



## PATIENT

Lola Navarro

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Female spayed

## AGE

12Y

## WEIGHT

15lbs

## 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

73545

## DATE

1-29-26

## PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- Coughing with blood
- Please list any current medications
- Sucralfate 1Gram: 1/2 tablet PO TID
- Amoxi/Clav 125mg: 1 PO BID
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- N/A

Abnormal PE/Chem/CBC/UA Results: BAR, mm pink. 2/6 Heart murmur.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The CT study shows a lobar mass of the left cranial lung lobe occupying and expanding the cranial subsegment of the left cranial lung lobe and measuring approximately 5 x 4.5 x 2.5 cm. The mass demonstrates heterogeneous contrast enhancement, bronchial compression, intraparenchymal mineralizations, and mass effect.

The left caudal lung lobe reveals a small 3mm sized parenchyma bulla and is otherwise unremarkable. No other pulmonary nodules or masses are seen.

The cranial mediastinal lymph nodes are mildly enlarged. The tracheobronchial lymph nodes present within normal limits.

No evidence of pleural effusion or pneumothorax is seen.

Small gallbladder and renal calculi are seen in the included cranial abdomen.

Mild mid thoracic spondyloses are present.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large solitary lobar pulmonary mass in the cranial subsegment of the left cranial lung lobe: highly suspicious for primary pulmonary neoplasia.
- Mild cranial mediastinal lymphadenopathy: possibly reactive or less likely metastatic.
- Small pulmonary bulla in the left caudal lung lobe: likely incidental.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The mass size and morphology are most consistent with a pulmonary neoplasia such as bronchial or alveolar carcinoma. Secondary neoplasia, lobar granuloma, and lobar pneumonia cannot be completely excluded but are considered by far less likely. Hemoptysis is likely due to vascular invasion or necrosis within the lesion. There is no evidence of widespread intrapulmonary metastasis though micrometastasis cannot be excluded.



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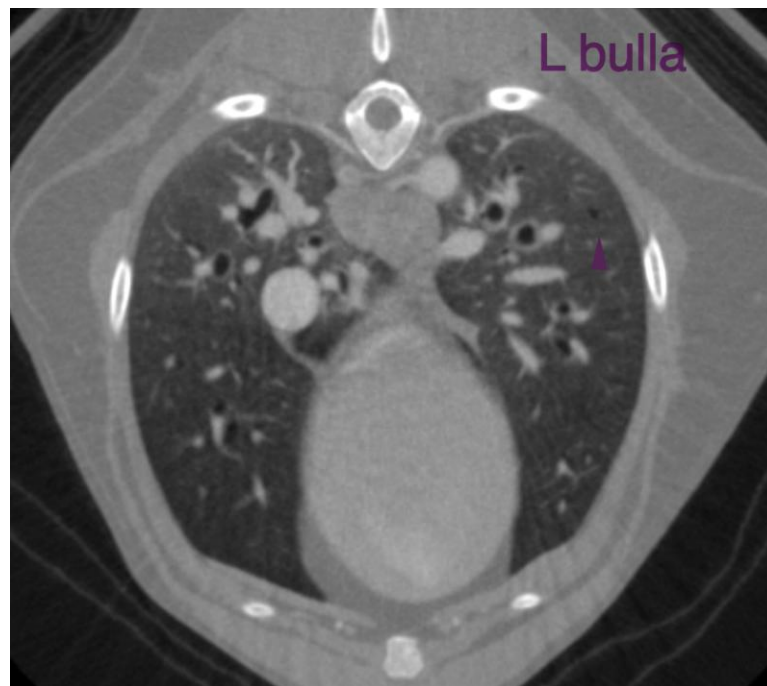
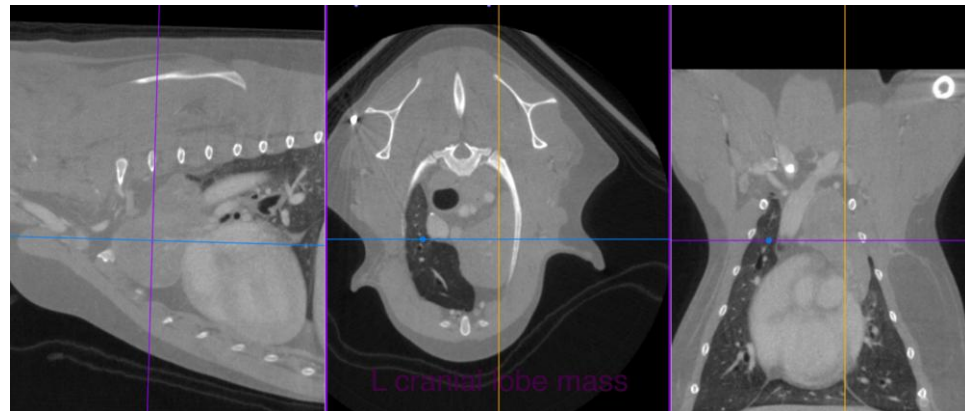
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The mild enlargement of the cranial mediastinal lymph nodes may represent reactive or less likely metastatic change.

CT or ultrasound guided biopsy or surgical excision of the lobar mass can be considered for definitive diagnosis.





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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.

**BREED**

Chihuahua

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