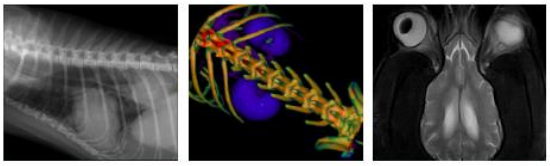
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Percy Henring

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

Dr. Kerby

INVOICE

58866

DATE

6-15-23

PRESENTING CLINICAL SIGNS

About 6 months ago pet was diagnosed with a URI and prescribed antibiotics. Issue arose again about a month ago and given another round of antibiotics. Pet is coughing and energy is low. Chronic cough valley fever (-) r/o infectious vs. Inflammatory vs. Neoplasia vs. Laryngeal paralysis vs. Endocrine vs. Other

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 cardiovascular structures including the pulmonary vasculature are within normal limits.

Multifocal throughout the lung parenchyma, variable sized, well-defined, peribronchial, roundish soft tissue attenuating and irregular contrast enhancing lesions are visible; measuring between 4 to 33 mm. The respective bronchial segments are compressed.

In the cranioventral aspect of the mediastinum, an irregular shaped, uniform soft tissue attenuating and moderate contrast enhancing mass is seen, measuring 3.4 x 3.6 x 4.8 cm.

The pleural plica of the caudal vena cava is thickened and presents multiple abnormal vessels.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

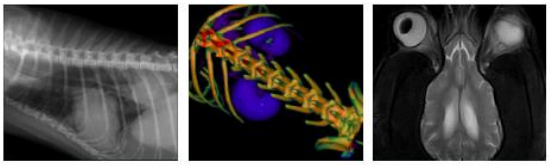
- Multifocal peribronchial nodular soft tissue masses throughout all lung lobes
- Cranioventral mediastinal soft tissue mass
- Thickening of the pleural plica of the caudal vena cava

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multiple peribronchial soft tissue masses in combination with the cranioventral mediastinal mass are highly suggestive for underlying neoplastic disease (e.g. carcinoma, round cell tumor). Differentials can include granulomatous lung disease – infectious (e.g. mycotic, parasitic, Mycobacterium sp.) or immune mediated (e.g. pulmonary lymphomatoid granulomatosis). If not done so yet, ultrasound guided FNA sampling of the pulmonary masses and the cranioventral mediastinal mass is considered feasible as advanced minimally invasive diagnostic test. Bronchoscopy including BAL may be a feasible diagnostic tool as well.

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Percy Henring

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

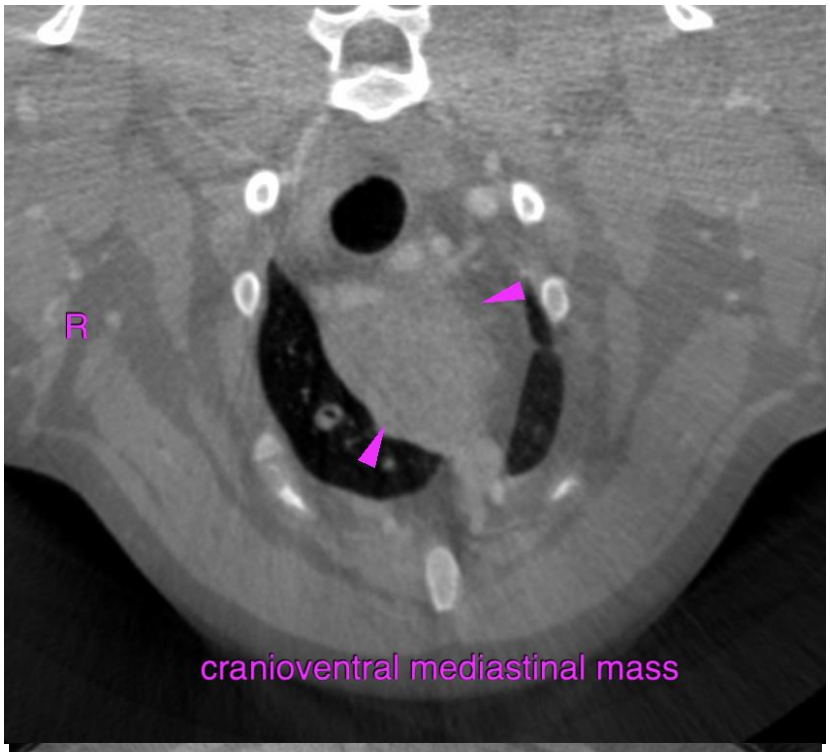
Dr. Kerby

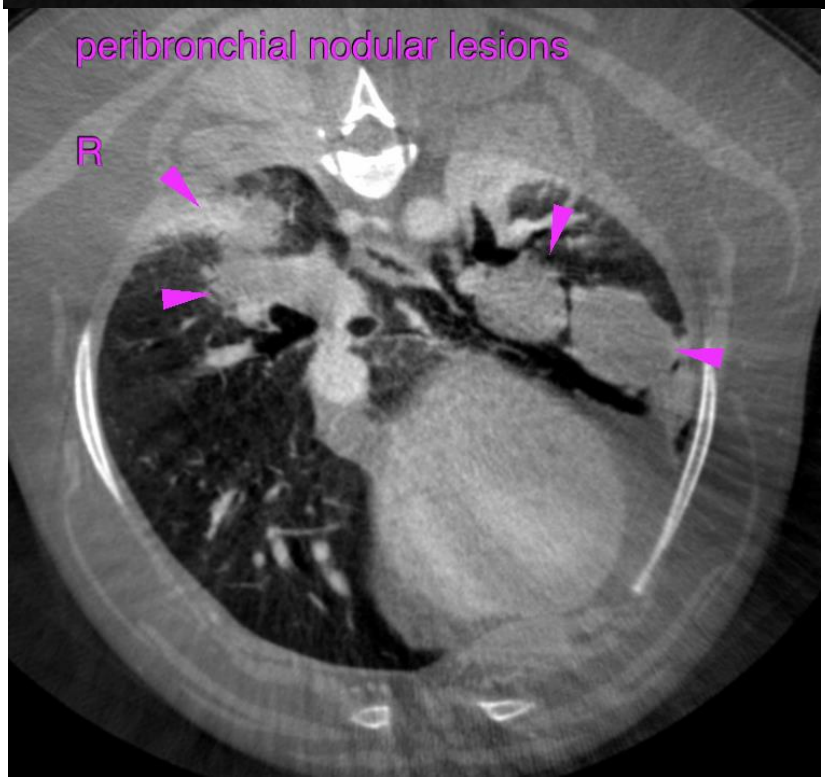
INVOICE

58866

DATE

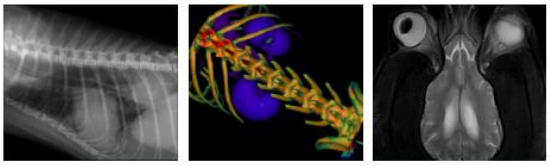
6-15-23





SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Percy Henring

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

Dr. Kerby

INVOICE

58866

DATE

6-15-23

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