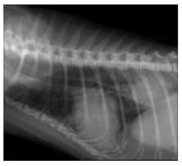
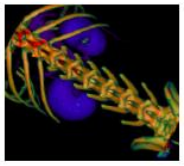
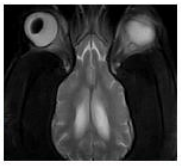

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1-800-838-4268 info@sonopath.com

PATIENT

Bella Shah

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

South Bay AH

REFERRING VET

Catriona D'Aulerio, DVM

INVOICE

12671

DATE

8/21/21

PRESENTING CLINICAL SIGNS

History: Patient presented to the ER for acute onset coughing x 48h. The owners noticed hacking and coughing for the last two days along with shallow breathing at rest. Left last mammary has a hard mass approximately 2cm and the one just cranial has a solid mass approximately 1cm in width. Radiographs displayed a soft tissue opaque mass centered on the lobar bronchus of the right caudal lung lobe that is 12.5cm x 11.5cm. Radiograph findings: Moderate amount of soft tissue opaque fluid forming thin peripherally divergent pleural fissure lines causing retraction and rounding of the lung lobes, more severe in distribution on the right hemithorax. Centered on the lobar bronchus of the right caudal lung lobe is a 12.5 cm x 11.5 cm soft tissue opaque mass which compresses the lobar bronchus with patchy alveolar pattern in the periphery of the lung lobe. A poorly defined soft tissue opaque mass is seen centrally and dorsally in the periphery of the left caudal lung lobe measuring approximately 7.5 cm in diameter. The cardiac silhouette is compressed and displaced cranial ventral by the pulmonary masses. Visible pulmonary vessels are normal. Multifocal spondylosis deformans in the mid and caudal thoracic spine. No other abnormalities are identified CONCLUSIONS: Pulmonary mass is most consistent with pulmonary neoplasia such as primary pulmonary carcinoma and intraparenchymal metastases, DDX: highly aggressive round cell neoplasia such as lymphoma or histiocytic sarcoma, or fungal pneumonia. Bronchial compression and secondary resorptive atelectasis or aspiration pneumonia. Moderate volume pleural effusion, DDX: neoplastic, inflammatory or hemorrhagic Incidental multifocal spondylosis deformans

Abnormal PE/Chem/CBC/UA Results: CBC, CMP - WNL, NSF

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

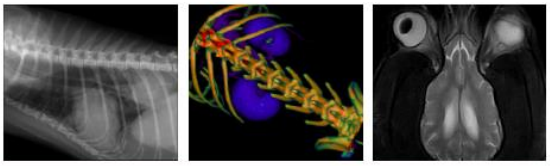
The peripheral parts of the thorax are cropped by the field of view.

A moderate amount of gravity dependent, non-contrast enhancing soft tissue material is visible in the pleural cavity. The lung lobes are retracted from the thoracic wall.

In the craniodorsal aspect of the right caudal lung lobe, a well-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing, ovoid shaped mass, measuring approximately 8 x 8.6 x 7.7 cm in size is visible. The first degree bronchus of the right caudal lung lobe is displaced ventrally and the surrounding lung parenchyma is compressed. The left caudal lung lobe presents a consolidated, mild ill-defined region measuring approximately up to 6 cm in size. The remainder of the lung parenchyma present a moderately reduced volume and dystelectasis.

The heart presents a midline shift to the left by the mass effect.

Post contrast administration the cranial mediastinum presents aheterogeneous contrast enhancing cauliflower like lesion protruding into the left hemithorax, measuring 2.3 x 1.3 x 2.0 cm in size. Multiple



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contrast enhancing proliferations are seen in the most cranioventral aspect of the pleural cavity bilaterally, originating from the parietal pleura.

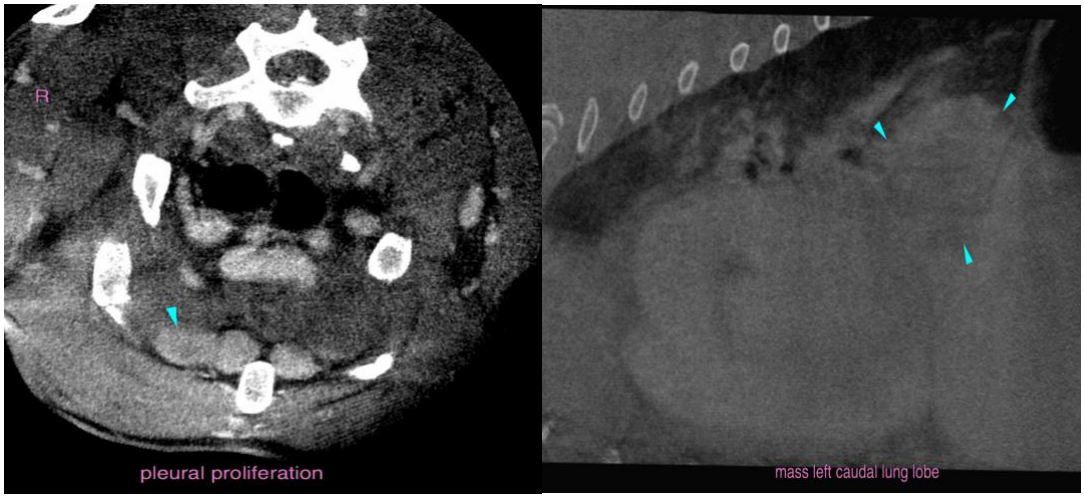
The sternal and cranial mediastinal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass right and left caudal lung lobe
- Moderate pleural effusion
- Lymhpadenopathy sternal and cranial mediastinal lymph nodes
- Contrast enhancing pleural proliferations cranioventral aspect pleural cavity bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary pulmonary neoplasia and metastatic spread to the lung, regional lymph nodes and evidence of pleural metastasis. Carcinoma or round-cell neoplasia are the top differentials. Ultrasound guided FNA sampling can be used for further differentiation. Due to the pleural metastasis, there are no feasible treatment options but palliative management of the patient.



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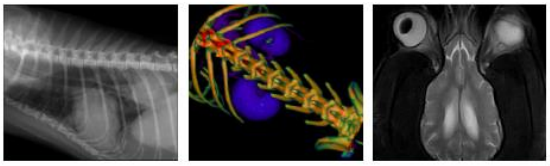

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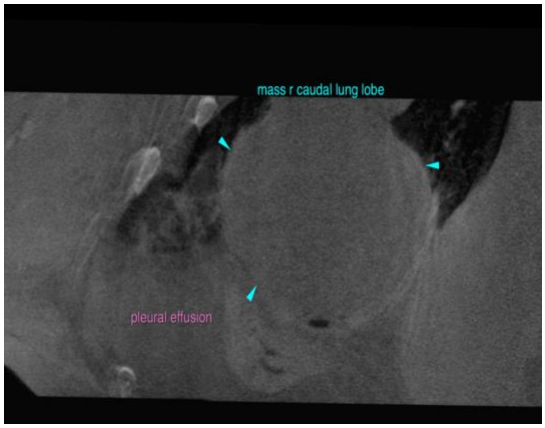

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com