



PATIENT

Willow Morgan

SPECIES

Canine

BREED

French Bulldog

SEX

Female

AGE

10M

WEIGHT

13.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sx Team

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Dr. Fryer

INVOICE

73318

DATE

1-14-26

PRESENTING CLINICAL SIGNS

Patient started having trouble breathing on Sunday and a firm swelling was palpated on the left side of thorax. Went to the referring vet on the 13th and xrays were done which showed pleural effusion. They tapped the fluid and found it to be blood. Was referred her for further care. Bloodwork showed a moderate reg. anemia, elevated wbc's, platelet count was near 90,000 and pt/ptt was normal. At that time a osteolytic lesion was seen on the left 9th rib under where the swelling was on the xrays. A fast scan ultrasound showed abnormal mass like lesion in the chest. Patient was stabilized over night and a thoracocentesis was done today. PCV of the pleural blood fluid was 33 and peripheral was 22. Aspirates of both the skin mass and the presumed thoracic mass were done and pathology pending as well as a hemophilia profile is pending.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and late post contrast studies of the thorax are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Expansile aggressive osteolytic lesion involving the costochondral junction of the left 9th rib is seen. Cortical destruction with extra-thoracic and intra-thoracic extension, ill-defined margins, and mass effect is seen.

Mild bilateral pleural effusion is noted, L>R.

Multiple up to 5mm sized interstitial nodular opacities are noted throughout all lung lobes.

Mild sternal lymphadenomegaly is noted.

The mid thoracic spine presents evidence of mild to moderate multiple vertebral malformation with hemivertebrae from T5-T10.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive expansile osteolytic mass of the left 9th rib with extra- and intra-thoracic extension.
- Multiple interstitial pulmonary nodules compatible with metastatic disease.
- Mild bilateral pleural effusion.
- Mild sternal lymphadenomegaly.

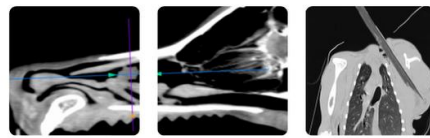
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance of the left 9th rib lesion is highly aggressive with extensive cortical destruction and signs of infiltrative growth. A primary malignant rib tumor, most likely osteosarcoma or chondrosarcoma, is considered the primary differential diagnosis.

The presence of multiple pulmonary nodules is consistent with metastatic disease indicating advanced stage neoplasia, despite the patient's young age. This significantly impacts prognosis and limits potential benefit of aggressive surgical intervention aimed at local tumor control. The associated pleural effusion can be hemorrhagic, inflammatory, or paraneoplastic.

The sternal lymph node enlargement may be reactive or represent signs of early lymphatic metastatic spread.

Surgical resection of the rib mass is not recommended as curative therapy due to the presence of



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pulmonary metastases.

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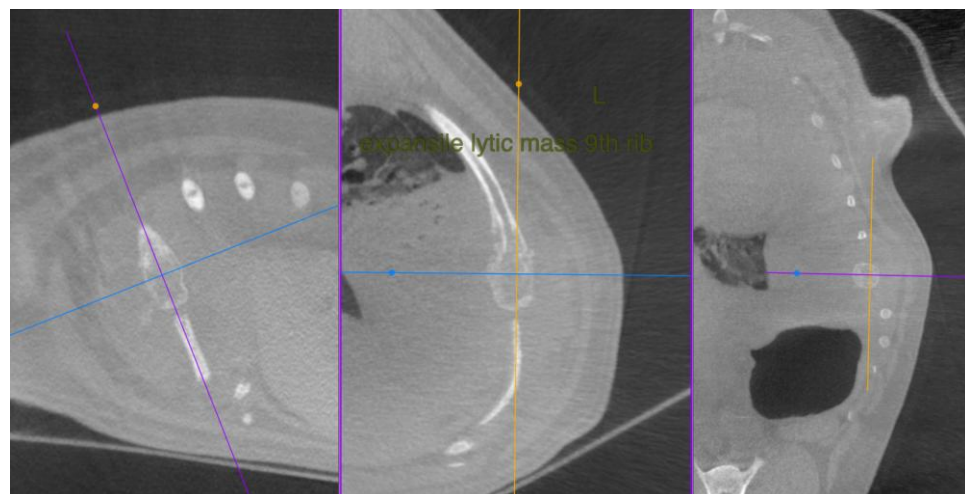
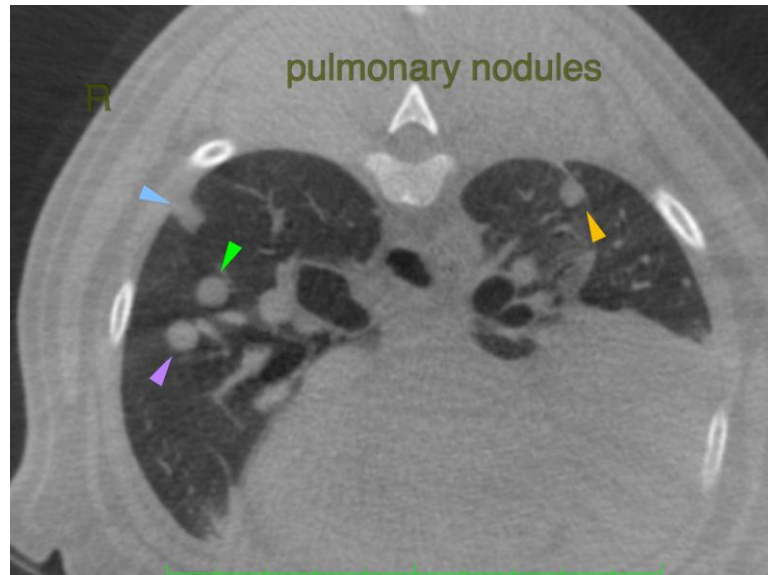
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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