



PATIENT

Porter Worman

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Male Neutered

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Engelschall

INVOICE

57128

DATE

3-7-23

PRESENTING CLINICAL SIGNS

Historical cough since GDV surgery in Feb 2022. Radiographs in Jan 2023 and radiology report: - Punctate mineral opacities scattered throughout the pulmonary parenchyma are consistent with benign and incidental pulmonary osteomas. -There is no evidence of pulmonary soft tissue nodules, intrathoracic lymphadenopathy, or pleural effusion. There is no evidence of dependent or alveolar pulmonary infiltrate. Historical Valley Fever in the brain, on Fluconazole 500mg BID (Vf titer negative in January 2023; seen by internal medicine specialist in Feb 2023 and tested positive for Vf antibodies).

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

The most caudal aspect of the thorax is cropped by the field of view.

In the right axillary region, a well-defined, uniform fat-attenuating mass is seen, measuring 7.3 x 5.5 x 12.8 cm.

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.

Randomly distributed punctuate mineralization of the lung parenchyma are seen. Level with the 4th right intercostal space, in the caudodorsal aspect of the right cranial lung lobe, a roundish, gas filled lesion, demarcated by a thin soft tissue attenuating capsule is seen.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lipoma right axillary region
- Bulla right cranial lung lobe
- Pulmonary osteomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the thorax is fitting the history of benign pulmonary osteomas. No abnormality can be specified, explaining the history of cough. However, this does not rule out possible bronchitis/tracheitis.

Consider further workup of the rostral left nasal intranasal mass.



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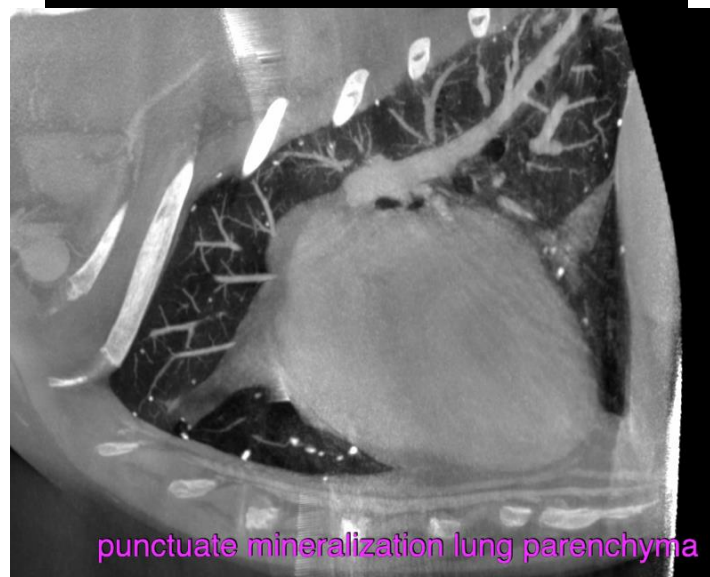
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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