



**PATIENT**

Miso Lin

**PRESENTING CLINICAL SIGNS**

heart murmur appreciated today 3/6. P was here for surgery but postponed due to suspect mass in lung field

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX**

Right/left lateral and ventrodorsal views of the thorax totaling 4 images available for review.

**BREED**

Shih Tzu

**RADIOGRAPHIC FINDINGS**

A small ventral thoracic wall lipoma is seen ventral to the 2<sup>nd</sup> – 4<sup>th</sup> sternebrae.

**SEX**

FS

The degree of pulmonary inflation varies between fair to moderate on the available images. An approximately 3 cm sized ovoid soft tissue opaque mass effect is seen in the medial contour of the left cranial lung lobe. The remainder of the lung parenchyma presents within age related normal limits.

**AGE**

12 Years

The cardiac silhouette presents within normal limits. No specific chamber enlargement can be identified. The vertebral heart score is 10. There is no evidence of a vascular lung pattern.

Course and width of the trachea are considered within normal limits.

The patient is mildly obese.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Single pulmonary mass within the left cranial lung lobe.
- Normal radiographic presentation of the cardiac silhouette.
- Ventral thoracic wall lipoma.

**HOSPITAL NAME**

Green Dog Dental and  
Wellness

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study confirms the suspicion of a soft tissue mass effect within the left cranial lung lobe. Differential diagnosis includes primary neoplasia of the lung such as carcinoma, secondary neoplasia of the lung such as sarcoma, round cell neoplasia, or metastases of an undetermined primary tumor. Further definition by means of ultrasound guided fine needle aspiration could be attempted using a left cranial parasternal intercostal approach or an approach through the cranial thoracic aperture after positioning the patient in left lateral recumbent position for a few minutes, which should usually allow to visualize and aspirate the lesion underneath the aerated overlying parenchyma.

**REFERRING VET**

Habawel

**INVOICE**

56423

No additional nodules or masses are seen.

**DATE**

1-28-23

A cardiac murmur is reported in the patient history. No overall or specific chamber enlargement of the heart is enlarged at this point, which does not rule out hemodynamically significant cardiac pathology entirely. However, significant volume overload or congestive heart failure are not likely an issue at this point.



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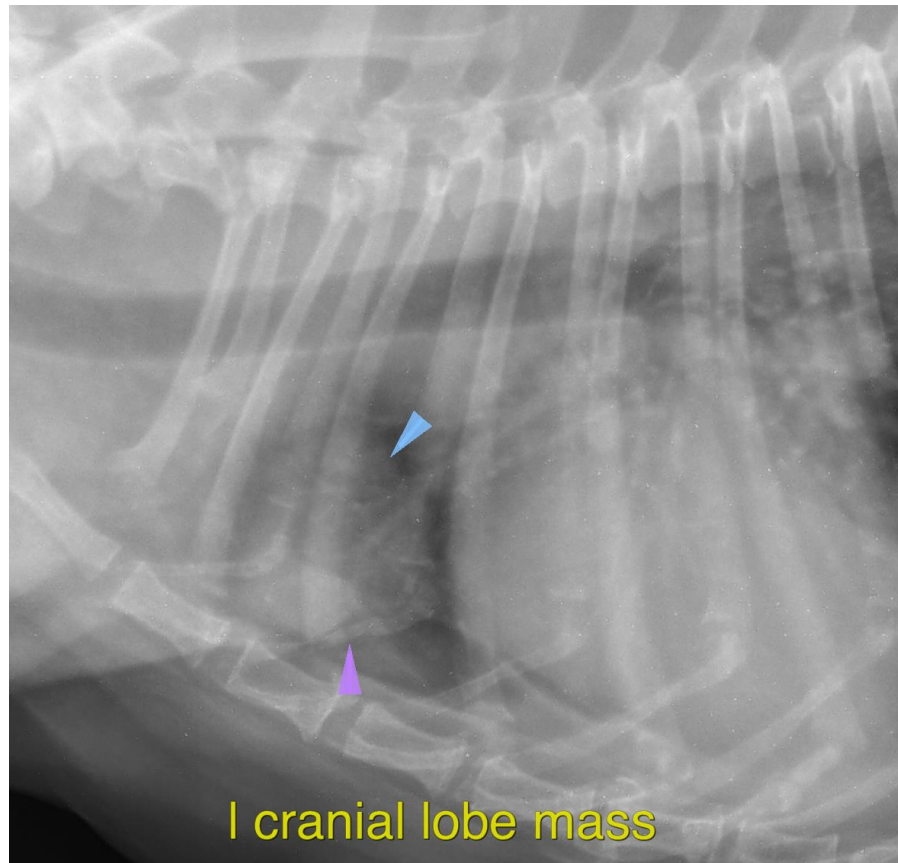
FS

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I cranial lobe mass

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

**REFERRING VET**

Habawel

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

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