



PATIENT PRESENTING CLINICAL SIGNS

Bode Francese History: Bodey first presented on 8/20/2014 reduced energy, reduced appetite and fever. Blood work documented and inflammatory leukogram. He was treated with amoxicillin and there was improvement. Thoracic radiographs taken on 8/31/21 showed the presence of a large mass in the right caudal thoracic cavity. Fine needle aspirates of the mass are most consistent with pulmonary carcinoma. He began coughing 1 week ago. He is currently on carprofen. Which makes him feel better.

SPECIES
Canine

BREED
Weimeraner

Abnormal PE/Chem/CBC/UA Results: PE: ****Respiratory:**** Abnormal: Lung sounds over the right midthorax are dull. There are no crackles or rales. Respiratory rate and effort are normal. He has been coughing in the clinic. FNA pulmonary mass - most consistent with pulmonary carcinoma.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Neutered Male A high resolution pre- and post-contrast CT study of the thorax and abdomen are provided for review.

AGE COMPUTED TOMOGRAPHIC FINDINGS

10+ Years **Thorax**
The intervertebral disc space C6/C7 is collapsed and the respective vertebral endplates present moderate spondylosis formation. The intervertebral disc C6/C7 is mild to moderately protruding into the vertebral canal and mildly distorting the dural tube at the same level.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI The sternal, cranial mediastinal 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.

HOSPITAL NAME

VetMed Consultants The tracheobronchial lymph nodes appear to be small.
The cardiovascular structures including the pulmonary vasculature are within normal limits.

REFERRING VET

Dr. William Hansen There is a large mass associated with the hilary region of the right middle lung potentially the right caudal and accessory lung lobe. The mass is uniform soft tissue attenuating and presents a mild heterogeneous contrast enhancement pattern. The mass is measuring approximately 11.8 x 9.9 x 10.6 cm in size. The associated bronchi are compressed or deviated. The mass is compressing and displacing the caudal vena cava ventrally.

INVOICE

13144 Dystelectasis of the caudodorsal dependent aspects of the right caudal lung lobe is seen.
Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

DATE

Abdomen
9/14/21



PATIENT The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate left and right caudal vena cava of the prerenal segment is visible. The prehepatic and hepatic segment of the caudal vena cava are moderately prominent.

Bode Francese

SPECIES Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally both kidneys present well-defined spherical filling defects in the renal cortex measuring up to 9 mm in diameter.

Canine The adrenal glands are within normal limits for size, shape and organ architecture.

BREED The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Weimeraner The hepatic volume is moderately increased and the caudoventral margins are rounded; the gastric axis is deviated caudally. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

SEX The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Neutered Male The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

AGE The lumbosacral intervertebral disc is moderately to markedly protruding into the vertebral canal, occupying approximately 90% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

10+ Years

INTERPRETED BY COMPUTED TOMOGRAPHIC DIAGNOSIS

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

- Hilar soft tissue mass right middle, right caudal and likely accessory lung lobe
- Hepatomegaly
- Chronic discopathy C6/C7 with possible dynamic spinal cord compression
- Degenerative lumbosacral stenosis
- Renal cortical cysts
- Double caudal vena cava prerenal segment

HOSPITAL NAME

VetMed Consultants

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. William Hansen

The pulmonary mass is fitting the history of pulmonary carcinoma. The mass appears to be centered on the right middle lung lobe, but due to the size it is not completely clear if the mass is also extending into the right caudal and accessory lung lobe or if the lung lobes are just distorted by the mass effect. The mass is also in close contact with the caudal vena cava which is displaced ventrally and compressed and adhesions between the pulmonary mass and the caudal vena cava are possible. Determining if complete surgical resection is possible will likely warrant thoracotomy for final decision making. There is no evidence of metastatic spread to the remaining lung lobes.

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Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.



PATIENT

Bode Francese

SPECIES

Canine

BREED

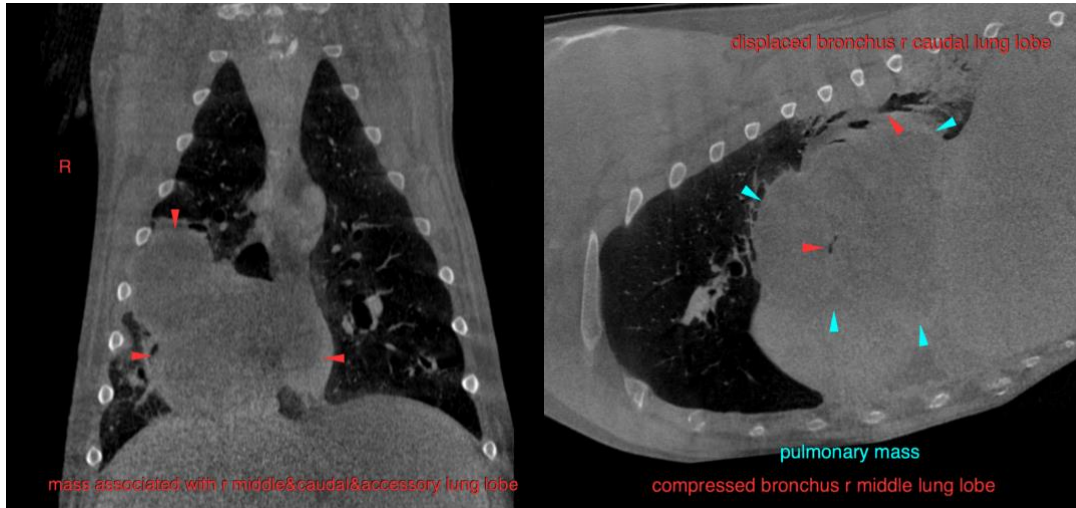
Weimeraner

SEX

Neutered Male

AGE

10+ Years



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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
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