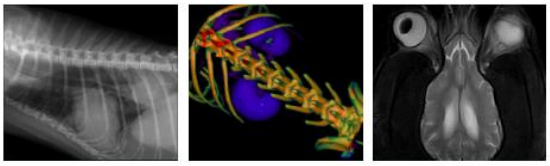

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Curlwy

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10 Years. 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Kim Winters

INVOICE

51044

DATE

3-20-22

PRESENTING CLINICAL SIGNS

Presenting for consult and additional imaging of a mass that was found within Buddy's chest on recent thoracic radiographs. Buddy presented to his primary veterinarian at the beginning of this month for evaluation after an approximate 2 week history of labored breathing (short and shallow breathing and excessive panting, even when at rest), decreased appetite, and lethargy. He was started on Prednisone 20mg at 1 tab by mouth once daily. He also receives Fluoxetine 20mg at 1 tablet by mouth once daily. He does feel better since starting prednisone so that he is less lethargic, is eating better (2 meals per day instead of one), and is maybe breathing a little more comfortably.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen are 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.

Originating from the left caudal lung lobe, a large, irregular spherical soft tissue attenuating mas with multifocal amorphous mineralization is visible, measuring 13.5 x 16.8 x 14.3 cm in size. The associated bronchi are deviated and compressed. Post contrast administration, the mass presents a mild heterogeneous contrast enhancement pattern. The left crus of the diaphragm is distorted by the mass effect. The esophagus and caudal vena cava are deviated to the right.

Multifocal throughout the lung parenchyma, punctuate mineralization are present.

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

Abdomen

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. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Nodular enlargement of the cranial pole of the right adrenal gland is visible, measuring 12 mm in diameter, presenting a mild heterogeneous contrast enhancement pattern.

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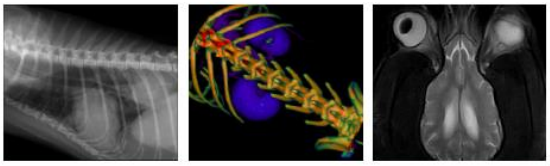

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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.

The left medial iliac lymph node is prominent.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large pulmonary soft tissue mass originating from the left caudal lung lobe with dystrophic mineralization
- Nodular enlargement right adrenal gland
- Lymphadenopathy left medial iliac lmpyh node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large pulmonary mass is compatible with primary pulmonary neoplasia – such as bronchogenic/broncho-alveolar carcinoma. The size of the mass is affecting the remainder of the lung lobes, explaining increased respiratory effort. There are no signs for pulmonary metastatic spread. FNA sampling of the mass can be used as advanced diagnostic test. The chances of surgical management ± preceding radiation therapy to decrease the size of the mass, can be discussed with surgeon & oncologist.

The nodular enlargement of the right adrenal gland is suggestive for (non)functional macronodular hyperplasia (commonly bilaterally) or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

The enlarged medial retropharyngeal lymph node is compatible with reactive hyperplasia, however, check for any malignant lesions in the tributary region (e.g. anal sac).

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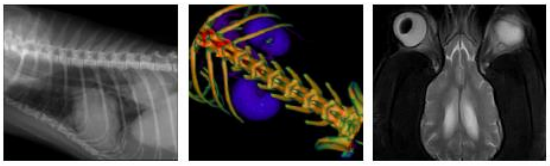

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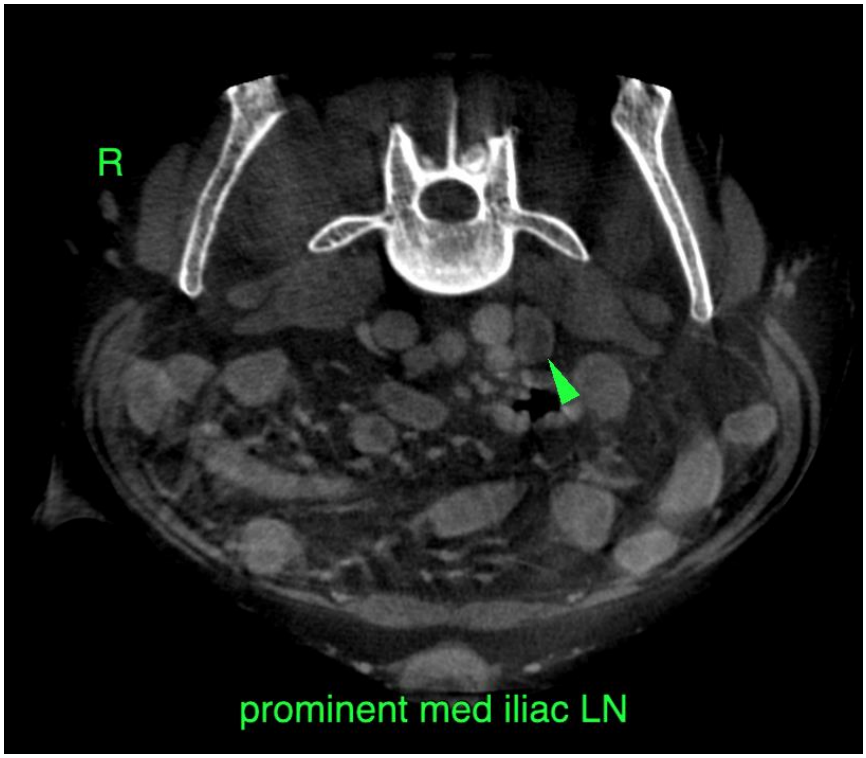

