



PATIENT

Rookie Perez-Abreu

SPECIES

Canine

BREED

Havanese

SEX

Male Neutered

AGE

11Y

WEIGHT

7.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73454

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- Pet was incidentally diagnosed with a primary lung tumor while at MVS for gastroenteritis. An abdominal ultrasound was performed and there was no evidence of metastatic disease. We attempted to perform an ultrasound guided FNA of the mass, however, due to positioning were unable to aspirate.

Abnormal PE/Chem/CBC/UA Results: PE normal, Vitals WNL, 1/6 Heart murmur

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A single, well-defined, ovoid, soft tissue mass measuring approximately 3.5 x 2.5 cm is present within the caudal subsegment of the left cranial lung lobe. The lesion is solitary and causes mild mass effect. Lesion margins are ill-defined. Nonuniform enhancement is noted. No significant cavitation or mineralization is seen.

Multiple small irregular peripheral and peribronchial infiltrates are seen in several lung lobes. These are poorly marginated and not mass- or nodule-like.

The trachea and bronchi present within normal limits.

The tracheobronchial, sternal and mediastinal lymph nodes present within normal limits.

There is no evidence of pleural effusion or pleural nodularity.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary pulmonary mass in the left cranial lung lobe highly suspicious for primary lung neoplasia.
- Multifocal mild peribronchial and peripheral pulmonary infiltrates – unlikely to represent metastatic disease. More consistent with inflammatory, reactive, or fibrotic change.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for primary pulmonary neoplasia such as bronchogenic carcinoma, adenocarcinoma, or other epithelial neoplasia. The absence of enlarged lymph nodes and lack of discrete metastatic nodules appear to be favorable prognostic indicators for surgical management.

The multiple peribronchial small infiltrates are atypical for hematogenous metastasis and may represent low grade bronchial interstitial inflammation, scar tissue formation, or fibrotic areas. Metastatic disease cannot be excluded completely but is considered unlikely.

Surgical consultation for lung lobectomy of the affected left cranial lung lobe appears to be appropriate.



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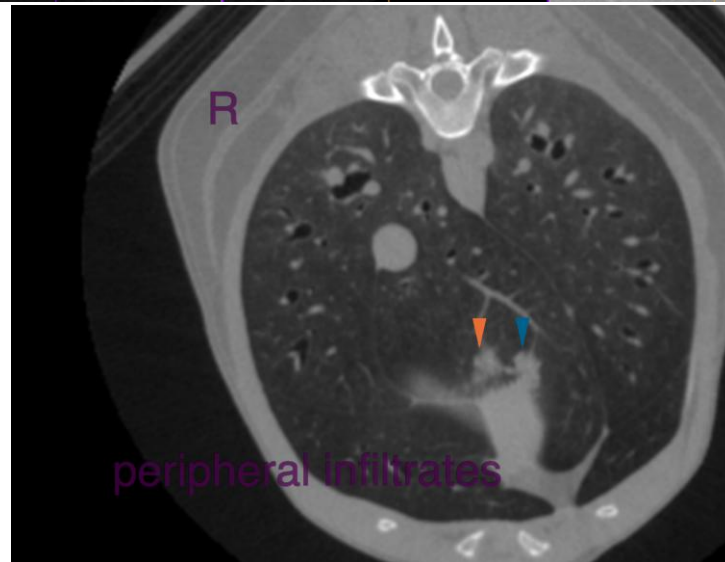
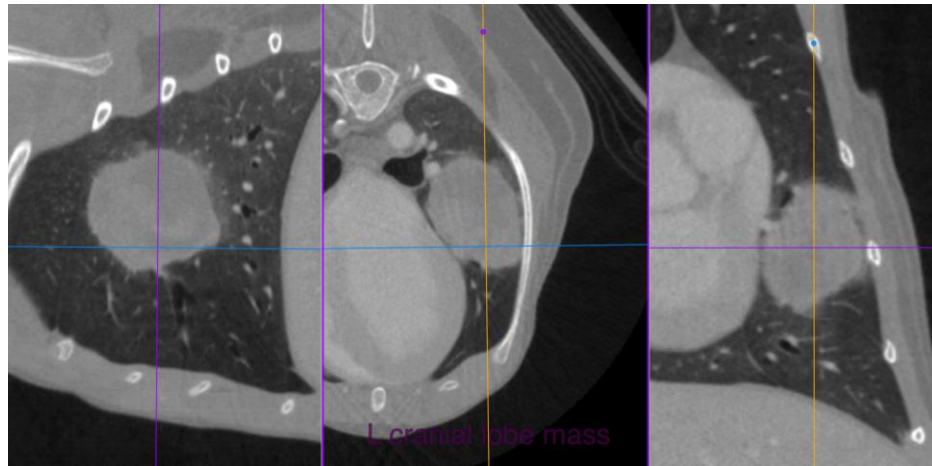
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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