



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stanley McKeown
SPECIES Feline
 Patient presented for a bad odor from the mouth. The oral exam was unremarkable. Bloodwork results showed an increased SDMA, decreased globulins. There was also an increase in the nucleated red blood cells and lymphocytes. Due to this it was recommended to send off a UA and do radiographs to check for an enlarged spleen. The area of concern is the cranial aspect of the chest. Dr. Faith is concerned about a potential mass. Currently patient is showing no symptoms but has lost a small amount of weight.
 Abnormal PE/Chem/CBC/UA Results: Attached are the bloodwork results from 5/11/22

BREED RADIOGRAPHIC STUDY OF THE THORAX

BREED DSH
 Radiographs of the thorax in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

SEX Male
 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.

AGE 8 Years
 Dorsal to the second sternebra, a roundish soft tissue opacity is seen measuring 1 cm in size.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Generalized moderate peribronchial cuffing is noted.

In the right cranial lung lobe, level with the 3rd/4th intercostal space, a well-defined ovoid shaped, lesion with central granulated mineralization is seen – measuring approximately 2 cm in size.

HOSPITAL NAME

Faith Animal Care

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

RADIOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Faith

- Generalized moderate bronchial lung pattern
- Solitary pulmonary nodule right cranial lung lobe with dystrophic mineralization
- Possible lymphadenopathy sternal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The pulmonary nodule in the right cranial lung lobe is equivocal for primary pulmonary neoplastic disease (e.g. bronchogenic carcinoma) or inflammatory origin. The latter would be supported by the accompanying bronchial lung pattern indicating bronchitis – infectious versus allergic/immune mediated (e.g. eosinophilic); that might be associated with bronchial plugging, granuloma formation or zone of round pneumonia. Ultrasound guided FNA sampling of the pulmonary nodule by the 3rd right intercostal space appears feasible as advanced minimally invasive diagnostic test. Bronchoscopy including BAL or a transtracheal wash can be used for further evaluation of the bronchial pattern as well.

DATE

5-31-22

The possible enlargement of the sternal lymph node is not specific and inflammatory or metastatic origin are possible.



