



PATIENT PRESENTING CLINICAL SIGNS

Abby Almira Presented for vomiting and increased respiratory effort on January 30th. Thoracic radiographs showed a possible mass in the cranial lung field. Treated for aspiration pneumonia and repeated radiographs- report attached.

SPECIES Abnormal PE/Chem/CBC/UA Results: Heart murmur 3/6 Head muscle atrophy Nuclear sclerosis Intact female Thoracic masses Dental tartar

Canine

COMPUTED TOMOGRAPHY OF THE THORAX

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

Rat Terrier COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous at the right ventrolateral thoracic wall, an ovoid shaped, well-defined, lipoma measuring 2.3 x 1.4 x 2.7 cm in size is seen.

SEX

Intact Female 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.

AGE

12 Years The cardiovascular structures including the pulmonary vasculature are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The right cranial lung lobe presents consolidation of the cranial half with multiple interspersed gas attenuating areas. The respective bronchial segments are compressed. In the periphery of the right middle and caudal lung lobe, subpleural plaque like consolidated areas are visible. In the left caudal lung lobe, a complex multicameral gas containing lesion is visible, measuring 8 mm in diameter, demarcated by a thick, soft tissue attenuating wall. The remainder of the lung parenchyma present generalized moderate ground glass attenuating with multiple interspersed ill-defined nodular lesions measuring <2 mm in size.

HOSPITAL NAME

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Meaux

- Multiple regions of pulmonary consolidation with maintained to mildly increased volume and interspersed gas attenuating lesions
- Generalized unstructured interstitial lung pattern with randomly distributed interspersed nodular lesions
- Lipoma right ventrolateral thoracic wall

INVOICE

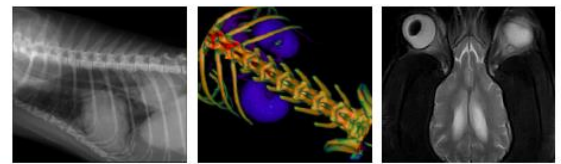
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-16-22

The pulmonary changes are highly suggestive for primary pulmonary neoplasia, such as bronchogenic carcinoma, broncho-alveolar carcinoma with zones of necrosis. The odds for inflammatory origin ± fibrosis are considered low, and I would expect secondary reactive hyperplasia of the tributary lymph nodes, that is not appreciated here.. Due to the generalized pulmonary changes surgical intervention will not be curative. Recommend ultrasound guided FNA sampling for further definition and decision making for possible palliative treatment options.



