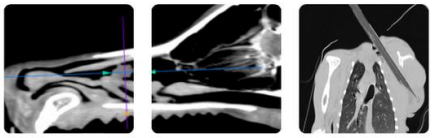


PATIENT

Nacho Brentz

SPECIES

Canine

BREED

Schnauzer Giant

SEX

Male Neutered

AGE

7Y, 9M

WEIGHT

45kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74011

DATE

3-2-26

PRESENTING CLINICAL SIGNS

- Nacho presents today for evaluation of a digit mass and a pulmonary nodule that has been present for over 1 year. Pet presented to the hospital on 1/27/26 for lethargy and thick nasal discharge. Chest xrays were performed which noted a bronchial pattern and the presence of a 2cm pulmonary nodule in the left caudal lobe, present on films from the previous year. He was treated with a Doxycycline and Guafenesin and his symptoms resolved. At recheck on 2/12/26, he was lame on the left front foot and an intermittent expiratory cough was noted (non-productive). Xrays showed swelling and lysis of P3 digit #5 LF. He was treated with a second course of medication as above and Rimadyl was added (100mg BID) for the lameness. He was responsive to palpation of digit #5 LF. He was rechecked again 2/24/26, BW was submitted. CBC: WBC 24.6 K/uL (5.8 - 16.2), NEUTS 20959 /uL (3004 - 9741)], CHEM WNL. Due to continued pain on the digit, amputation was recommended with a course of steroids preoperatively. O elected a second opinion. His last dose of Rimadyl was 2/23/26. He is currently eating well with a good demeanor. No additional nasal d/c has been noted. His activity is currently limited due to the lameness.
- The presence of the digit mass and a mass in the lungs is concerning for pulmonary carcinoma with metastasis to the digit. In order to obtain more information, full body screening is recommended with a CT scan.

Abnormal PE/Chem/CBC/UA Results: PE: T 99.0 F, HR 132, RR 32, MM Pink, CRT <2 seg, H/L WNL, Lameness noticed on left forelimb. 5th digit of the left forelimb swelling and draining on the base of nail

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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.

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

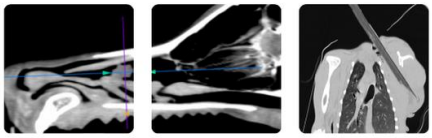
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

In the hilar region of the left caudal lung lobe, a well-defined, uniform soft tissue attenuating nodule is visible; measuring 2.3 cm in diameter. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

Only the most cranial aspect of the abdomen is included in the post contrast series – upload of the abdominal post contrast series may have been incomplete



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

Both kidneys present within normal limits for size, shape and organ architecture.

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.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

Along the lumbar spine, multifocal spondylosis formation is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary soft tissue nodule left caudal lung lobe
- Normal appearing abdomen, but spondylosis deformans along the lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The solitary pulmonary soft tissue nodule is not specific – especially if the nodule is stationary in size since one year. Differentials for the pulmonary nodule include granuloma, fibrosis, round pneumonia/mucus impaction, metastasis/primary pulmonary neoplasia. Ultrasound guided FNA sampling of the pulmonary nodule via the $5^{th}/6^{th}$ left intercostal space can be tried for specification; placing the patient in left lateral recumbency for 5-10 minutes prior to the ultrasound can help to increase visibility by inducing dystelectasis of the overlying lung parenchyma. Surgical management via lobectomy of the affected lung lobe is feasible.

The CT study is negative for pulmonary metastatic disease – but the solitary pulmonary nodule.

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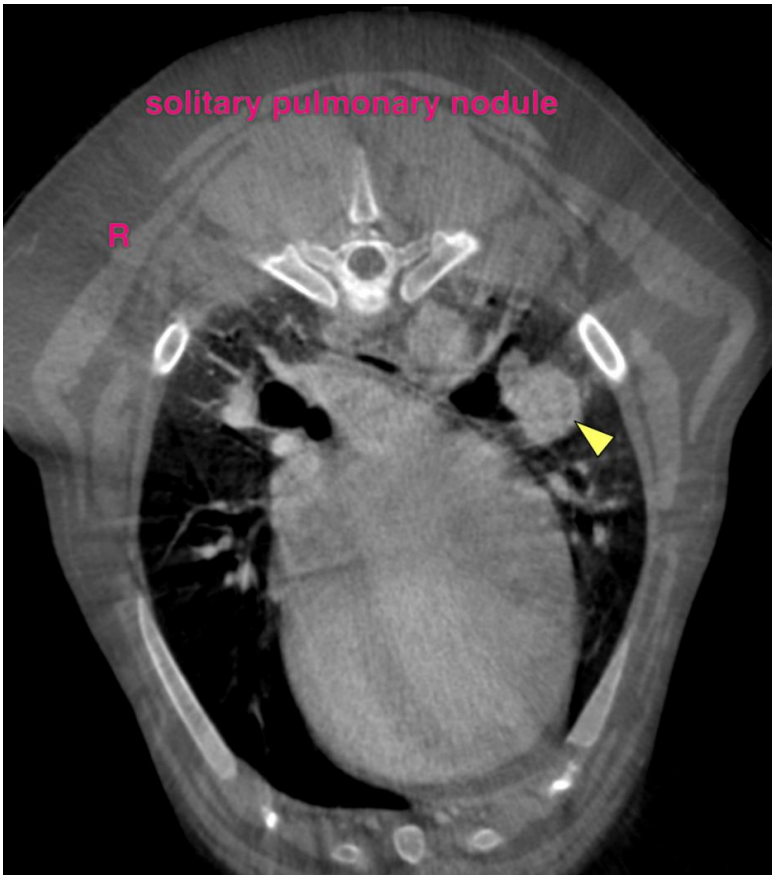

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com