



PATIENT PRESENTING CLINICAL SIGNS

Ruby Guerrero Recurrent vomit. Hx of Mass in the throat- Removed, benign. Nodule in the lungs- Increasing in size. Elevated D-dimer - suspected vascular event or stroke other causes would need to be ruled out.

SPECIES COMPUTED TOMOGRAPHY OF THE NECK,, THORAX AND ABDOMEN

Canine A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED Neck

Boxer The osseous and soft tissue structures of the neck are within normal limits.
The thyroid glands present normal size, unremarkable.

SEX Thorax

Female Spayed Multifocal mild spondylosis formation is seen along the thoracic spine.

AGE

12 Years

In the pleural cavity, a moderate to marked amount of gravity, dependent, non-contrast enhancing soft tissue attenuating material is present. Pleural fissure lines are appreciated. The lung lobes are retracted from the thoracic wall and present a generalized decreased volume. Multiple regions with dystelectasis of the lung parenchyma are visible. Post contrast administration, generalized mild thickening of the pleural lining is seen and in the region of the caudal mediastinum/caudoventral aspect of the pleural cavity, significant irregular thickening of the pleural lining is appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the cranioventral aspect of the right cranial lung lobe, a well-defined ovoid shaped, soft tissue attenuating nodule, measuring 3.1 x 2.3 x 3.3 cm in size.

HOSPITAL NAME

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Between the diaphragm and the base of the heart, at the right lateroventral aspect of the esophagus, a uniform soft tissue attenuating tubular mass is appreciated measuring 3.6 x 4.1 x 6.5 c cm in size; post contrast administration the paraesophageal mass presents, contrast enhancing capsule. The esophagus is deviated to the left by the mass effect and the associated lung lobes are distorted.

REFERRING VET

Meaux

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

INVOICE

52858

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE

7-13-22

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.



PATIENT Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Ruby Guerrero The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SPECIES The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Canine The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

- Boxer
 - Cavitory paraesophageal mass in the caudal mediastinum
 - Moderate to marked pleural effusion and irregular thickening of the pleura in the caudal aspect of the pleural cavity
 - Solitary pulmonary nodular lesion right cranial lung lobe

SEX

Female Spayed

- Spondylosis deformans
- Normal neck
- Normal abdomen

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is highly suggestive for paraesophageal empyema, that might be a sequela to extension of lung disease into the Sussdorf space. The pleural effusion is suggestive for accompanying inflammatory exudate and pleuritis. A potential for the pleural irregular pleural thickening can be neoplastic disease such as mesothelioma or carcinomatosis, but I would considered this less likely in combination with the paraesophageal cavitory lesion. If not done so yet, recommend tapping the pleural effusion and if inflammatory origin is confirmed, surgical management is the therapy of choice. Adhesion with the accessory or right caudal lung lobes might be present.

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The solitary pulmonary nodule in the right cranial lung lobe is not specific and potentials include neoplasia, granuloma, fibrosis, round pneumonia – partial lobectomy can be considered as treatment option.

REFERRING VET

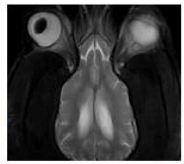
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Ruby Guerrero

