



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Wendorf Lung mass. Bladder stones and cyst on right lateral thorax.

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

**SPECIES** A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax are provided for review.

Canine

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The left tracheobronchial lymph node is prominent.

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

**SEX**

In the ventral aspect of the right middle lung lobe, a well-defined, irregular roundish, uniform soft tissue attenuating and mild heterogeneous contrast enhancing nodule is visible, measuring 3.0 x 2.0 x 3.4 cm in size. The accompanying bronchi are deviated and compressed. Randomly distributed punctuate mineralization of the lung parenchyma is seen.

Spayed Female

**AGE**

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

9 Years

Abdomen

**INTERPRETED BY**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDD

The right kidney presents within normal limits for size, shape and organ architecture. The left kidney is absent. The urinary bladder is filled with three large mineral attenuating calculi, measuring up to 3.4 cm in size and an innumerable amount of small mineral attenuating calculi.

**HOSPITAL NAME**

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

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**REFERRING VET**

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

Meaux

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

**INVOICE**

Multifocal mild spondylosis formation is seen along the lumbar spine. The intervertebral discs T9/T10, L1/L2 and L7/S1 are mild to moderate protruding into the vertebral canal, distorting the ventral epidural space at the same level. Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim; the femoral heads are subluxated dorsally.

54072

**DATE**

9-14-22

In the subcutaneous tissue at the lateral aspect of the right 11<sup>th</sup> and 12<sup>th</sup> rib, an ovoid shaped, well-defined nodule is visible, measuring 2.0 cm in diameter.


**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

- |                |                |                                                                                                                                                                                                                                                                                                    |
|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PATIENT</b> | Maggie Wendorf | <ul style="list-style-type: none"> <li>• Pulmonary mass right middle lung lobe</li> <li>• Lymphadenopathy left tracheobronchial lymph node</li> <li>• Cystolithiasis</li> </ul>                                                                                                                    |
| <b>SPECIES</b> | Canine         | <ul style="list-style-type: none"> <li>• Degenerative osteoarthritis coxofemoral joints bilaterally due to hip dysplasia and dorsal subluxation of the coxofemoral joints</li> <li>• Mild intervertebral disc protrusion T9/T10, L1/L2 and L7/S1 with possible dynamic myelocompression</li> </ul> |
| <b>BREED</b>   | Aussie Mix     | <ul style="list-style-type: none"> <li>• Non-specific subcutaneous nodule right caudodorsal thoracic wall</li> <li>• Absent left kidney</li> <li>• Spondylosis deformans</li> <li>• Pulmonary osteomas</li> <li>• No evidence of pulmonary metastatic spread</li> </ul>                            |

**SEX INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

<b>SEX</b>	Spayed Female	The solitary pulmonary mass of the right middle lung lobe is highly concerning for primary pulmonary neoplastic disease versus metastasis. The most likely potential for the solitary pulmonary nodule is granuloma (e.g. parasitic, mycotic). Ultrasound guided FNA sampling by the ventral aspect of the 6 <sup>th</sup> intercostal space can be used as advanced minimally invasive diagnostic tool.
<b>AGE</b>	9 Years	

The prominent left tracheobronchial lymph node is equivocal for reactive hyperplasia or metastatic disease.

**INTERPRETED BY**

The absent left kidney can be a sequela to preceding nephrectomy or congenital agenesis of the left kidney.

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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**PATIENT**

