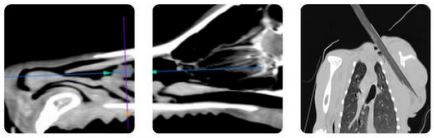

PATIENT

Mikaela Mirabal

SPECIES

Canine

BREED

Pug

SEX

F

AGE

11

WEIGHT

18

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

JD Veterinary Imaging Center

HOSPITAL NAME

Juana Diaz Animal Hospital

REFERRING VET

Dr. Julian Restrepo

INVOICE

73303

DATE

1-13-26

PRESENTING CLINICAL SIGNS

Referred for thorax ct scan after owner reported multiple episodes of respiratory distress and radiograph showed a possible soft tissue mass cranial to the heart in lateral projections.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies in soft tissue, bone, and lung windows are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

No discrete soft tissue mass is identified in the mediastinum or at the heart base. The mediastinal lymph nodes present within normal limits.

The main pulmonary artery is enlarged relative to the aorta with an PA/Ao ratio of approximately 2:1. A possible filling defect is noted in a left subordinate pulmonary artery branch on post-contrast images; otherwise, the vessels appear patent.

The pulmonary parenchyma is unremarkable for age. No significant consolidations, masses, or nodules are identified.

The thoracic wall and pleura present within age related normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Enlargement of the main pulmonary artery: may reflect pulmonary hypertension.
- Suspicious filling defect in a left pulmonary artery branch: possible thrombus/pulmonary thrombembolism.
- No mediastinal mass or lymphadenopathy identified.
- Pulmonary parenchyma presents age appropriate.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Differential considerations for the filling defect in the peripheral left pulmonary artery include pulmonary thrombus/pulmonary thromboembolism and artifact. Pulmonary thromboembolisms are a recognized cause of acute or episodic respiratory distress in older small breed dogs, particularly with concurrent cardiac or systemic disease. The main pulmonary artery enlargement may represent secondary pulmonary hypertension which could be primary or secondary to PTE. No evidence of parenchymal infarction or consolidation was identified suggesting either an early or limited thrombotic event. Consider echocardiography to assess pulmonary arterial pressure and evaluate for potential pulmonary hypertension as well as evaluate right heart function for signs of chronic pressure overload. Clinical workup should include coagulation profile and screening for potential underlying disease such as heart disease, endocrinopathy, protein-losing nephropathy/enteropathy, or neoplasia. Consider anti-coagulation therapy depending on results.

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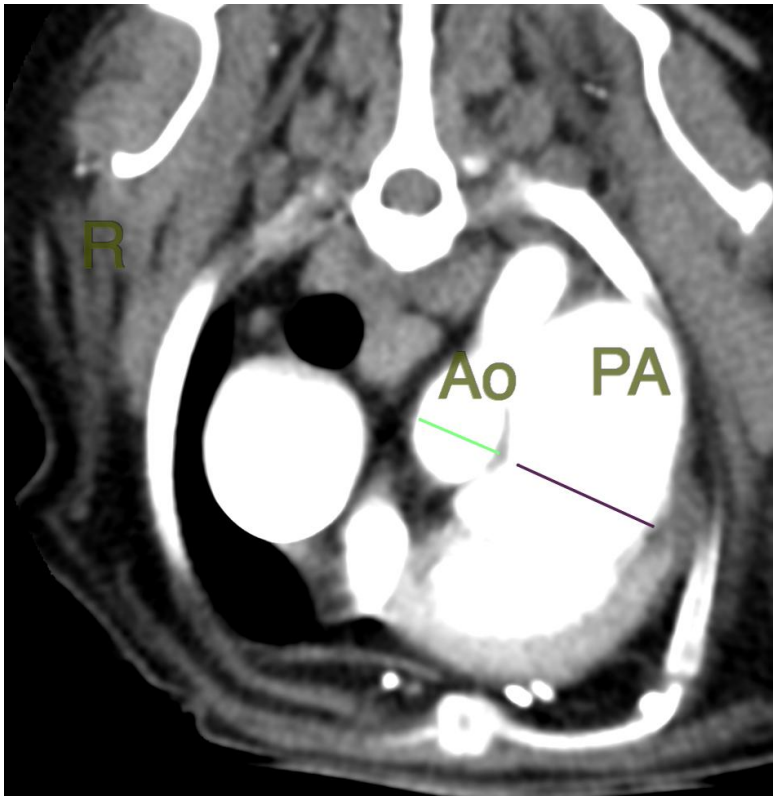

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com