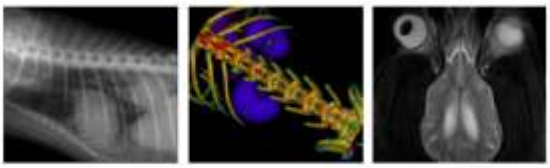

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Dixie Cross

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9 Years

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon Veterinary Specialty Center

**REFERRING VET**

Kimberly Winters

**INVOICE**

48881

**DATE**

12-7-21

## PRESENTING CLINICAL SIGNS

12/1/21 Dixie saw us in October for a chronic cough and some loss in appetite. We treated her for possible lung worm and reflux with metoclopramide, omeprazole, cerenia, and fenbendazole. When Dixie was taking these medications, her cough resolved. When she ran out of her medications, the cough came back almost immediately. Metoclopramide was restarted recently. Her cough has again improved but she is currently intermittently making a huffing noise when she exhales. She is also panting and drooling more than normal. She is eating and drinking well and seems to be happy. Kimberly does soak her food, as she seems to cough more when she eats things that are hard. 12/7 21 Dixie was brought in today for CT and endoscopy procedure to investigate the mass on her neck and her chronic cough further. She has improved with metoclopramide and omeprazole therapy so that she is coughing much less frequently. She still is drooling excessively and has a huffing cough intermittently.
Abnormal PE/Chem/CBC/UA Results:

## COMPUTED TOMOGRAPHY OF THE THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates C6/C7 and multiple vertebral endplates of the thoracic spine present moderate spondylosis formation.

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.

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 with interspersed punctuate mineralization.

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

The left thyroid gland presents nodular enlargement of the cranial pole with a post contrast hypoattenuating center of the thyroid nodules, demarcated by a thin contrast enhancing capsule.

The right tympanic bulla is filled with non-contrast enhancing soft tissue material.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multilocular enlargement cranial pole left thyroid gland
- Right sided otitis media
- Pulmonary osteomas
- Spondylosis deformans

**PATIENT**

Dixie Cross

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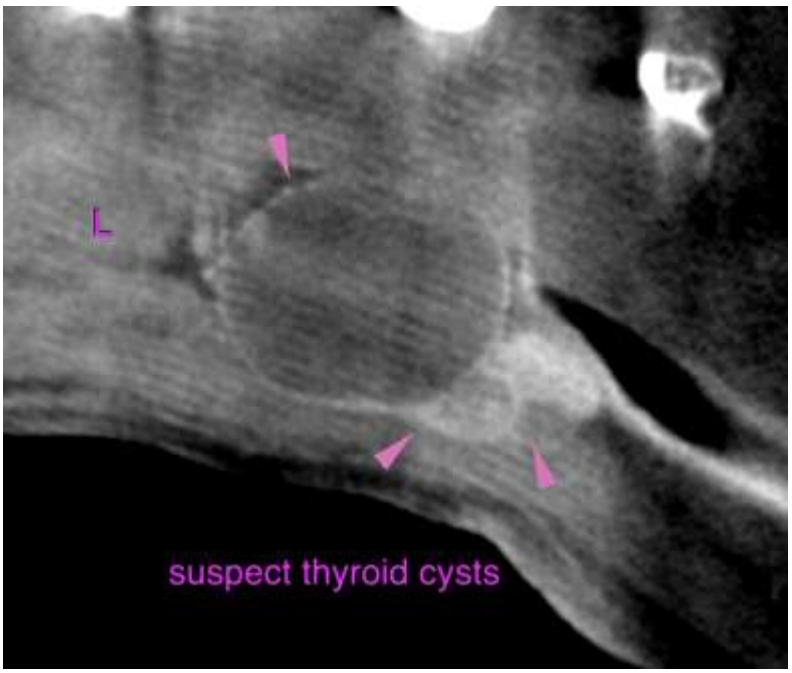
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multilocular enlargement of the left thyroid gland is most consistently for (non)functional nodular hyperplasia & thyroid follicular cysts, the odds for neoplastic transformation such as thyroid carcinoma are considered lower. FNA sampling might be used for further definition of the left thyroid nodule. There is no evidence of vascular invasion.

No specific abnormalities are appreciated, explaining the history of cough. However, negative CT study does not rule out potential inflammatory lower airway disease completely, such as allergic or eosinophilic bronchitis. Bronchoscopy including BAL can be used as advanced diagnostic test.




**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.

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