



PATIENT

Scuba Niver

PRESENTING CLINICAL SIGNS

Patient presented for a persistent cough. She has a history of a right caudal lung lobectomy which came back as grade 1 ACA. She also has a history of seizure activity. She is on Keppra 500mg 1/3 tab twice daily and 20mg Furosemide twice daily. Eating and drinking normally. CT performed due to recent plural effusion, no heart disease, rule out tumor recurrence in chest.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX

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

BREED

Fox Terrier

COMPUTED TOMOGRAPHIC FINDINGS

Multifocal moderate spondylosis formation is seen along the thoracic spine.

SEX

FS

The right caudal lung lobe is absent, and a stapler line is seen in the hilar region. Centered on the caudal aspect of the carina, between the main-stem bronchi, a mild ill-defined, soft tissue attenuating mass is visible, causing abaxial splaying of the principal bronchi – suspect the middle tracheobronchial lymph node. The mass is compressing the main bronchi of the right middle & accessory lung lobe. The right middle lung lobe is consolidated and presents a significantly decreased volume with air-bronchograms.

AGE

8 Years, 9 Months

The sternal & cranial tracheobronchial lymph nodes and right & left tracheobronchial lymph node are moderately enlarged.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

A mild amount of gravity dependent, soft tissue attenuating material is visible in the dorsal aspect of the thoracic cavity.

Multifocal throughout the lung parenchyma, variable sized, well-defined soft tissue attenuating nodular lesions are visible.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Kim Winters

- Perihilar mass, compressing the bronchi of the right lung lobes
- Lymphadenopathy tracheobronchial, cranial mediastinal and sternal lymph nodes
- Structured nodular interstitial lung pattern
- Resorption atelectasis right middle lung lobe
- Spondylosis deformans
- History of lobectomy right caudal lung lobe

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-15-22

In combination with the given history, the findings are highly suggestive for metastatic spread of alveolar carcinoma with diffuse invasion of the middle tracheobronchial lymph node – forming the perihilar mass potentially invading the principal bronchi. Ultrasound guided FNA sampling of the sternal lymph node ± a pulmonary nodular lesion can be used as advanced diagnostic test to confirm the diagnosis.



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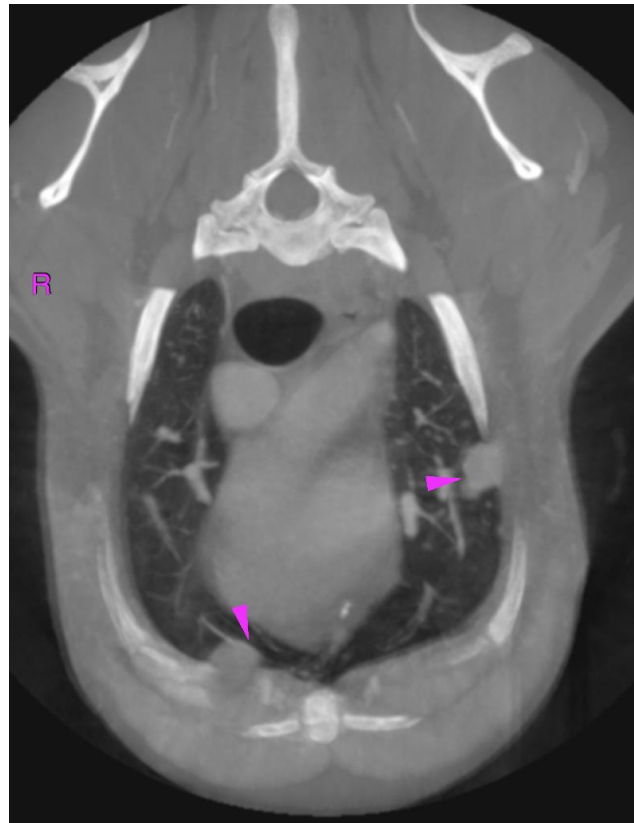
Kim Winters

