



PATIENT PRESENTING CLINICAL SIGNS

Merlin Hendricks History: Pulmonary lesion (bullae or cavitated mass), Rt Caudal Lung Lobe
Abnormal PE/Chem/CBC/UA Results:

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Canine A high resolution pre- and post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED

Plott Hound Multiple variable sized intermuscular lipomas are seen along the musculature of the shoulder region bilaterally.

SEX

Neutered Male 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.

AGE

10 Years The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

In the cranial aspect of the right caudal lung lobe or the caudodorsal aspect of the right cranial lung lobe, a well-defined gas filled lesion, demarcated by a thin, soft tissue attenuating capsule is appreciated, measuring 7.4 x 5.4 x 6.3 cm in size is appreciated. A small cauliflower like protrusion is bulging into the lumen of the gas filled lesion from the craniodorsal wall. The lung parenchyma adjacent to the gas filled lesion is depressed. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

HOSPITAL NAME

ACC Flanders

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Casulli

- Large pulmonary bulla – likely originating from the right caudal lung lobe
- Multiple lipomas shoulder region and along the thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

16665

The CT study is fitting the history of a large pulmonary bulla. The bulla is most likely originating from the right caudal lung lobe, however as it is located just in periphery of the right caudal lung lobe, being in contact with the right cranial lung lobe, the bulla might protrude from the caudodorsal margin of the right cranial lung lobe as well. The focal thickening of the wall can be a sequela to inflammation with inspissated exudate or chronic hematoma.

DATE

7/15/22



PATIENT If the bulla ruptures, there is risk for spontaneous pneumothorax.

Merlin Hendricks There are no signs for malignancy.

SPECIES

Canine

BREED

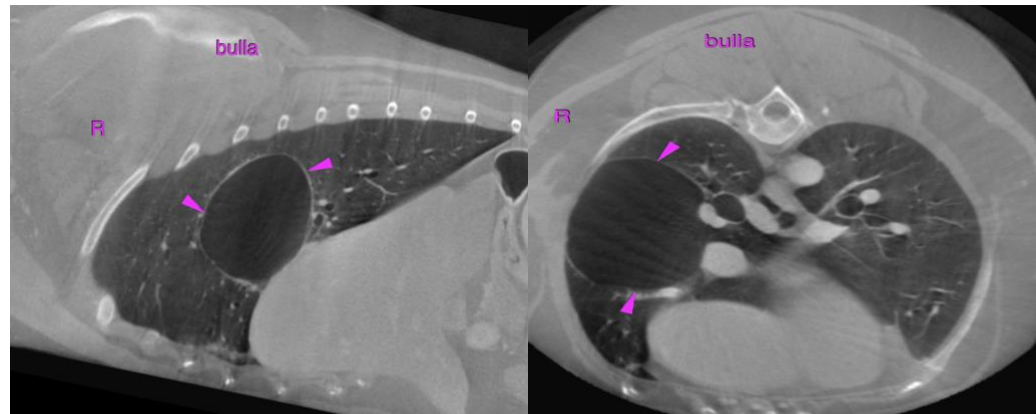
Plott Hound

SEX

Neutered Male

AGE

10 Years



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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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