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Abby Almira

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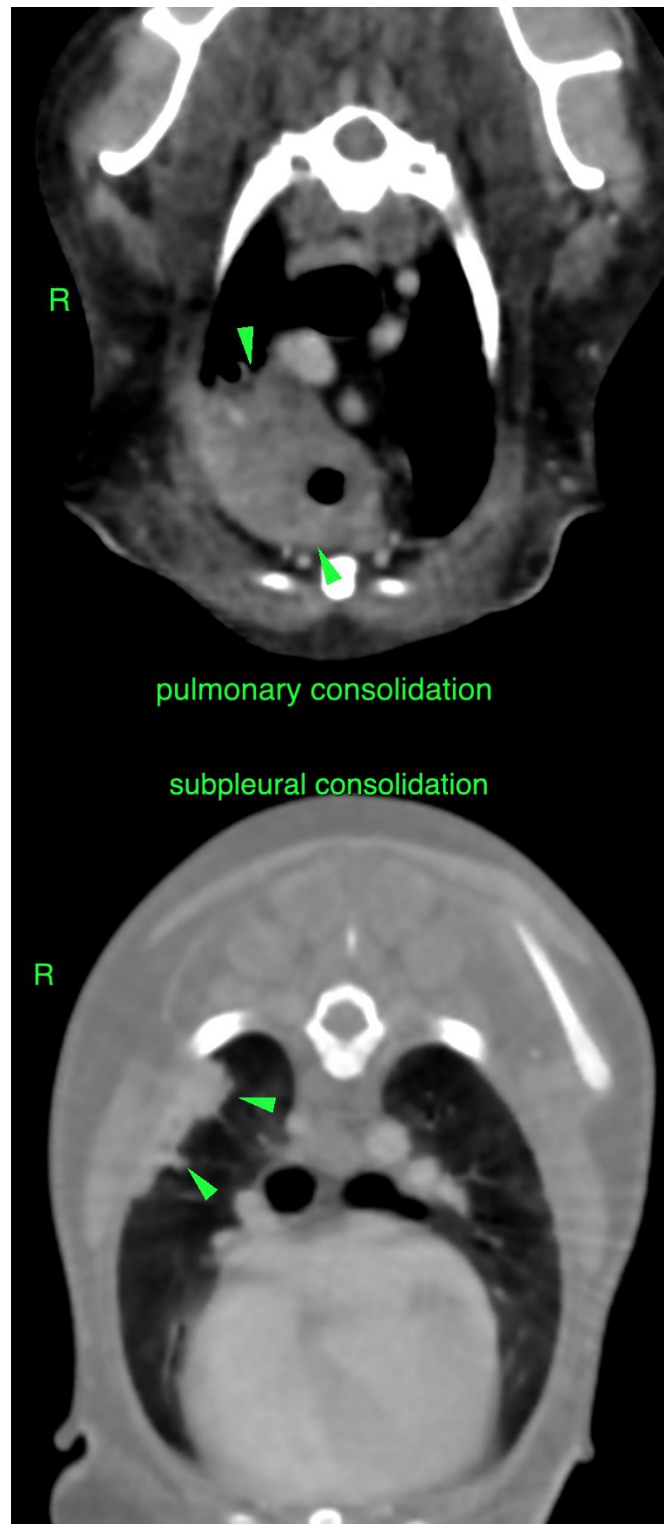
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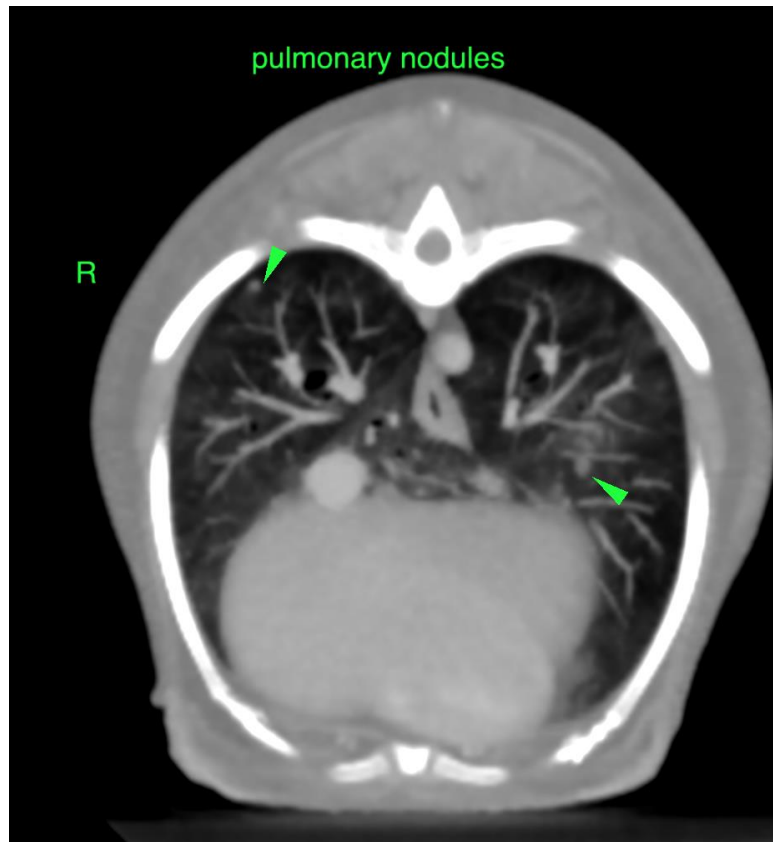
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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