



PATIENT PRESENTING CLINICAL SIGNS

Scooby Doo Devito Chronic Regurgitation for 6-7 days On 7/31 Scooby was presented for vomiting: Tony said that Scooby Doo has been vomiting slimy, mucousy, yellow vomit. 6x within the last 24 hours, but no vomiting this morning. The vomit smelled very bad; Scooby Doo has had no dietary changes and they do not think he has gotten into anything. The vomit did have blood in it and Tony heard retching. He has been sneezing and his eyes have been running. Seen again 8/2 because there was no improvement. **AFTER DISCUSSION:** we agreed Scooby has been regurgitating, not vomiting. On going issues: Pelvic limb paraparesis, Thoracolumbar back pain, Acquired Horner syndrome, Polyneuropathy, Acute moist dermatitis, Osteoarthritis, Laryngeal paralysis

SPECIES Canine

BREED Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: stridor (form laryngeal paralysis) generalized muscle atrophy typical of age and condition. Rear paresis. Left d5 with lateral 2cm oval subcu haired mass. Calluses typical of age

RADIOGRAPHIC STUDY OF THE THORAX

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

Male RADIOGRAPHIC FINDINGS

The vertebral endplates T6/T7 present moderate spondylosis formation. The costal cartilages present moderate degenerative changes.

AGE The extrathoracic soft tissues present homogeneous without abnormalities.

12 Years, 4 Months 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.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI 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.

HOSPITAL NAME

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Elizabeth Animal Hospital In the cranial part of the left cranial lung lobe, level with the 2nd to 5th intercostal space a well-defined, homogenous soft tissue mass is appreciated. The first degree bronchus of the cranial part of the left cranial lung lobe is deviated dorsally by the mass effect.

REFERRING VET

The ventral dependent aspect of the right cranial lung lobe is consolidated with air-bronchograms.

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

RADIOGRAPHIC DIAGNOSIS

- INVOICE** 59658
- Pulmonary soft tissue mass left cranial lung lobe
 - Alveolar pattern ventral aspect right cranial lung lobe
 - Spondylosis deformans T6/T7
 - Degenerative changes costal cartilages
 - No evidence of megaesophagus

DATE

8-3-23 **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ventrally distributed alveolar pattern in combination with the history of vomiting is highly suggestive for aspiration pneumonia. A differential is hemorrhage secondary to the appreciated



PATIENT pulmonary mass or less likely diffuse neoplastic infiltration.

Scooby Doo Devito The pulmonary mass is most consistent with primary pulmonary neoplasia – carcinoma is most common. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

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SEX

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HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

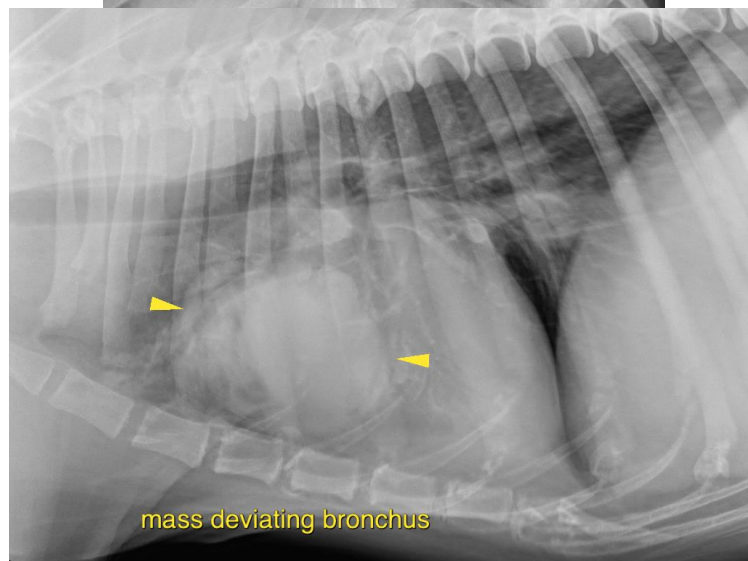
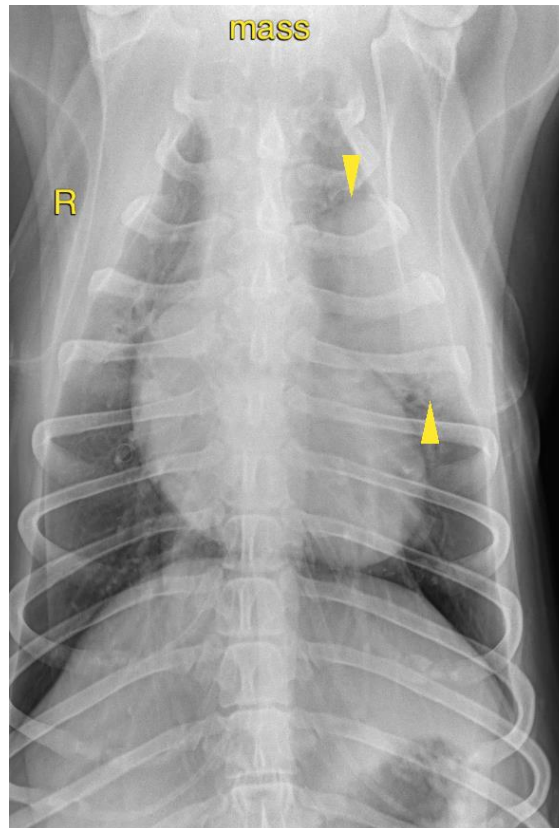
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Elizabeth Animal
Hospital

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

REFERRING VET

Leon Anderson, DVM

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