SPECIES

Canine

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Boxer

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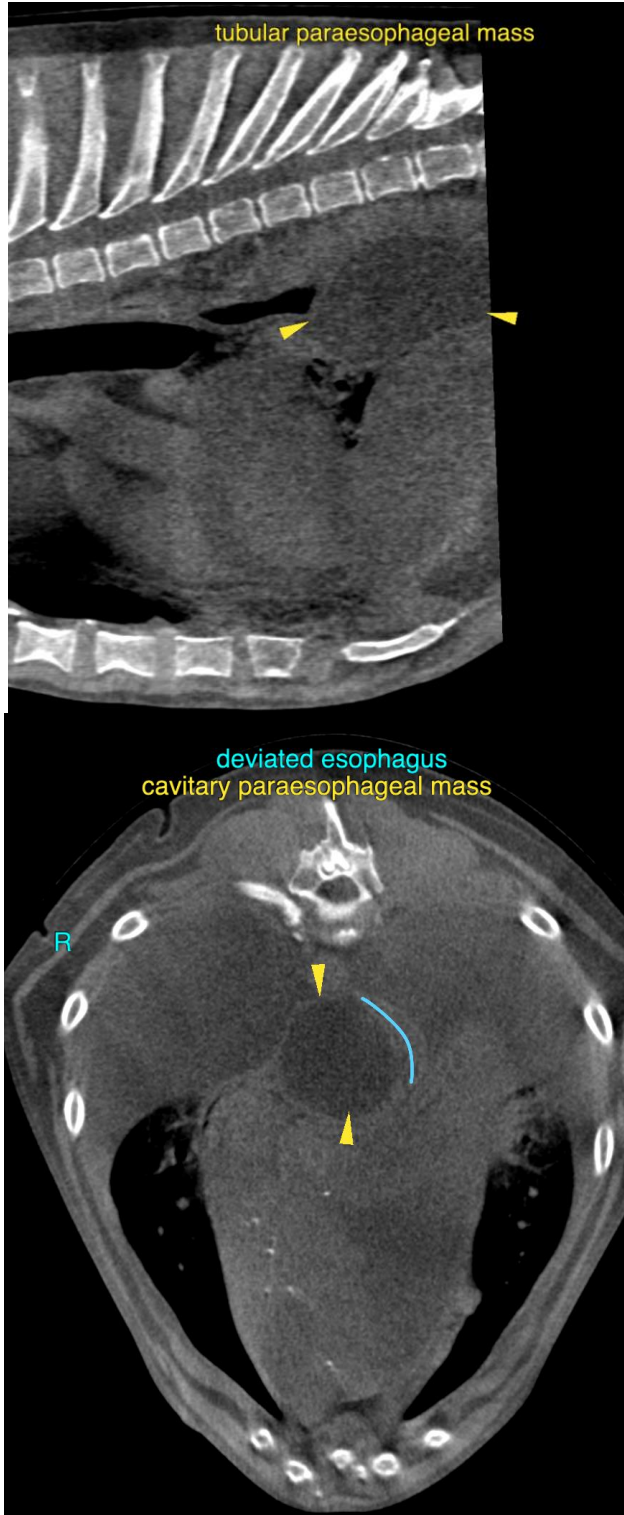
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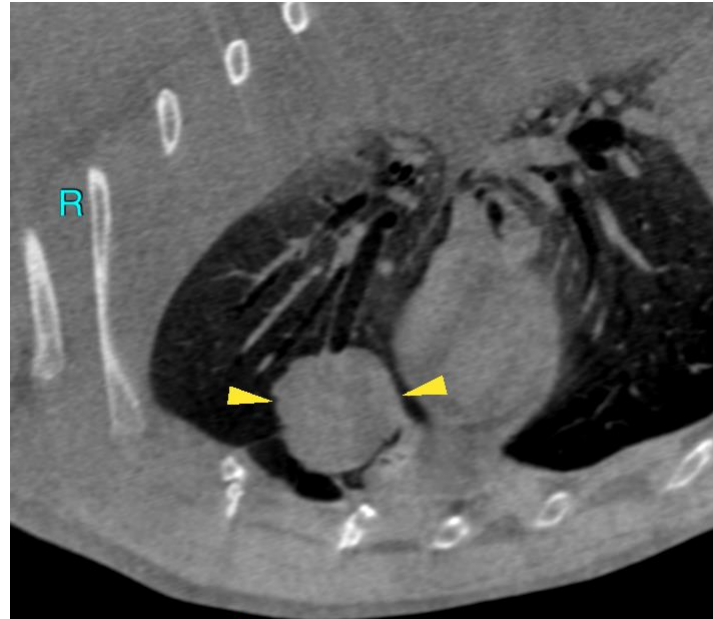
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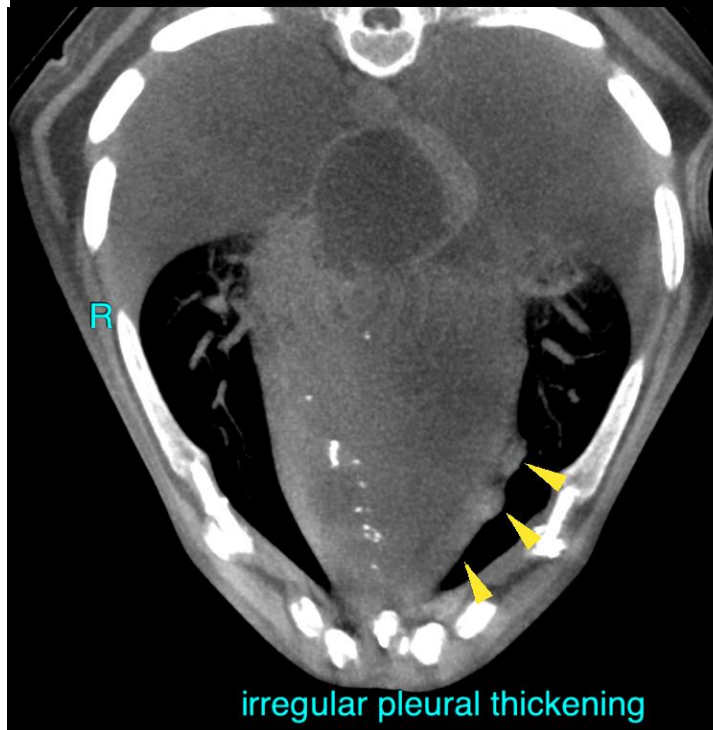
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pulmonary mass



irregular pleural thickening



PATIENT

Ruby Guerrero

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.

SPECIES

Canine

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.

BREED

Boxer

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Female Spayed

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