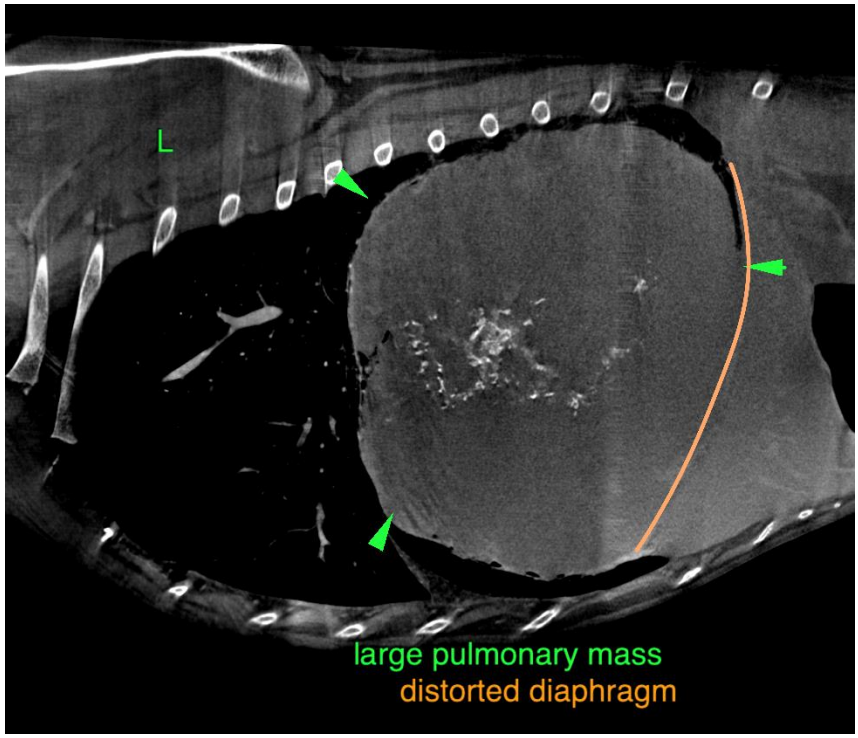

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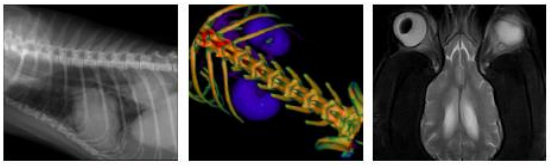

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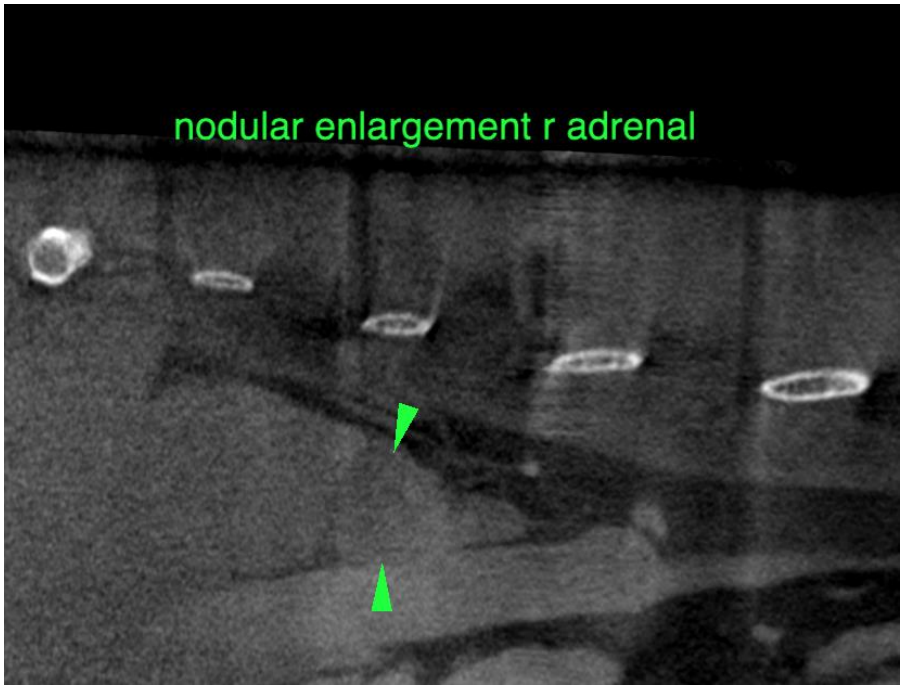

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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