



PATIENT PRESENTING CLINICAL SIGNS

Dimitri Kosierowski Primary lung tumor, Current meds: Benadryl for cough, Gabapentin 100mg: morning of CT, Trazodone 50mg: Morning of CT.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Miniature Poodle Within the right caudal lung lobe is a large marginated dorsal mass with mixed attenuation measuring approximately 3.7cm x 4.5cm x 4.8cm. The mass is adjacent to the lobar bronchus to the right caudal lobe (RB4), causing extramural compression and a tortuous pathway. A mild unstructured interstitial and a peripheral alveolar pattern are seen in the remainder parenchyma, correlated to atelectasis. The pulmonary mass is contiguous to visceral and parietal pleura from the level of 7th and 9th right side ribs; however, no evidence of extension of the mass to the ribs or thoracic body wall. It is important to mention that the ventral portion of the mass is close to the cauda vena cava, approximately 0,3cm. No pulmonary micronodules or nodules are identified.

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The tracheobronchial lymph node is markedly enlarged and heterogeneously attenuated. The sternal mediastinal and mediastinal cranial lymph nodes are unremarkable.

The cardiac silhouette, cardiovascular, and pulmonary vasculature are normal.

INTERPRETED BY The pleural space and diaphragm are normal.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet On the collimated abdomen, the spleen is moderately and diffusely enlarged with convex peripheral and mesenteric margins, mildly to moderate heterogeneous attenuation on post-contrast series, with ill-defined, mildly hypoattenuating and hyperattenuating nodules.

A moderate sized heterogeneous ill-defined, mildly hypoattenuating area is seen on the left medial hepatic liver lobe, which measures 3.2cm x 2,4cm. Also, at least two small well-defined cysts 0.6cm and 0.35cm, are seen in the liver.

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The remainder collimated abdomen is normal.

The musculoskeletal thoracic structures are unremarkable.

No other abnormalities are identified.

REFERRING VET

Dr. Wyman-Greenwald

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass within the right caudal lung lobe meeting neoplastic criteria causing bronchial compression (RB4).
- Tracheobronchial lymphadenopathy meeting neoplastic criteria
- Liver nodules
- Splenomegaly with nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The differential diagnosis for the pulmonary mass includes bronchoalveolar carcinoma, metastatic unknown origin or round cell neoplasia. When correlated with liver and splenic lesions, a round cell neoplasia or hemangiosarcoma should be considered.

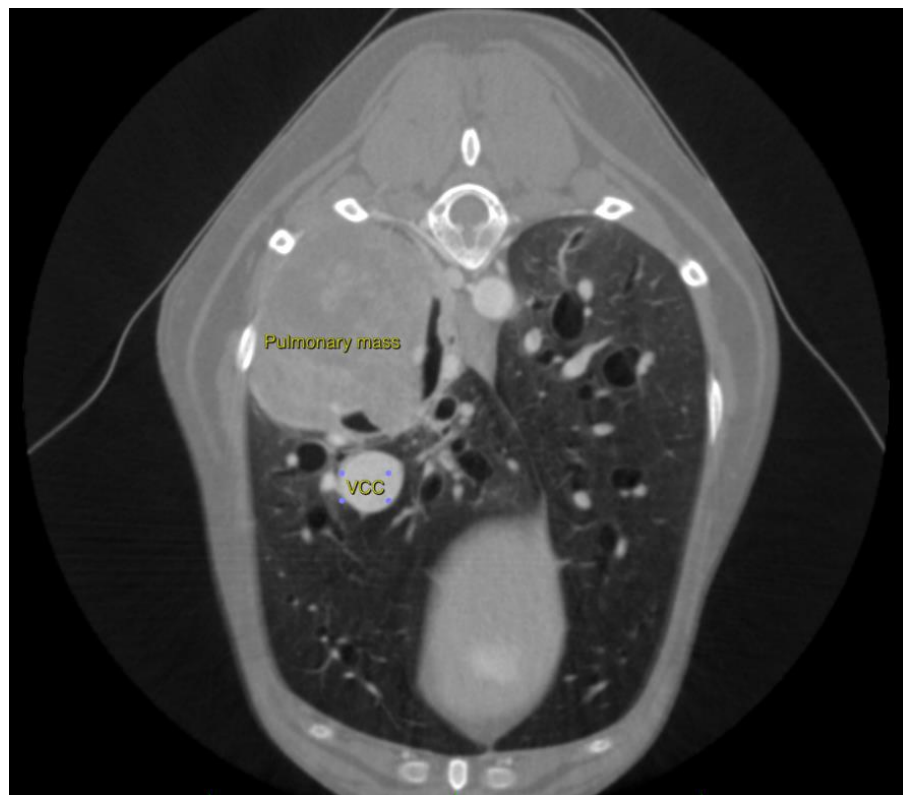
Other differential diagnosis for liver findings include primary hepatic neoplasia. Severe vacuolar hepatopathy is unlikely.

Other differential diagnosis for the spleen findings includes lymphoid hyperplasia, extramedullary hematopoiesis.

The tomographic pulmonary mass is correlated to the clinical history of the patient.

The mass within the right caudal lung lobe may be amenable to ultrasound guided fine needle aspirates.

Recommend fine needle aspirate of the lung mass and abdominal ultrasound with fine needle aspirate of the spleen and liver for cytology.





