



## PATIENT

Chester Chellis

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Male Neutered

## AGE

5Y

## WEIGHT

60.8lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Mobile Pet Imaging

## HOSPITAL NAME

Mobile Pet Imaging

## REFERRING VET

Roman

## INVOICE

74563

## DATE

4-13-26

## PRESENTING CLINICAL SIGNS

Recommended advanced imaging CT head and chest to evaluate for masses, foreign body, or structural airway disease

## COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

In the pictured parts of the nasal cavity, mild to moderate destruction of the conchal structures is appreciated.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

In the cranial pole of the left thyroid gland, a pre- and post-contrast administration hypoattenuating intraparenchymal, roundish nodule is appreciated; measuring 5 mm in diameter.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

### 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 caudodorsal aspect of the right caudal lung lobe, a well-defined, roundish soft tissue attenuating mass is seen; measuring 2.9 cm in diameter; the accompanying bronchi are distorted. Throughout the remainder of the lung, randomly distributed pinpoint mineralizations are appreciated. A small plate like atelectasis is seen in the dorsal aspect of the cranial part of the left cranial lung lobe.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass caudodorsal aspect right caudal lung lobe
- Destructive rhinitis
- Suspect left thyroid cyst
- Pulmonary osteomas
- No evidence of pulmonary metastatic spread



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The soft tissue mass in the caudodorsal aspect of the right caudal lung lobe can present primary pulmonary neoplasia – such as adenocarcinoma – versus pulmonary granuloma (e.g. parasitic, mycotic). Ultrasound guided FNA sampling of the pulmonary mass via the 8<sup>th</sup> right dorsal intercostal space can be tried for specification. Surgical management is considered feasible.

An underlying cause for the destructive rhinitis cannot be specified, and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic). There is no evidence of nasal mass, foreign body, mycotic rhinitis or odontogenic rhinitis – I do not see evidence of a tooth root perforating the nasal cavity. Rhinoscopy including biopsy can be used for further workup.





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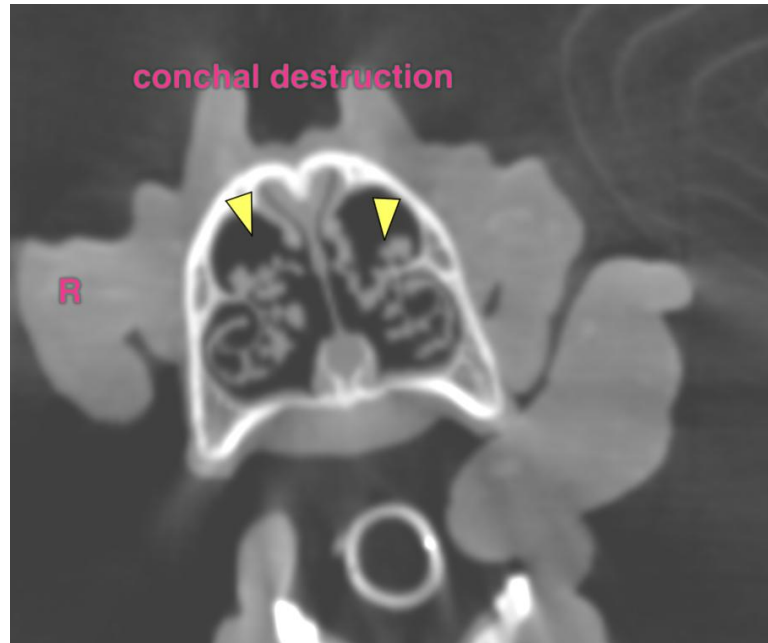
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)