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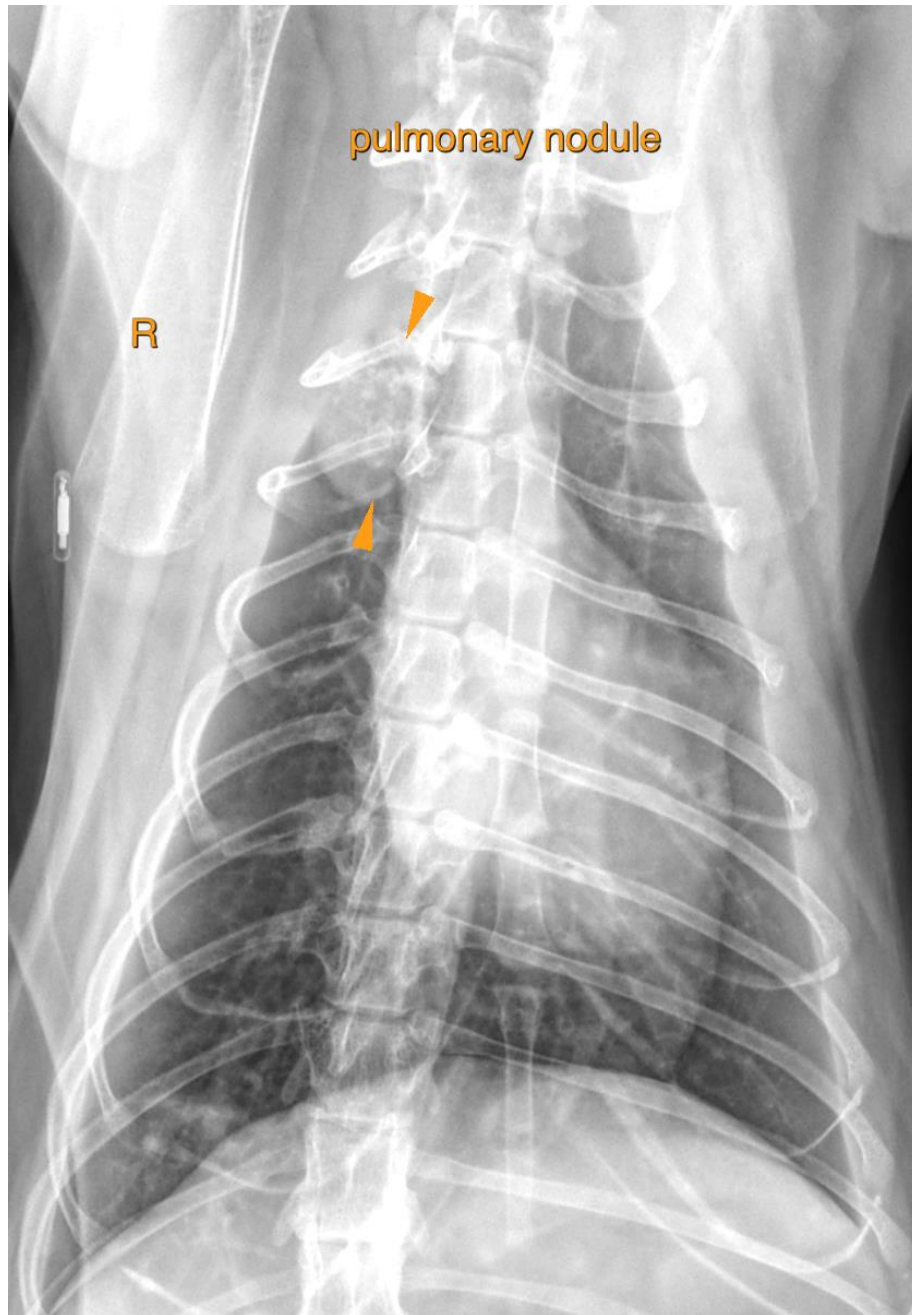
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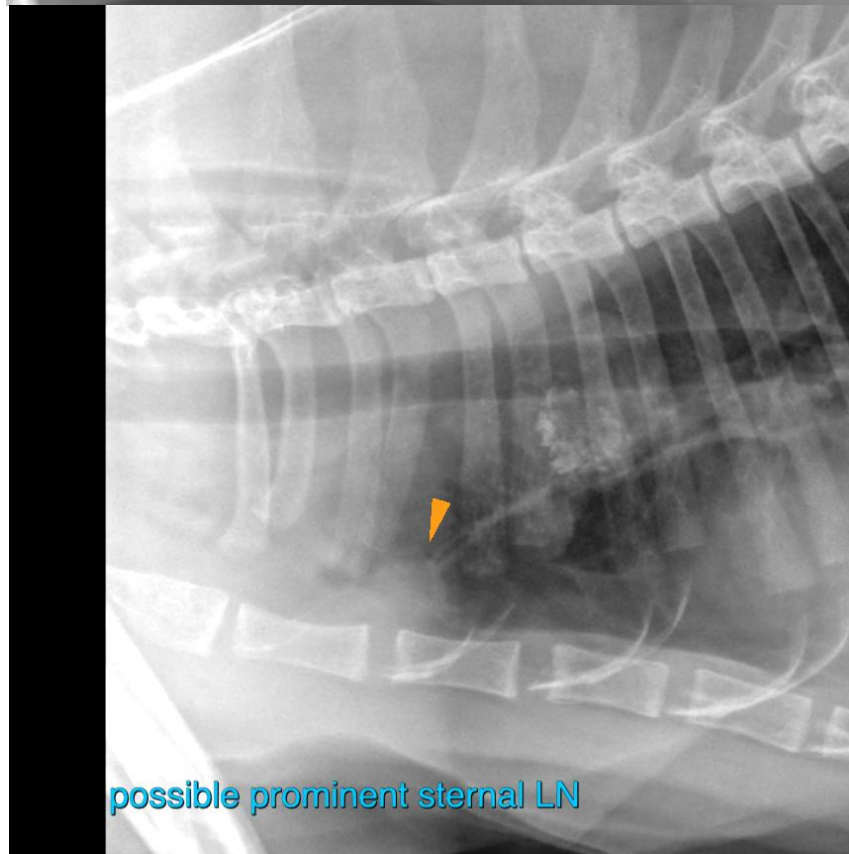
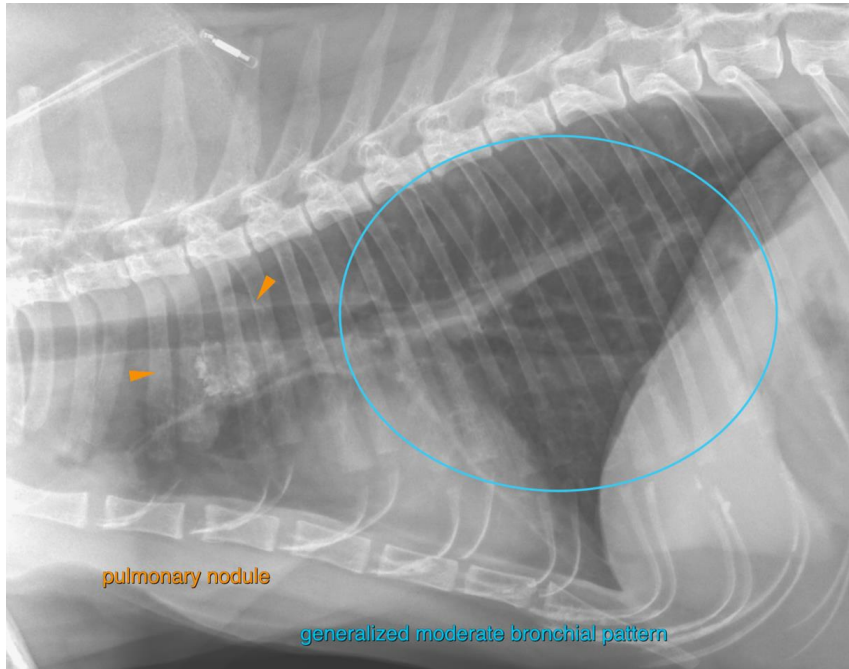
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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