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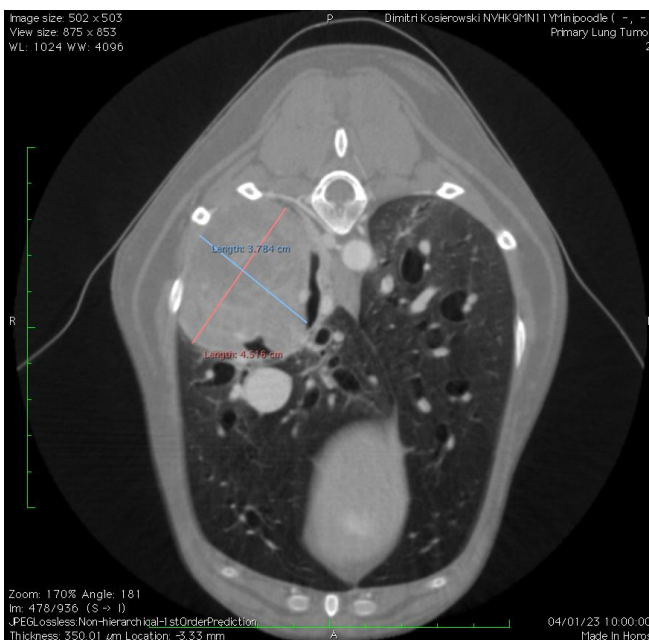
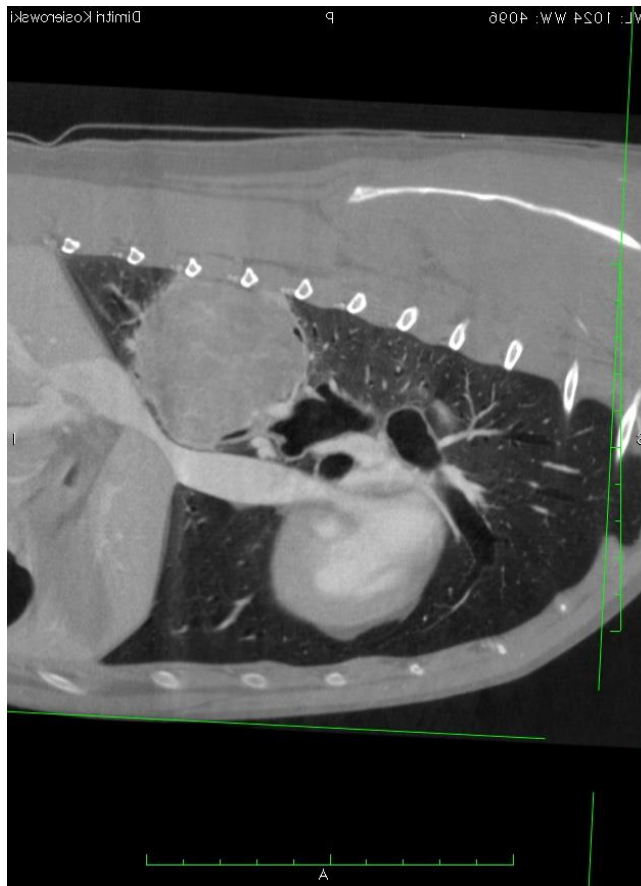
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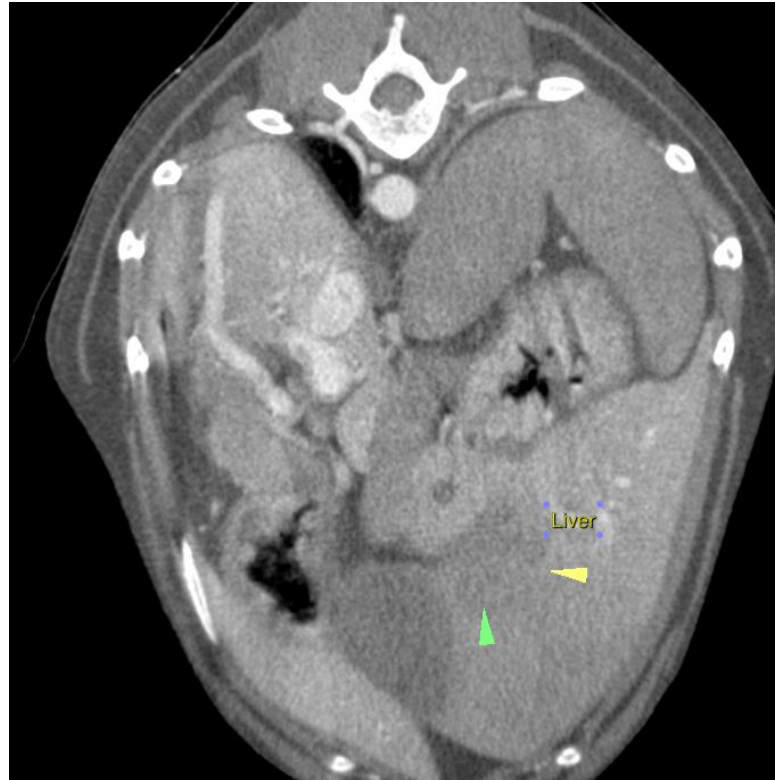
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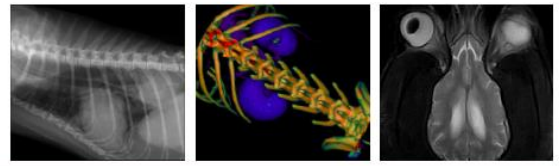
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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