



PATIENT PRESENTING CLINICAL SIGNS

Junior Calvo Reason for Visit: ADR History: P IS HERE FOR COUGHING FOR 2-3 WEEKS, AT FIRST P HAD HACKING ONCE DAILY THEN P BEGAN TO COUGH AND GETTING PROGRESSIVLY WORSE, P HAS CLEAR NASAL DISCHARGE, P HAS YELLOW/GREEN EYE DISCHARGE FROM BOTH EYES, DENTAL BACK IN DECEMBER EYE STAIN: NEG C/S/V/D: COUGHING, SOFT STOOL E/D/U/D: APPETITE DECREASED

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: QAR EENT: green mucoid discharge, conjunctivitis/scl inj ou (R>L) Oral Cavity: mm pm crt 1-2 sec Lymph Nodes: N Skin: 0.5cm blood filled dermal mass left groin CV/Respiratory: N Abd/GI: N Uro/Perineum: N

BREED

American Bulldog Musculoskeletal: No neck or back pain. Both stifles a little thickened, no drawer. Neurological: +/- subtle CP deficit left rear Diagnostic Testing Needed: Chest rads - enlarged sternal LN vs mass, enlarged perihilar LN, interstitial pattern cranial lung lobe - r/o pneumonia vs neoplasia STT WNL 23 OS, 16 OD Fluoroscein - neg OU Tonometry WNL OS 11,12,11. OD 9,11,11 Canine resp PCR panel - declined

SEX

RADIOGRAPHIC STUDY OF THE THORAX

NM

Radiographs of the thorax in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

AGE

The surrounding bony structures are within normal limits.

6 Years

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Dorsal to the second sternebra, an ovoid shaped soft tissue opaque mass, measuring approximately two intercostal spaces in length is appreciated. Level with the carina, a roundish, ill-defined increased soft tissue opacity is appreciated with possible kinking of the principal bronchus.

HOSPITAL NAME

DPC Veterinary Hospital

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The cranioventral aspects of the lung parenchyma present a moderate unstructured reticular pattern.

REFERRING VET

Dr. Feldt

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

RADIOGRAPHIC DIAGNOSIS

INVOICE

51661

- Cranioventral mediastinal mass – most consistent with enlarged sternal lymph node
- Possible mass hilar region of the lung/lymphadenopathy tracheobronchial lymph node/carina
- Unstructured interstitial pattern cranioventral lung field

DATE

4-21-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranioventral mediastinal mass is most consistent with significant enlargement of the sternal lymph node, in combination with the hilar mass (lymph node versus pulmonary hilar mass versus soft tissue mass carina) underlying neoplastic disease – such as round cell neoplasia or carcinoma – is considered likely. A differential includes granulomatous inflammation (e.g. mycotic infection,



PATIENT

Junior Calvo

protozoal, Mycobacterium, (eosinophilic)). Recommend ultrasound guided FNA sampling of the enlarged lymph node. A CT study ± bronchoscopy including BAL can be considered as advanced diagnostic tools as well.

SPECIES

Canine

BREED

American Bulldog

SEX

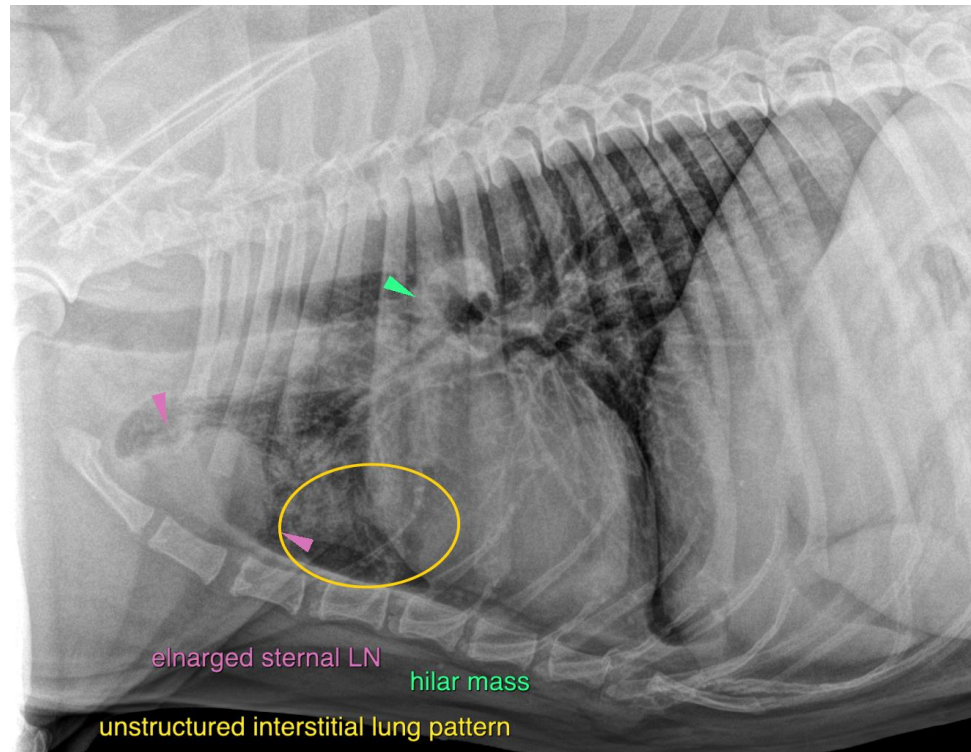
NM

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
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enlarged sternal LN
hilar mass
unstructured interstitial lung pattern

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

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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.

INVOICE

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