



PATIENT

Spud Hoffman

SPECIES

Canine

BREED

Spaniel Mix

SEX

Neutered Male

AGE

3Y

WEIGHT

6.2kgs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hector B.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Samantha Parkinson

INVOICE

74500

DATE

4-7-26

PRESENTING CLINICAL SIGNS

Patient had intermittent episodes of coughing starting at the end of January. Patient was treated with antibiotics for the cough but there was no signs of improvement. Patient was also tested for valley fever & titer was negative but patient is currently taking Fluconazole.

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 bony and surrounding soft tissue structures are within normal limits.

The tracheobronchial lymph nodes are moderately prominent – deviating the main-stem bronchi.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial walls of the right cranial lung lobe are generalized mild to moderately thickened and smooth. The bronchial walls of the left caudal lung lobe are thickened in the hilar region. In the dorsolateral aspect of the right cranial lung lobe, a multicameral gas attenuating lesion, demarcated by a thick soft tissue attenuating capsule is seen; measuring up to 10 mm.

Throughout the lung parenchyma, multiple ill-defined patchy zones with a ground glass attenuation pattern are appreciated. In the

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple ill-defined patchy areas with an unstructured interstitial pattern
- Bronchial pattern
- Thick walled cavitory lesion right cranial lung lobe
- Lymphadenopathy tracheobronchial & cranial mediastinal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differentials for the lung pattern are granulomatous pneumonia (e.g. Cryptococcus, Blastomycosis, Aspergillus, Mycobacterium) or parasitic pneumonia (e.g. Crenosoma vulpi). Theoretically eosinophilic bronchopneumopathy, bacterial infection with septic thrombotic emboli or neoplastic disease (e.g. carcinoma) are differentials, but the odds are low. Fecal exam to screen for lung worm infection and bronchoscopy including BAL would be ideal as advanced diagnostic tools.



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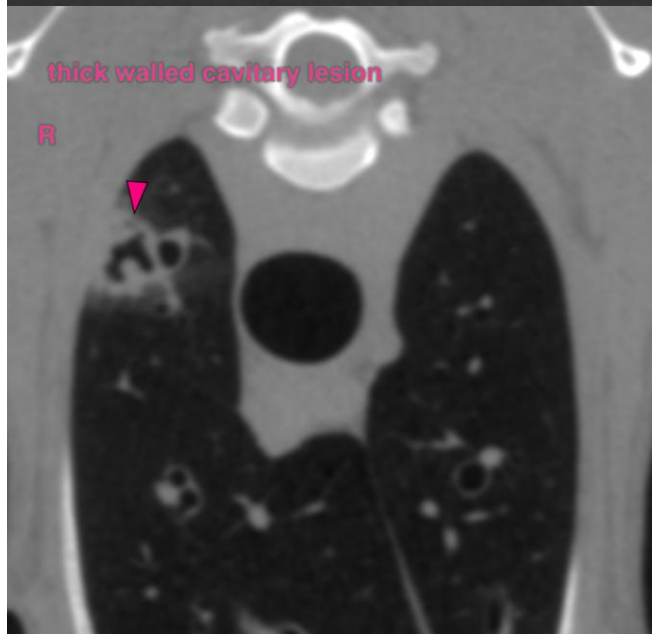
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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