



PATIENT

Mook Sullivan

PRESENTING CLINICAL SIGNS

History (Subjective): Coughing ~ 1 month. Dry cough, intermittently few times daily. Prior vet suspected abscessed teeth and performed dental procedure with extractions. Antibiotics administered before and after procedure. ~ 70% decrease of cough after dental procedure (~2 weeks prior). Has episodes of shaking (pain vs excitement). Eats better after Tramadol. Moderate OA of right elbow and prior Fx of tuber coxae with excessive osseous proliferation of Fx site. Abnormal PE/Chem/CBC/UA Results: Blood work pending

SPECIES

Canine

BREED

Basset

RADIOGRAPHIC STUDY OF THE THORAX

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

SEX

Female Spayed

Multifocal moderate spondylosis formation is seen along the thoracic spine.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

12 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Level with the 10th left intercostal space, a roundish soft tissue opaque mass is seen in the caudal lung lobe, measuring approximately two intercostal spaces in diameter. Level with the second left intercostal space, a soft tissue opaque nodule is superimposed on the cranial part of the left cranial lung lobe.

HOSPITAL NAME

Blandford Animal Hospital

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

REFERRING VET

Russ LaPierre

RADIOGRAPHIC DIAGNOSIS

- Pulmonary soft tissue mass left caudal lung lobe
- Possible pulmonary nodule left cranial lung lobe
- Spondylosis deformans

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50055

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary mass in the left caudal lung lobe is concerning for primary pulmonary neoplasia - such as bronchogenic carcinoma - granuloma, cyst, or far less likely abscess. The finding is a plausible explanation for the history of cough. The nodular lesion is equivocal for a pulmonary nodule or superimposed cutaneous structure.

DATE

2-2-22

If surgery is a consideration, a CT study of the thorax can be used for surgical planning and ruling in/out pulmonary metastasis completely.



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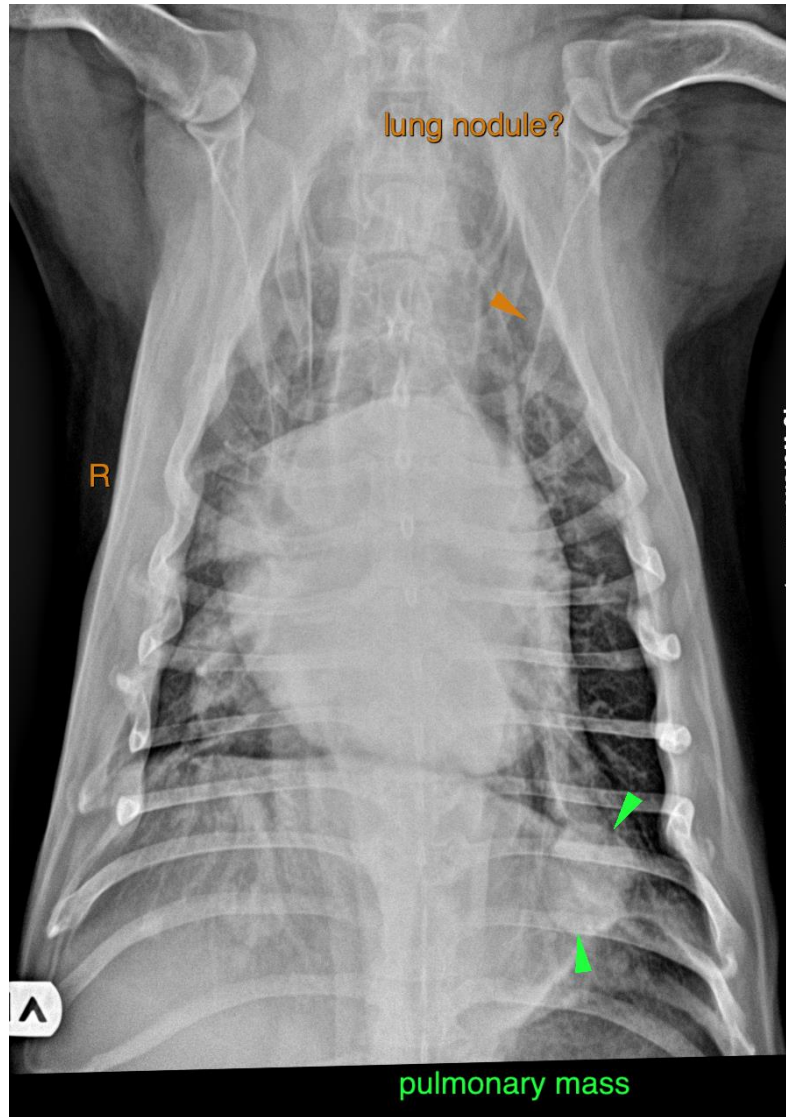
Russ LaPierre

INVOICE

50055

DATE

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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.

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