



PATIENT

Atlas Astley

SPECIES

Canine

BREED

Tibetan Mastiff

SEX

Male

AGE

8M

WEIGHT

35kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Blackwell

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

73232

DATE

1-9-26

PRESENTING CLINICAL SIGNS

started several weeks ago - coughing and vomiting. now reduced appetite, losing weight and diarrhoea. chest ausc nad coughed in consult multiple nodules in lungs as well as multifocal alveolar lung pattern on xray CT and BAL performed

Abnormal PE/Chem/CBC/UA Results: MPV 13.3 Monocytes 1.77

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The pulmonary parenchyma presents multiple well to ill-defined pulmonary nodules and masses measuring up to 3.5 cm diameter distributed in both right and left lungs with caudal accentuation. The masses are associated with multifocal alveolar infiltrates.

The thoracic and mediastinal lymph nodes are normal in size and morphology.

The heart and great vessels are normal in size and shape with no evidence of significant cardiomegaly or structural changes.

A small thymic remnant is noted in the cranial mediastinum and is appropriate for age.

No significant pleural effusion is present.

The trachea and major bronchi present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal pneumopathy with bilateral nodules and masses with and without regional alveolar infiltrates.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals multifocal bilateral interstitial pulmonary nodules and masses accompanied by regional alveolar infiltrates. Main considerations based on the patient's age, breed, and geographic location include infectious pneumonia such as fungal and less likely bacterial, neoplastic, and granulomatous disease. Primary pulmonary neoplasia is very uncommon in puppies, however, round cell neoplasia and metastatic disease from embryonal tumors cannot be ruled out entirely. Parasitic nodules are uncommon for such large nodules but possible in young immune suppressed animals. Overall, infectious or inflammatory etiologies are most probable.

Review of BAL, cytology, and culture results are recommended. Consider fungal PCR or antigen testing if BAL is inconclusive. Direct ultrasound guided sampling of peripherally located nodules may be superior to BAL.



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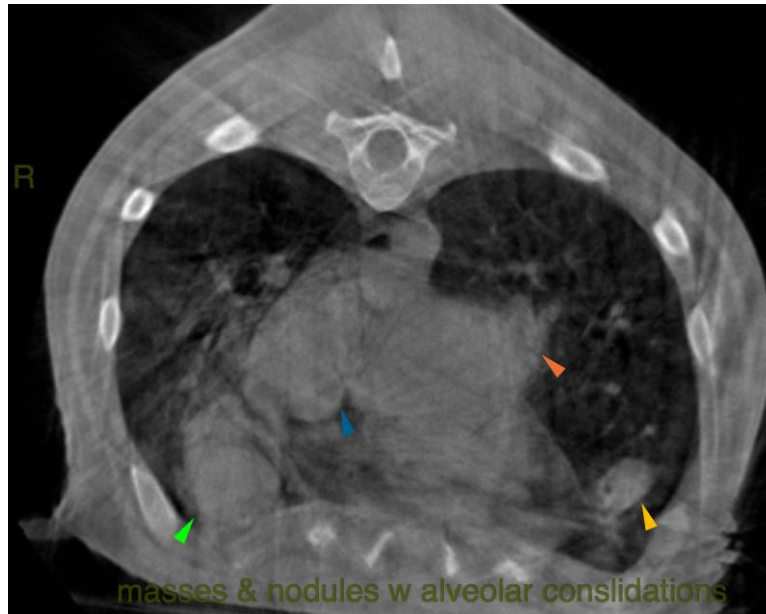
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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