



**PATIENT PRESENTING CLINICAL SIGNS**

Elliot Bullard Recently diagnosed lung mass. Possible second nodule adjacent to the mass.

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** A broad based mass is arising from the right cranial thoracic wall, bulging into the right pleural cavity. The mass is centered on the fourth right rib, presenting an extrapleural mass effect on the right lung lobes, measuring 7.2 x 4.3 x 6.0 cm in size. The fourth right rib presents segmental sunburst like new bone formation and permeative osteolysis. The right cranial & middle lung lobe are consolidated and present a decreased volume – the respective bronchi are compressed by the extrapleural mass. The junction between the cranial vena cava and the right atrium is compressed by the extrapleural mass.

Dachshund

**SEX** A small amount of fluid attenuating material is seen in the right pleural cavity.

Neutered Male 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** The aerated parts of the lung present the expected architecture and attenuation behavior.

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

**INTERPRETED BY COMPUTED TOMOGRAPHIC DIAGNOSIS**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Primary rib tumor fourth right rib with large soft tissue component protruding into right pleural cavity
- Mild right sided pleural effusion
- Resorption atelectasis right cranial & middle lung lobe due to compression of the respective bronchi
- No evidence of pulmonary metastatic disease

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

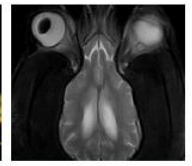
Meaux The findings are consistent with a mass arising from the fourth rib of the right thoracic wall – presenting a broad base to the thoracic wall, extending up to the level of the first right intercostal space. Osteosarcoma, chondrosarcoma or hemangiosarcoma are considered as the top differentials. FNA sampling/biopsy can be performed for further differentiation. Complete surgical excision of the mass would warrant resection of the entire right thoracic wall starting level with the first rib up to the 6<sup>th</sup> rib with amputation of the right front limb due to the associated nerves of the brachial plexus. Recommend discussing the chances of palliative radiation therapy with oncologist.

**INVOICE**

57020

**DATE**

3-1-23



**PATIENT**

Elliot Bullard

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

5 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

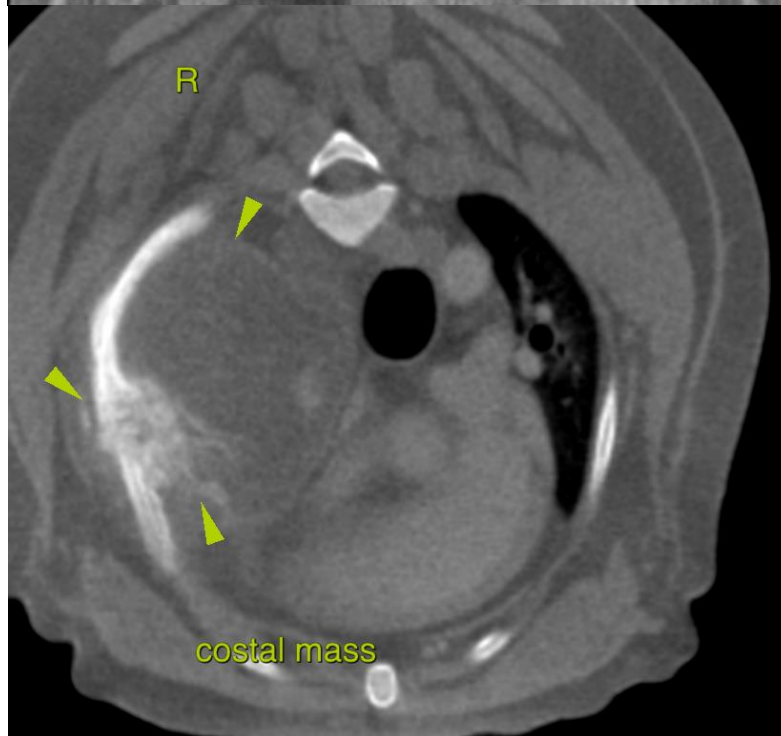
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**PATIENT**

Elliot Bullard

**SPECIES**

Canine

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.

**BREED**

Dachshund

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.

**SEX**

Neutered Male

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

**AGE**

5 Years

**INTERPRETED BY**

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