



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rosco Draper
SPECIES History: rDVM had radiographs concerning for a mass on the heart. Recommended an Echo. Echo did confirm a mass effect on or around the heart. O did want to pursue chemo if warranted and the next step was CT. Prior to that P was seen at rDVM in April for decreased appetite, excessive drinking, and unstoppable panting. P also had an unknown cancerous mass removed from his back. Abnormal PE/Chem/CBC/UA Results: Sodium 161 Severe epulis around the entire mouth.
BREED Canine
 Tracheal deviation noted when intubating.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX The bony and surrounding soft tissue structures are within normal limits.

AGE Neutered Male
 10 Years
 At the caudal aspect of the aortic arch, in the region of the left tracheobronchial lymph node, an irregular roundish, uniform soft tissue attenuating and contrast enhancing mass is seen, measuring 5.7 x 5.3 x 4.2 cm. The left principal bronchus is deviated caudally by the mass effect.

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

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

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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

HOSPITAL NAME

Mtn. West VH

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass level with the base of the heart, region of the left tracheobronchial lymph node
- Pulmonary osteomas

REFERRING VET

Dr. Jeff Simmons

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

23712

Due to the position, the appreciated mass level with the base of the heart is likely originating from the left tracheobronchial lymph node (e.g. metastasis, round cell tumor) or presents a primary soft tissue neoplasm (e.g. sarcoma). The location of the heart is unusual for heart base tumor (e.g. paraganglioma). Unfortunately, due to the position, ultrasound guided FNA sampling is challenging but can be tried using a lateral approach to the mass via the 4th left intercostal space. Placing the patient in left lateral recumbency for 10 minutes prior to the ultrasound can help to increase visibility of the mass by inducing pressure atelectasis of the overlying lung parenchyma.

DATE

7/27/23



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Rosco Draper

SPECIES

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Boxer

SEX

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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.

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