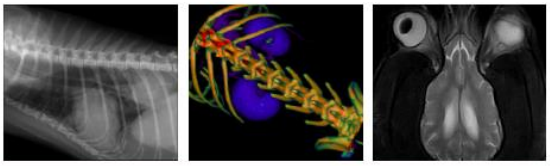

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1-800-838-4268 info@sonopath.com

PATIENT

Nikko Fuster

SPECIES

Canine

BREED

Pibull Mixed

SEX

Male Neuter

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Ferrer, DVM

INVOICE

59284

DATE

7-11-23

PRESENTING CLINICAL SIGNS

Pt has a history of having cutaneous masses that were biopsied and diagnosed at another clinic with possibly cutaneous hemangiosarcoma. Also, the patient has a right perianal hernia. Thoracic radiographs were taken prior to the removal of more pigmented cutaneous masses on the prepuce area to evaluate elevated liver enzymes. The radiographs taken showed a possible mass in the chest region. An abdominal ultrasound showed also changes in the gall bladder related to possibly chronic cholangitis and possible GB rupture. Today presented as a second opinion to recheck the possible thoracic mass and BW to evaluate elevated liver enzyme.
Abnormal PE/Chem/CBC/UA Results: 7-11-23 CBC: wnl Chem: ALT: 683, ALP 1636, GGT 87

RADIOGRAPHIC STUDY OF THE THORAX

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

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.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

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

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

In the medial aspect of the cranial part of the left cranial lung lobe, superimposed on the caudal segment of the trachea, a roundish soft tissue opacity is appreciated, extending approximately overt two intercostal spaces. The remainder of the lung parenchyma present the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

Branching mineralization of the hepatic parenchyma is noted.

RADIOGRAPHIC DIAGNOSIS

- Solitary pulmonary mass left cranial lung lobe
- Branching hepatic mineralization – likely secondary to chronic cholangitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study confirms the suspicion of a pulmonary mass originating from the left cranial lung lobe – potentials include neoplasia (e.g. carcinoma, metastasis), granuloma, pulmonary cyst. Ultrasound guided FNA sampling of the mass can be tried for further definition – placing the patient in left lateral recumbency for 5-10 minutes prior to the ultrasound can help to improve visualization of the mass by inducing atelectasis of the superimposed lung parenchyma. If surgical options are a

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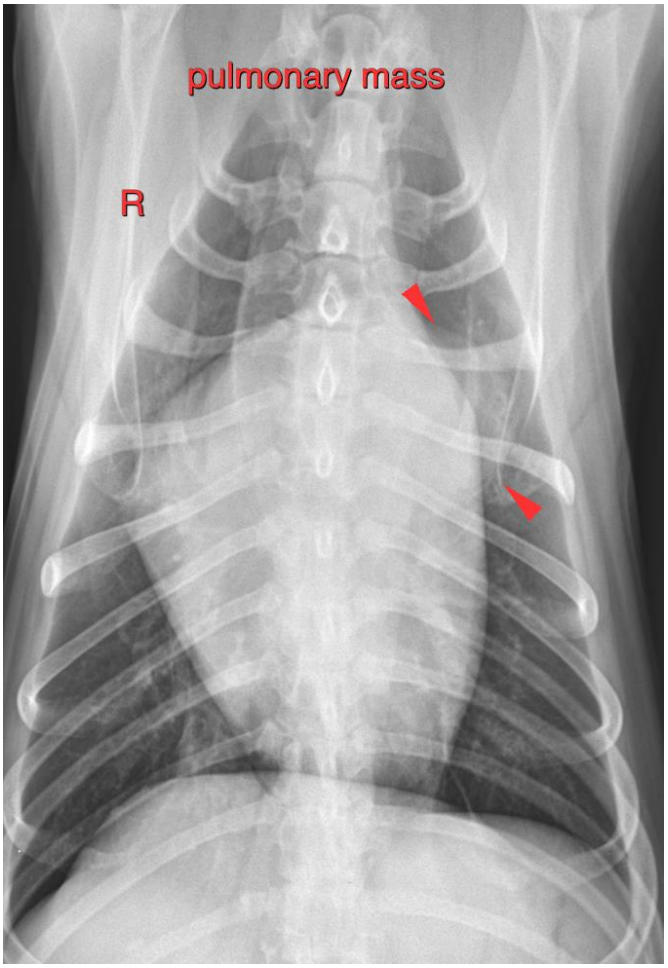
consideration, a CT study of the thorax can be used for surgical planning.



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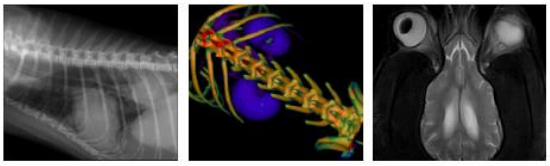

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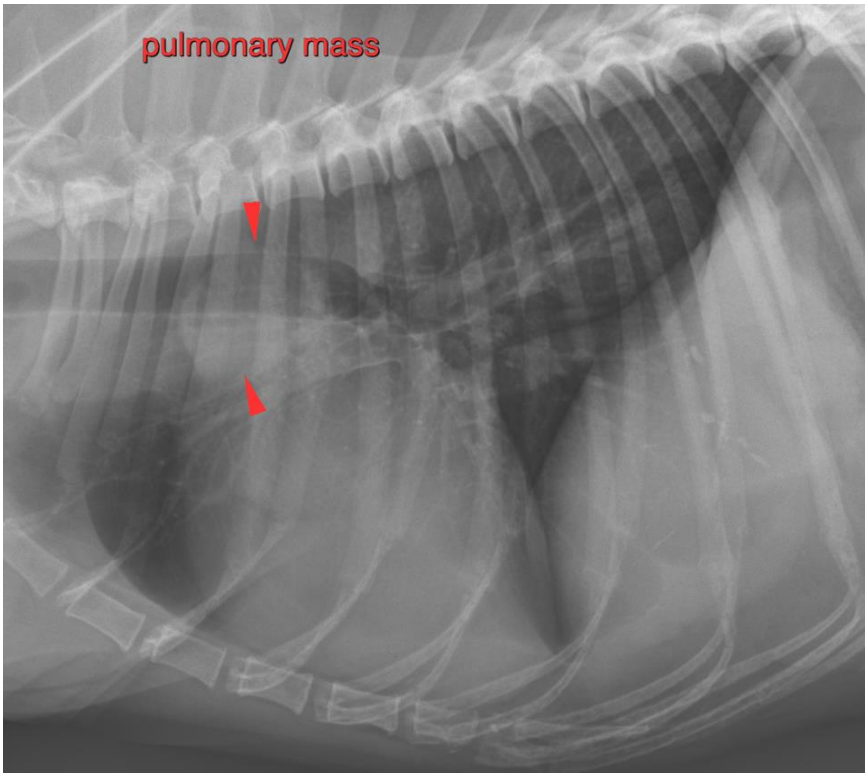

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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