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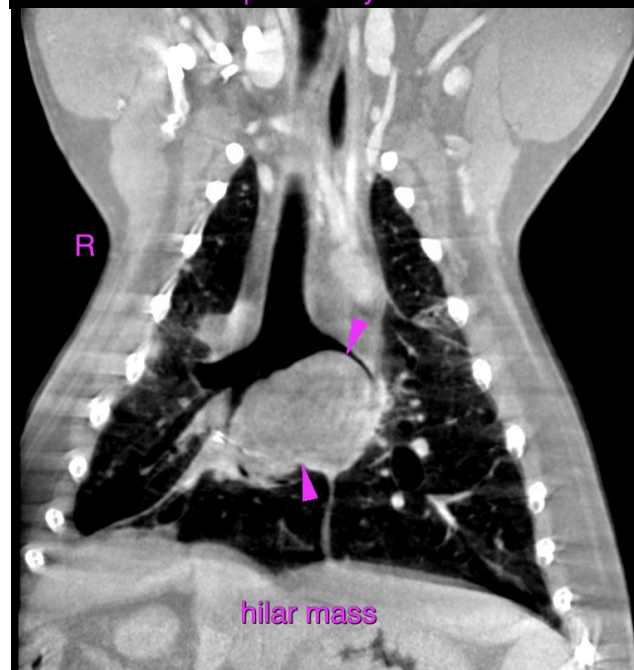
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pulmonary nodules



hilar mass



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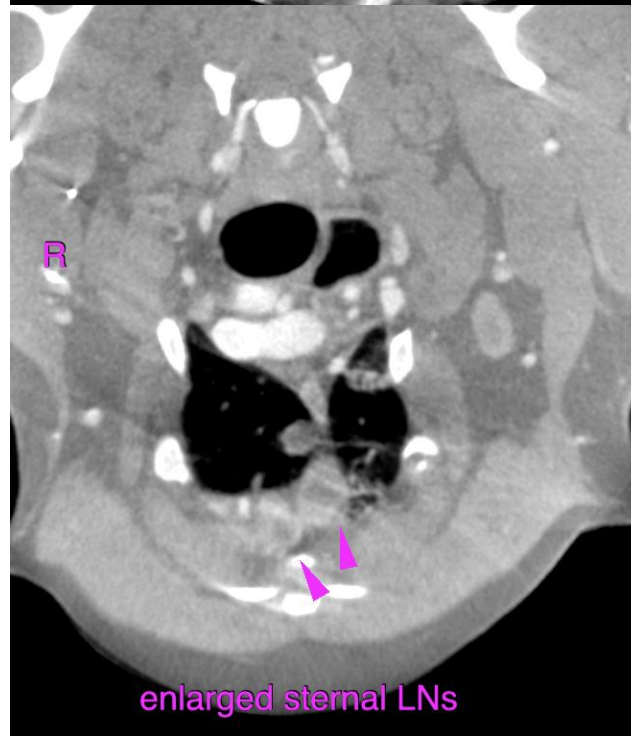
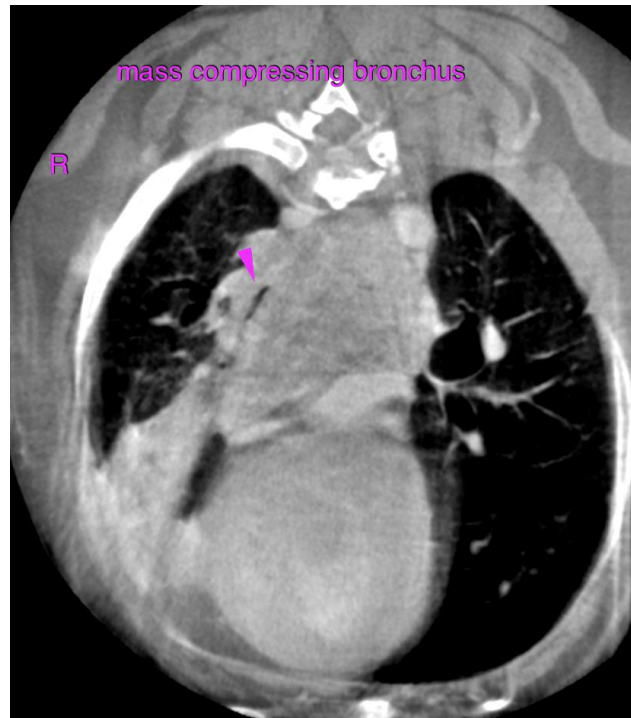
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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