



**PATIENT**

Rosie Bencharski

**PRESENTING CLINICAL SIGNS**

Presented Jul 18/22 for 2 month history of coughing. Productive cough with saliva or phlegm brought up several times per day. Dog is otherwise normal, but owner feels has been tired lately due to the heat. Thoracic xray shows opaque caudal right lung love with air bronchogram. No improvement on Baytril.SPO2 throughout procedure ~84%, improved with breath holding.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**BREED**

Corgi X

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple subcutaneous lipomas are seen along the thoracic and cranial abdominal wall.

**SEX**

F

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.

**AGE**

10 Years

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

Originating from the right caudal lung lobe, a well-defined, soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 11.1 x 7.2 x 9.9 cm in size. The bronchi of the right caudal lung lobe are deviated and compressed by the mass effect. A second pulmonary mass is seen in the ventral aspect of the accessory lung lobe, measuring 6.5 x 4.6 x 3.2 cm in size. The parenchyma of the accessory, right middle lung lobe and the left cranial lung lobe presents with multiple well-defined confluent nodular lesions, measuring up to 1.6 cm in diameter.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Bridgwater  
Veterinary Hospital  
and Wellness Centre

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple pulmonary mass lesions right caudal and accessory lung lobe
- Structured nodular interstitial lung pattern
- Lipomas thoracic & abdominal wall

**REFERRING VET**

Dr. S. Madick/Dr. M. Sra

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

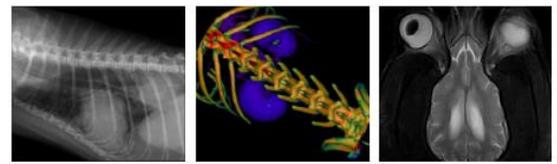
The pulmonary masses are compatible with primary pulmonary neoplasia with bronchogenic carcinoma/broncho-alveolar carcinoma being most common. The nodular pulmonary lesions are consistent with metastatic spread. Theoretically (eosinophilic) granulomatous pulmonary disease is a potential but would expect accompanying lymphadenopathy. Recommend FNA sampling/TruCut biopsy for further workup. If neoplastic disease is confirmed, treatment options are unfortunately limited to palliative management.

