


PATIENT PRESENTING CLINICAL SIGNS

Dilly Hills History: Pulmonary mass in R caudal lung lobe diagnosed via radiographs July 2021. FNA of mass revealed purulent inflammation. Necrotic mass, ruptured cyst or less likely FB were suspected. Also diagnosed with Grade III/VI murmur, echo revealed Stage B1 heart disease. Recently increased respiratory effort, no coughing.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: PE- No cardiac murmur, clear breath sounds in lung fields. Chem: amylase=1610 (200-1200) U/L, TP=11.2 (5.4-8.2) g/dL, globulin=8.5 (2.3-5.2) g/dL

BREED
COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Boxer Mix

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

COMPUTED TOMOGRAPHIC FINDINGS
SEX

Multifocal spondylosis formation is seen along the thoracic spine.

Spayed Female

The sternal, cranial mediastinal and tracheobronchial lymph nodes are prominent.

AGE

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

9 Years

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. Level with the ventral segment of the right middle lung lobe a soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 8.0 x 9.7 x 8.1 cm in size. The mass is noted level with the plica of the caudal vena cava. The caudal vena cava is deviated dorsally and to the left by the mass effect. Post contrast administration multiple feeding vessels are seen in the periphery of the mass originating from the pleura.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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

HOSPITAL NAME

Healing Spirit AW

COMPUTED TOMOGRAPHIC DIAGNOSIS
REFERRING VET

Desen Ertunc

- Soft tissue mass caudoventral aspect right hemithorax with heterogeneous contrast enhancement pattern and multiple peripheral feeding vessels
- Lymphadenopathy sternal, cranial mediastinal and tracheobronchial lymph nodes
- No evidence of pulmonary metastatic spread
- Spondylosis deformans

INVOICE

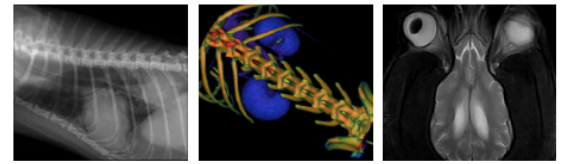
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DATE

9/8/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the origin of the intrathoracic mass cannot be clearly defined and either a primary pulmonary neoplasia originating from the right middle lung lobe (e.g. carcinoma) or sarcoma/round cell neoplasia associated with the plica of the caudal venal cava are potentials here. A large granuloma can be a differential as well, but I would expect accompanying pleural effusion and more signs for pleuritis. The pleural feeding vessels are increasing the odds that the mass is not originating from the lung or that adhesions are present.



PATIENT Repeating FNA sampling should be considered for further workup including FNA sampling of the sternal lymph nodes as well. Ultrasound guided Trucut biopsy can be used as a minimally invasive advanced diagnostic test as well. Thoracoscopy for biopsy and further evaluation might be an alternative consideration.

Dilly Hills

SPECIES

Canine

BREED

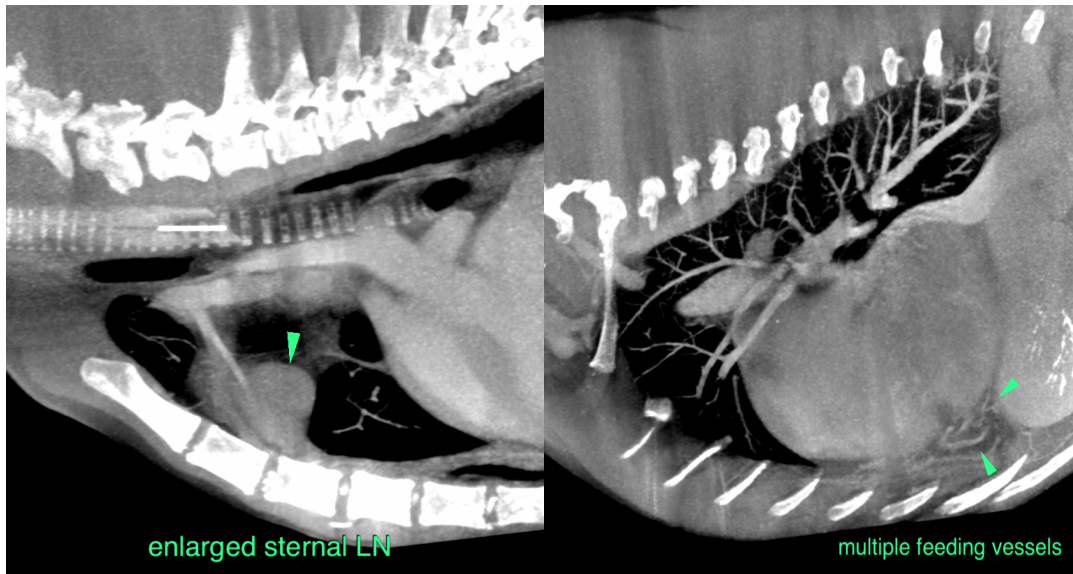
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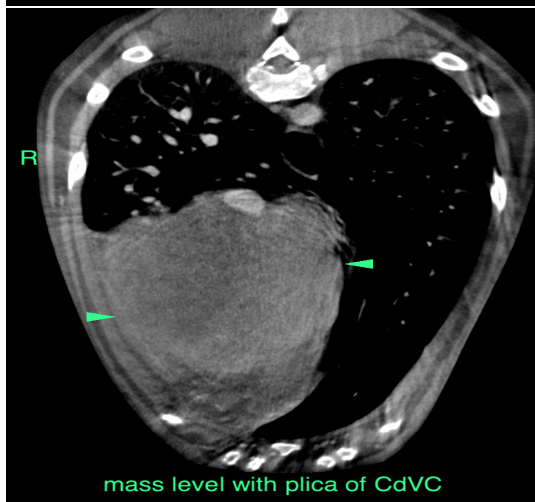
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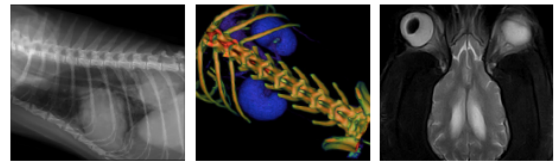
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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