



**PATIENT PRESENTING CLINICAL SIGNS**

Miranda Soto  
Valentin  
Patient presented for ear cytology recheck. Upon physical examination patient had mild cough. Owner had not heard coughing at home. Patient has been BAR, with great appetite and attitude at home. Patient is up to date in heartworm prevention and vaccination.

**SPECIES**  
Abnormal PE/Chem/CBC/UA Results: Cough response upon tracheal palpation and upon abdominal palpation. Crackles present in the dorsal cranial aspect of bilateral lung fields. No wheezing or heart murmur auscultated. No pain upon abdominal palpation. Bloodwork demonstrated elevated BUN (29).

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**BREED**

Yorkshire Terrier

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

**SEX**

Female Spayed

The extrathoracic soft tissues present homogeneous without abnormalities.

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**

13 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**

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the caudodorsal and medial aspect of the left caudal lung lobe, a well-defined, roundish, uniform soft tissue opaque mass, measuring approximately 2.5 intercostal spaces in diameter is appreciated. The remainder of the lung parenchyma are aerated and present the expected architecture.

**HOSPITAL NAME**

Alejandrino Animal  
Hospital

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

Mineralized material is seen in the imaging plane of the renal pelvis bilaterally.

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dra. Lazcano

- Solitary pulmonary mass left caudal lung lobe
- Nephrolithiasis
- No evidence of pulmonary metastatic disease

**INVOICE**

59910

**DATE**

8-25-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pulmonary mass is concerning for primary pulmonary neoplasia – carcinoma is most common. Differentials for the pulmonary mass can include pulmonary granuloma, cyst, (abscess). Ultrasound guided FNA sampling via an dorsal approach by the 11<sup>th</sup> left intercostal space can be tried. The pulmonary mass can be a source for the described cough. If surgical management of the pulmonary mass, a CT study of the thorax might be considered for surgical planning.



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**REFERRING VET**

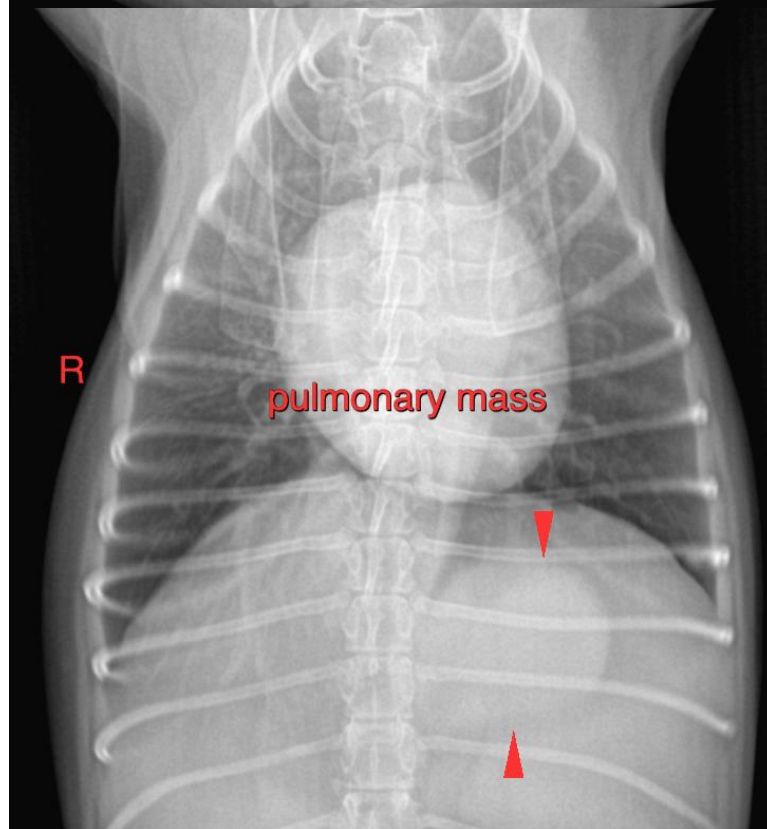
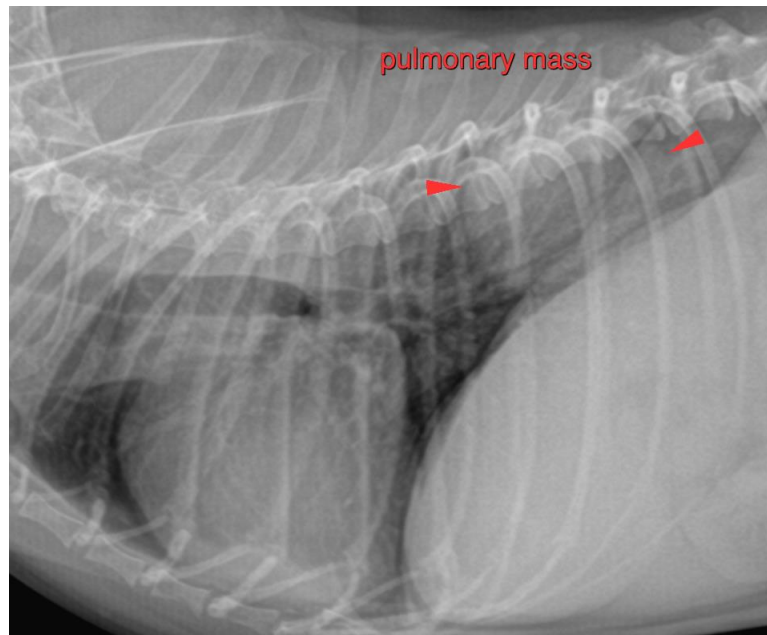
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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  
[info@sonopath.com](mailto:info@sonopath.com)

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