spondylosis formation is seen along the thoracic spine.

SEX

At the ventral thoracic wall, a large, irregular marginated and heterogeneous soft tissue opaque subcutaneous mass is visible; measuring approximately 6.7 x 4.0 cm in size.

FS

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement.

AGE

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

14 Years

A mild amount of soft tissue material is visible in the pleural cavity, the lung lobes are retracted from the thoracic wall and pleural fissure lines are visible.

INTERPRETED BY

The lung parenchyma presents a moderate micronodular confluent pattern, effacing the pulmonary vasculature.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

HOSPITAL NAME

RADIOGRAPHIC DIAGNOSIS

Animal Surgical
Center

- History of mammary mass, cranial left mammary complex
- Miliary lung pattern
- Mild pleural effusion
- Spondylosis deformans

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Kameron

The thoracic subcutaneous mas is fitting the history of mammary neoplasia. The miliary lung pattern is compatible with secondary pulmonary metastatic disease and secondary mild pleural effusion. An inflammatory origin of the pulmonary changes – such as granulomatous lung disease is considered unlikely.

INVOICE

49276

DATE

12-28-21



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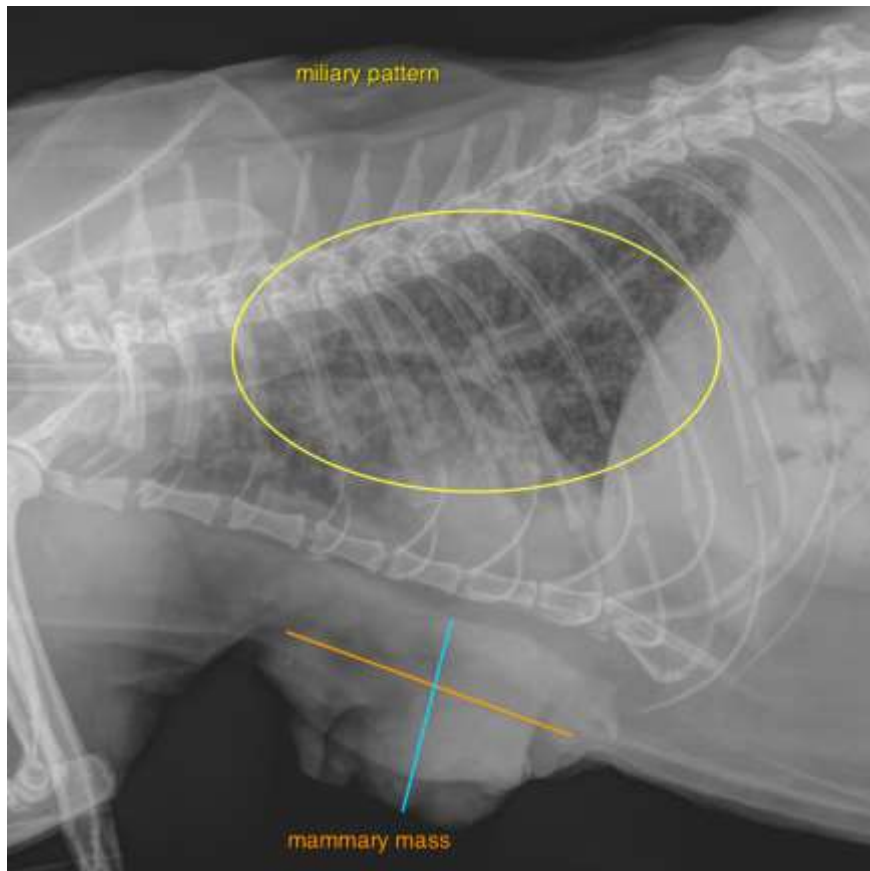
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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