



**PATIENT**

Moomin Holman

**PRESENTING CLINICAL SIGNS**

2x mammary masses detected. small firm nodular mass back left gland and second to last gland on R. both producing dark brown discharge. preGA xrays - RL, LL, DV thorax on LL view trachea elevated over cardiac silhouette with irregular mixed opacity structure underlying. on DV view bulging of mediastinum noted on R side. no obv lung mets noted. CT to further image thorax.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX**

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

**BREED**

Bichon

**COMPUTED TOMOGRAPHIC FINDINGS**

In the proximal third of the left humeral diaphysis, a small roundish sclerotic region is visible.

**SEX**

Female

The mediastinum contains a moderate amount of fat. 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**

6 Years

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The ventral dependent aspects of the lung parenchyma present region of dystelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

**HOSPITAL NAME**

Animal Trust -  
Ellesmere Port

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple zones with dystelectasis of the lung parenchyma
- Suspect small bone infarct left proximal humerus
- Mild obesity

**REFERRING VET**

Laura Hughes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study of the thorax presents without relevant abnormalities, there is no evidence of a mediastinal mass. The zones of dystelectasis of the lung parenchyma are considered as a sequela to general anesthesia - theoretically pneumonia is a differential, but there is no respective history of cough/fever.

**INVOICE**

53860

**DATE**

8-31-22



**PATIENT**

Moomin Holman

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Female

**AGE**

6 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Trust -  
Ellesmere Port

**REFERRING VET**

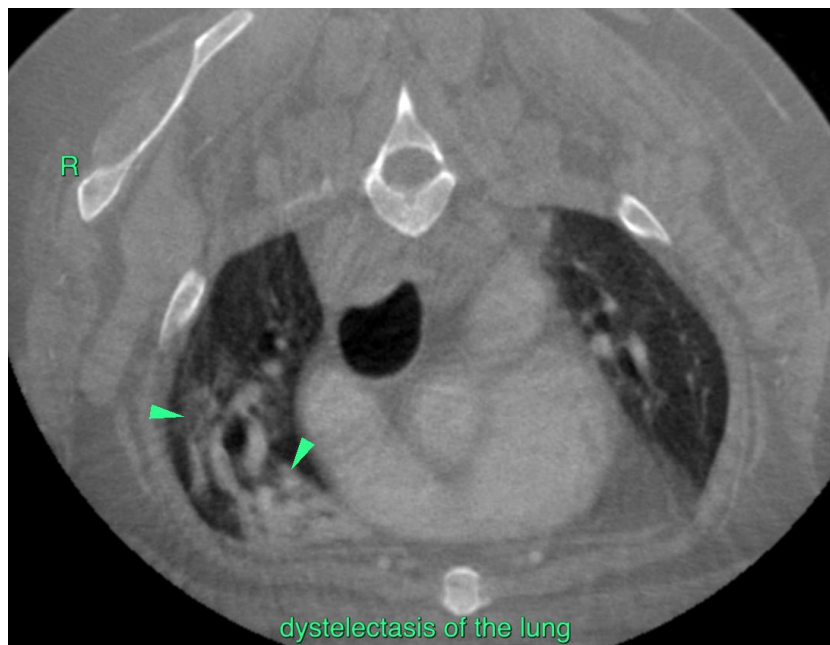
Laura Hughes

**INVOICE**

53860

**DATE**

8-31-22





**PATIENT**

Moomin Holman

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.

**SPECIES**

Canine

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

**BREED**

Bichon

**SEX**

Female

**AGE**

6 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Trust -  
Ellesmere Port

**REFERRING VET**

Laura Hughes

**INVOICE**

53860

**DATE**

8-31-22