



PATIENT

Mia Piotrowski

PRESENTING CLINICAL SIGNS

Pet has left cranial thoracic mass aspirated as carcinoma. Referred for CT scan prior to attempting mass removal.
Abnormal PE/Chem/CBC/UA Results: No labs available

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Poodle Mix

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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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

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

The cranial part of the left cranial lung lobe is consolidated and presents a moderately increased volume with rounded margins; the bronchi are compressed.. The consolidated cranial part of the left cranial lung lobe has a heterogeneous contrast enhancement pattern.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Mild atelectasis of the cranioventral aspects of the right cranial lung lobe is noted.

A mild amount of gravity dependent, fluid attenuating material is seen in the ventral aspect of the pleural cavity, the lung lobes are mildly retracted from the thoracic wall.

HOSPITAL NAME

Wilvet Salem

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

Abdomen

REFERRING VET

Dr. Emily Kalenius

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The volume of the left kidney is moderately decreased, and the margins are irregular.

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DATE

2-22-22

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



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The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Pulmonary mass cranial part left cranial lung lobe
- Mild pleural effusion
- No evidence of pulmonary metastatic disease
- Left sided chronic nephropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of pulmonary carcinoma, originating from the cranial part of the left cranial lung lobe. The mild pleural effusion is considered paraneoplastic. Complete surgical excision of the mass by (partial) lobectomy of the left cranial lung lobe is considered feasible.

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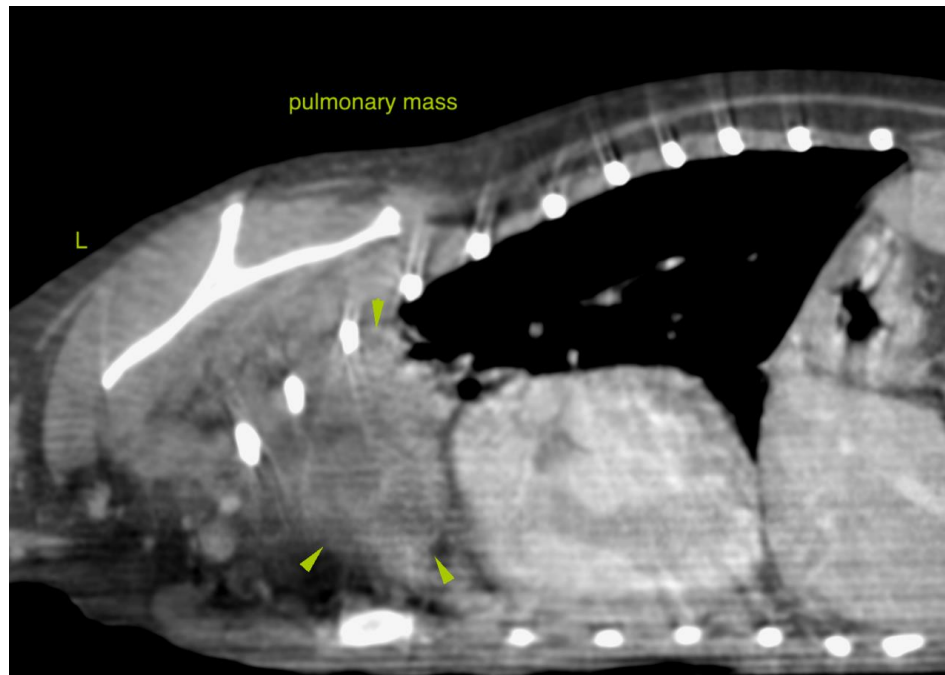
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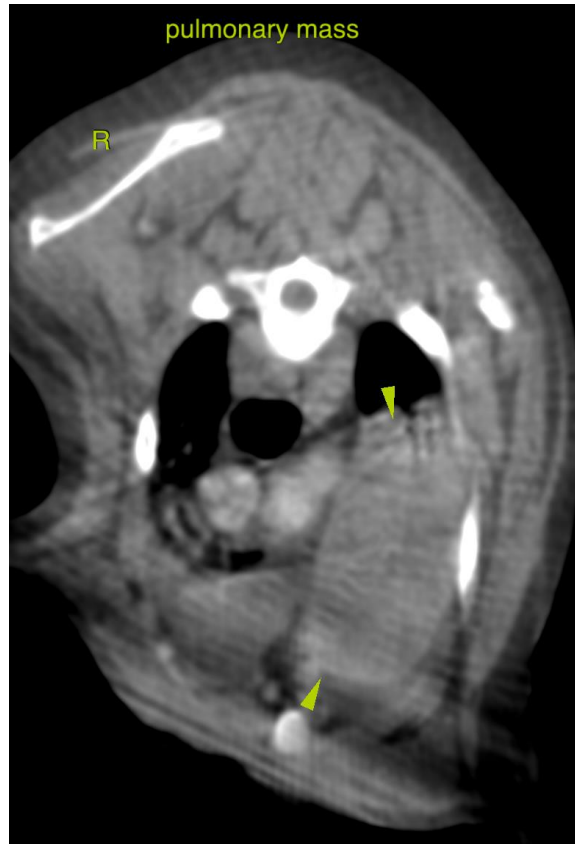
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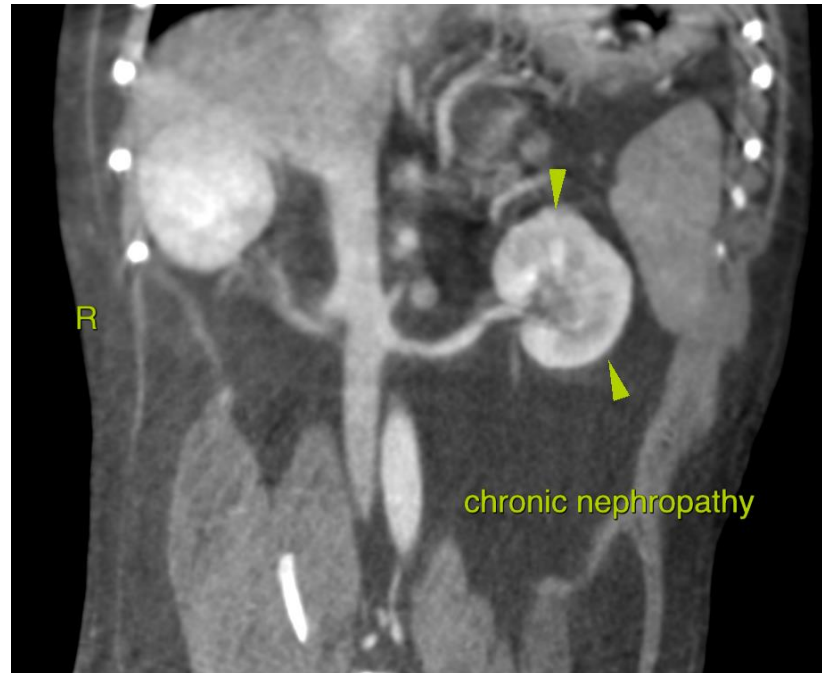
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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