



PATIENT

Rigby Miller

PRESENTING CLINICAL SIGNS

Coughing which started 3-4 weeks ago. Energy levels are good. Was started on doxycycline and Cerenia, however no improvement in cough. Abnormal PE/Chem/CBC/UA Results: CBC and Chemistry results WNL 4dx results negative x 4

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE THORAX

A right lateral projection of the thorax is provided for review.

BREED

Golden Retriever

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

SEX

MN

In the caudodorsal lung field – likely in the left caudal lung lobe – a well-defined ovoid shaped, uniform soft tissue opaque mass, measuring 9.1 x 6.7 cm in size is visible.

AGE

5 Years

In the hilar region, two soft tissue opaque masses with ill-defined borders are visible, causing ventral deviation and deformation of the right principal bronchus. Mild dorsal bending of the caudal intrathoracic tracheal segment is appreciated

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Pulmonary mass
- Lymphadenopathy tracheobronchial lymph node
-

HOSPITAL NAME

Balmy Beach Pet Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large pulmonary soft tissue mass in combination with the enlarged tracheobronchial lymph nodes is highly concerning for underlying disseminated neoplastic disease – such as lymphosarcoma, histiocytic sarcoma, carcinoma. Eosinophilic granulomatosis is a consideration and can go along with lymphadenopathy of the tracheobronchial lymph nodes as well. The findings are not typical for mycotic or Mycobacterium related granuloma formation. Recommend radiographs in a second imaging plane to confirm position of the mass in the left caudal lung lobe as well as ultrasound guided FNA sampling of the mass for further workup.

REFERRING VET

Dr. Singh

INVOICE

51576

DATE

4-17-22



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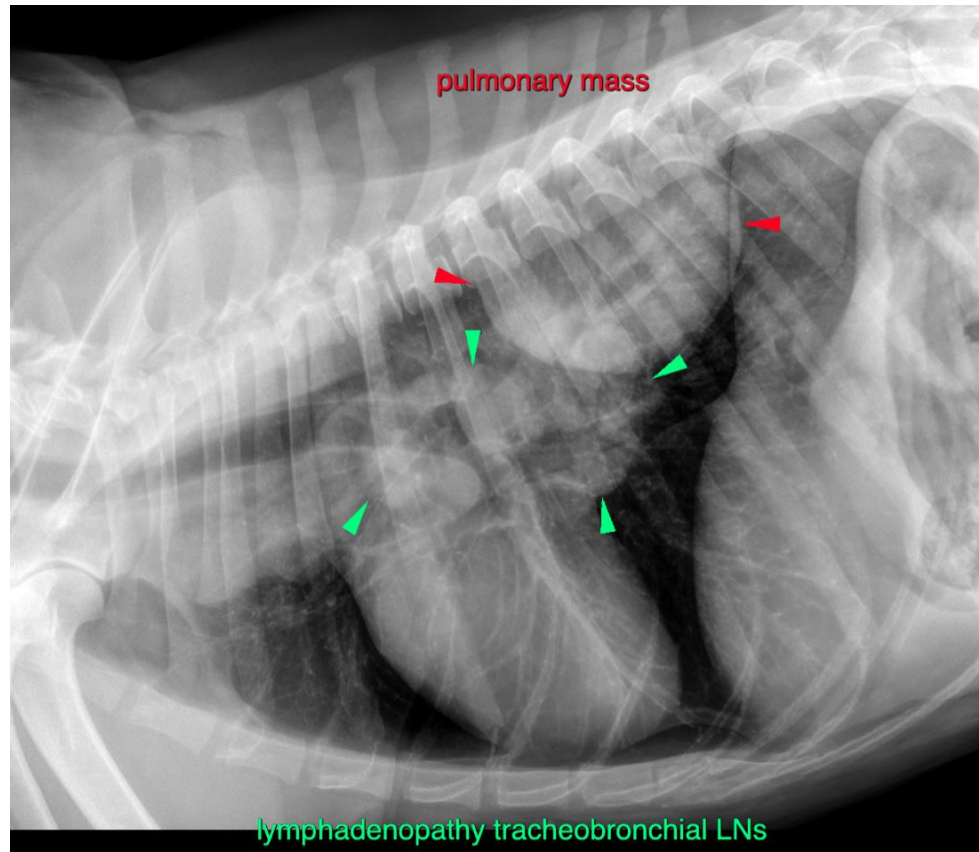
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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