



**PATIENT**

Buddy Minotti

**PRESENTING CLINICAL SIGNS**

BUDDY HAS A TENNIS BALL SIZE MASS ON LEFT FRONT LIMB . X-RAY WERE TAKEN TO MAKE SURE THERE IS NO METASTATIC DISEASE EXISTS BEFORE SURGERY  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX&ABDOMEN**

A complete set of radiographs of the thorax and abdomen is provided for review.

**BREED**

Labrador Retriever  
Mix

**RADIOGRAPHIC FINDINGS**

Thorax

Multifocal mild spondylosis formation is seen along the caudal thoracic spine.

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.

**SEX**

Male Neuter

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.

**AGE**

12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Level with 4<sup>th</sup> intercostal space, in the right lateral view, a roundish, well-defined soft tissue opacity is superimposed on the cardia silhouette, measuring 21 mm in diameter; the roundish soft tissue opacity is not appreciated in the VD projection. The remainder of the lung parenchyma present the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

**HOSPITAL NAME**

St. Catherine's Animal  
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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

**REFERRING VET**

Dr. Boctor

The vertebral endplates of the lumbosacral junction present mild spondylosis formation. The spinous process of S1 is not fused with the spinous process of S2.

In the left lateral projection of the abdomen, a subcutaneous swelling at the cranioventral abdominal wall is noted.

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The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

**DATE**

9-14-22



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Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.

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The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

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Mix

**RADIOGRAPHIC DIAGNOSIS**

- Suspect solitary pulmonary nodule left cranial lung lobe
- Subcutaneous swelling cranioventral abdominal wall - correlated with clinical signs to differentiate between lipoma or subcutaneous soft tissue mass
- Spondylosis deformans
- Lumbosacral transitional vertebra (Type I)

**SEX**

Male Neuter

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax is suggestive for a pulmonary nodule of left cranial lung lobe - e.g. metastasis, granuloma, cyst, (abscess). Odd superimposition with vascular structures might result in the impression of a pulmonary nodule alternatively. A CT study of the thorax can be used to rule in/out pulmonary nodule entirely.

**AGE**

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The abdominal study presents without relevant pathology.

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**REFERRING VET**

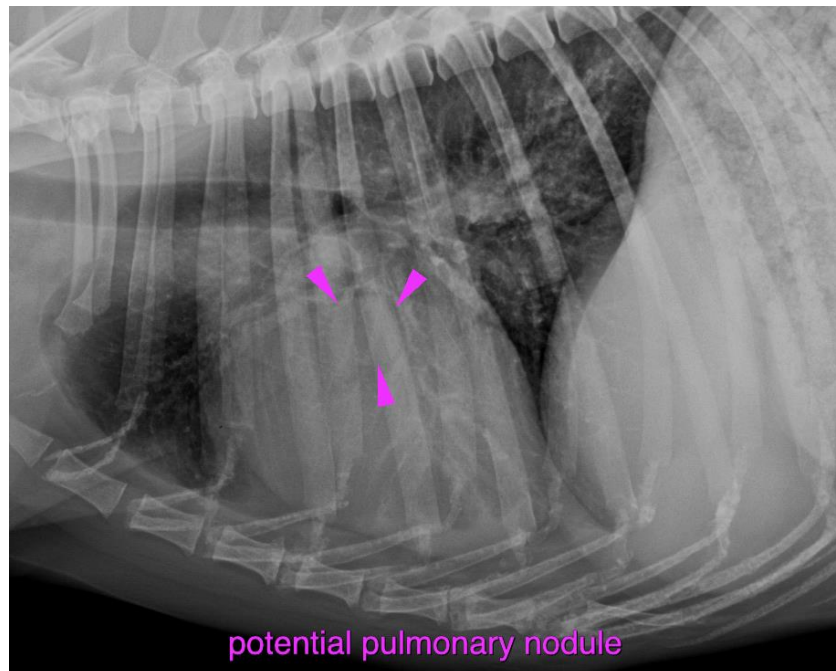
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potential pulmonary nodule



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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