Maggie Wendorf

**SPECIES**

Canine

**BREED**

Aussie Mix

**SEX**

Spayed Female

**AGE**

9 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

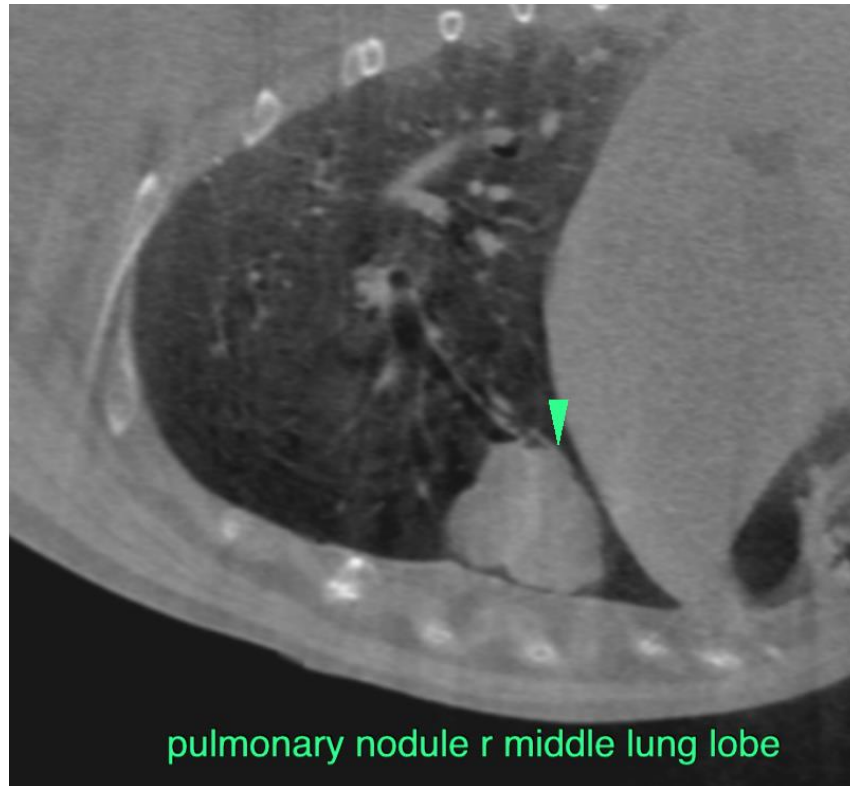
Meaux

**INVOICE**

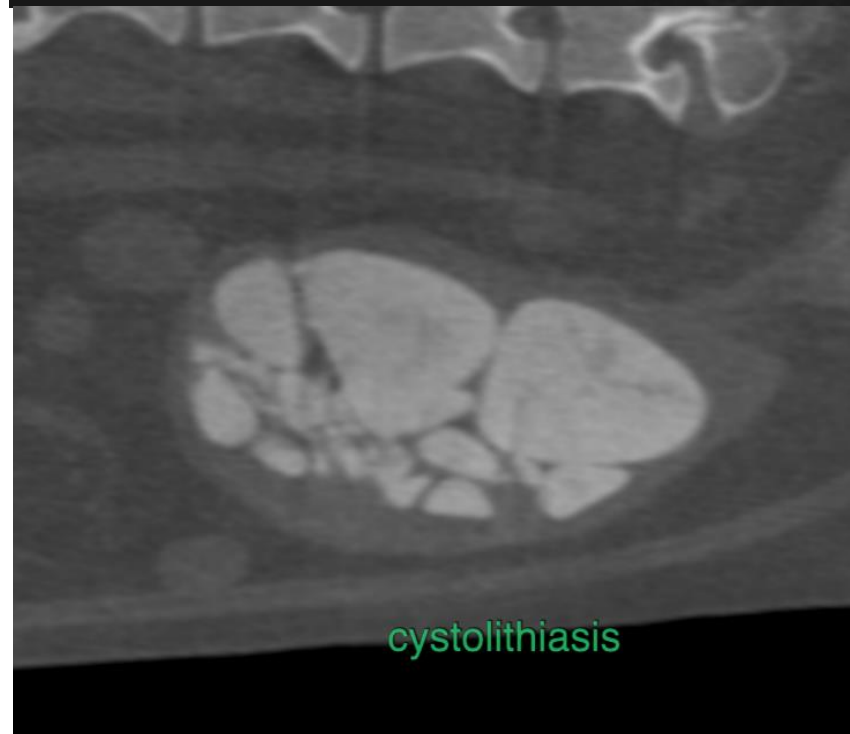
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pulmonary nodule r middle lung lobe



cystolithiasis



**PATIENT**

Maggie Wendorf

**SPECIES**

Canine

**BREED**

Aussie Mix

**SEX**

Spayed Female

**AGE**

9 Years

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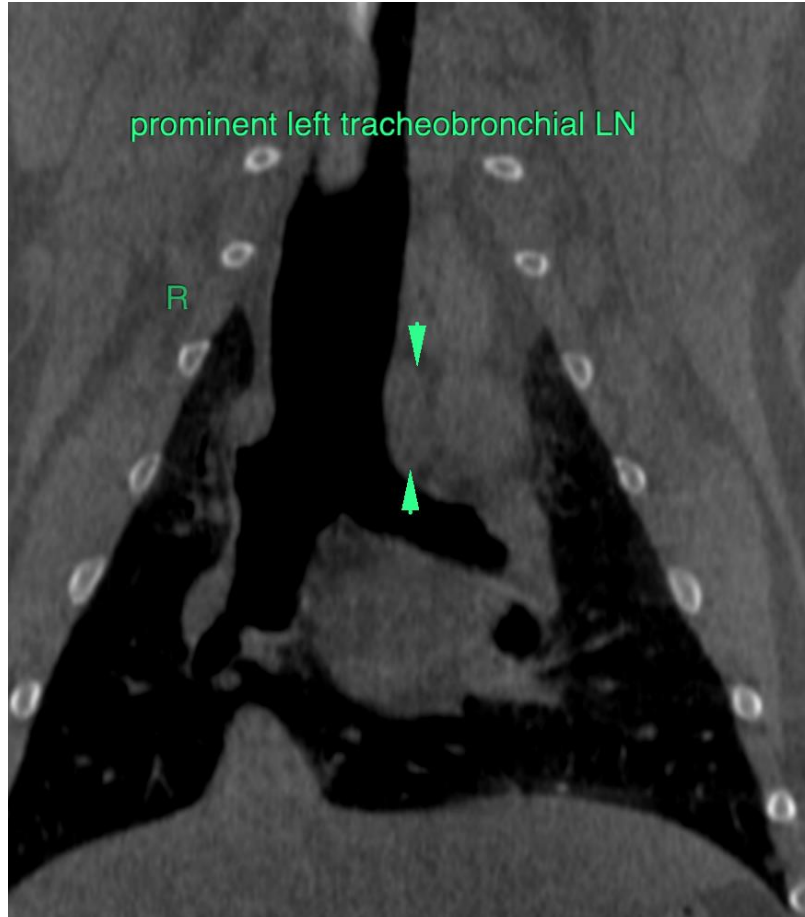
Meaux

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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.

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