



**PATIENT PRESENTING CLINICAL SIGNS**

**Brindle Neergaard** History: Coughing- almost all night with some retching, but no v. Also coughs when running and active. No nasal or ocular d/c. Not around a lot of other dogs. No cough on tracheal palpation, but when wondering around exam room would intermittently cough- sometimes a more superficial cough, but then sometimes deep and productive.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Border Collie Mix

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

The extrathoracic soft tissues present homogeneous without abnormalities.

Spayed Female

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.

**AGE**

10 Years

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

In the right caudal lung lobe, a roundish, well-defined, homogeneous soft tissue opacity is visible, measuring approximately two intercostal spaces in size. The remainder of the lung parenchyma present the expected architecture and are aereated.

**HOSPITAL NAME**

Sylvan Lake VC

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

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

- Pulmonary soft tissue mass right caudal lung lobe

Dr. Sandy Jameson

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

23997

The pulmonary mass in the right caudal lung lobe is highly concerning for primary pulmonary neoplasia – carcinoma is most common. Differentials include granuloma, pulmonary cyst or less likely abscess. If surgical management is an option, workup can be complemented by a CT study for surgical planning and ruling out metastasis not appreciated by radiography entirely.

**DATE**

8/18/23



**PATIENT**

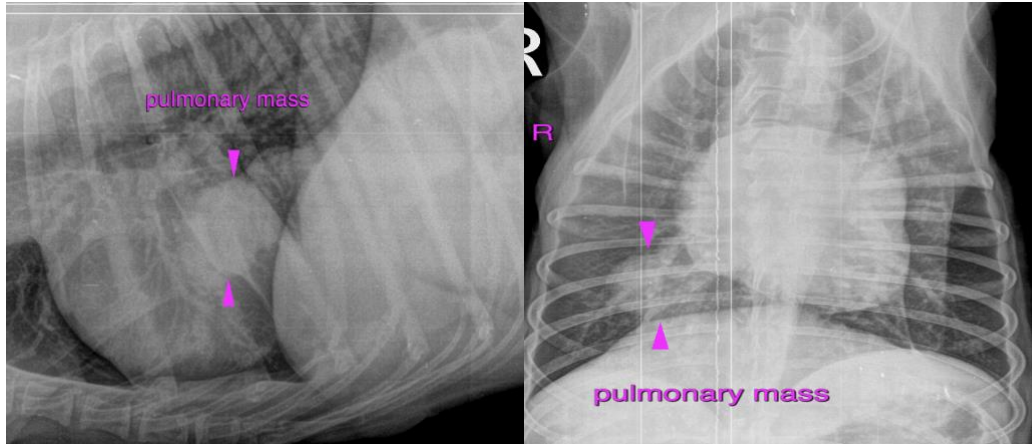
Brindle Neergaard

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**SEX**

Spayed Female

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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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