**INVOICE**

53743

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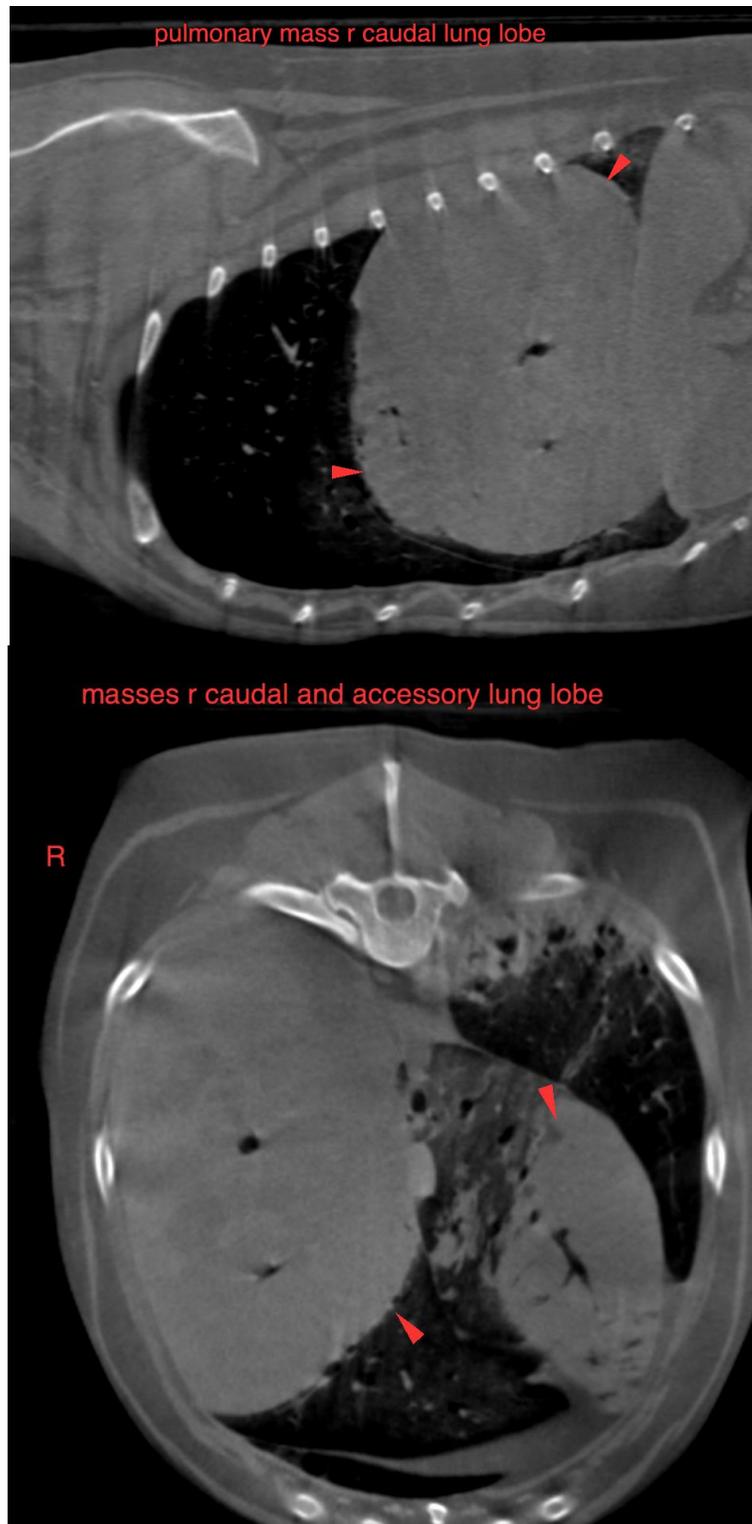
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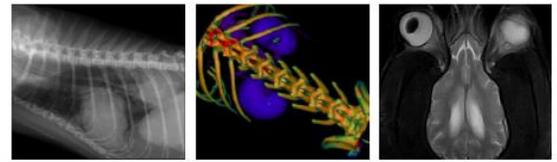
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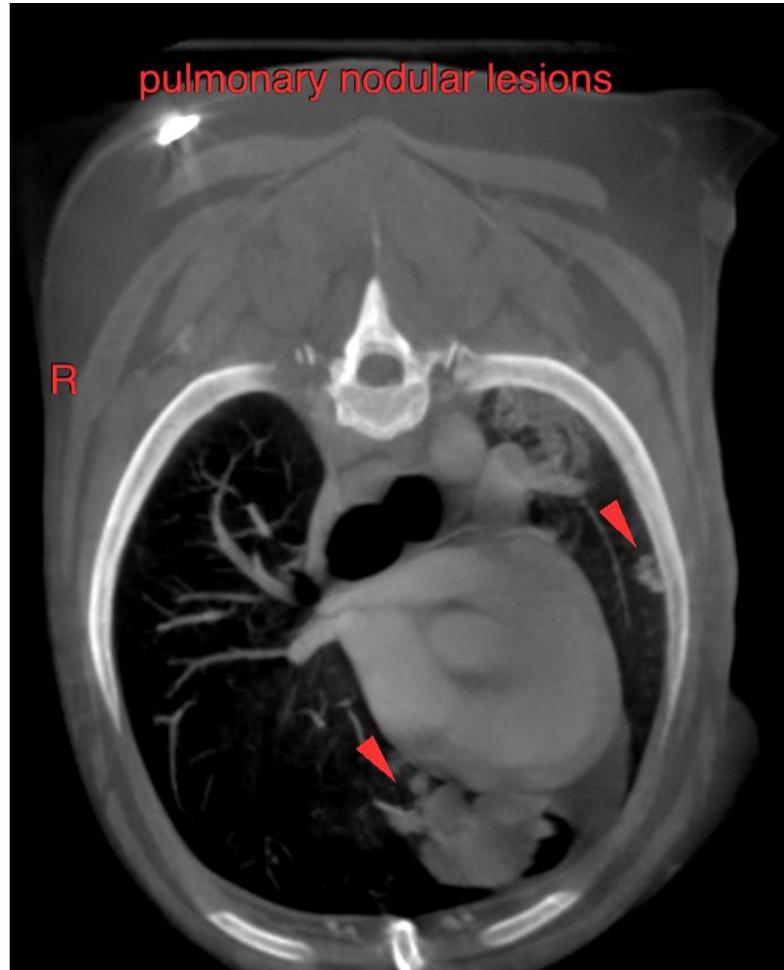
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com