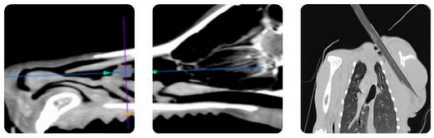

PATIENT

Arlo Rivera

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

5Y, 9M

WEIGHT

45.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Magdiel N.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha Parkinson

INVOICE

72584

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Historically diagnosed with Valley Fever, recent titer at 1:16 but had rebounded from 1:16 to 1:64 previously. On 9mg/kg BID fluconazole and Denamarin for recent elevated ALT values (normal to 121, at 172). Earlier this week MSU endocrine testing r/o hyperthyroidism for heavy breathing and weight gain. Eupneic on exam, but Owner notes abdominal effort at home when having issues. Radiographs performed on 11/08/2025 noted a tracheal mass.
Abnormal PE/Chem/CBC/UA Results: Clear BV sound with increased noise noted around trachea. ALT 222 U/L. ALP 304 U/L.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Assessment in general is slightly limited owing to the presence of multifocal photon starvation artifacts.

The patient's body condition score is elevated.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Two mural tracheal masses are present near the thoracic inlet. The more cranial smaller lesion is situated in the left lateral wall measuring approximately 8 x 12mm in size. The larger, more caudally located mass is in the dorsal tracheal wall and measures approximately 30 x 20mm. Both masses are soft tissue attenuating, irregular in shape, and ill-defined, and present moderate nonuniform contrast enhancement. The larger dorsal lesion causes mild to moderate luminal narrowing. No evidence of mineralization or extension to adjacent mediastinal structures is seen.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior. No evidence of pulmonary masses or nodules.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Mild multifocal thoracolumbar spondyloses are noted.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

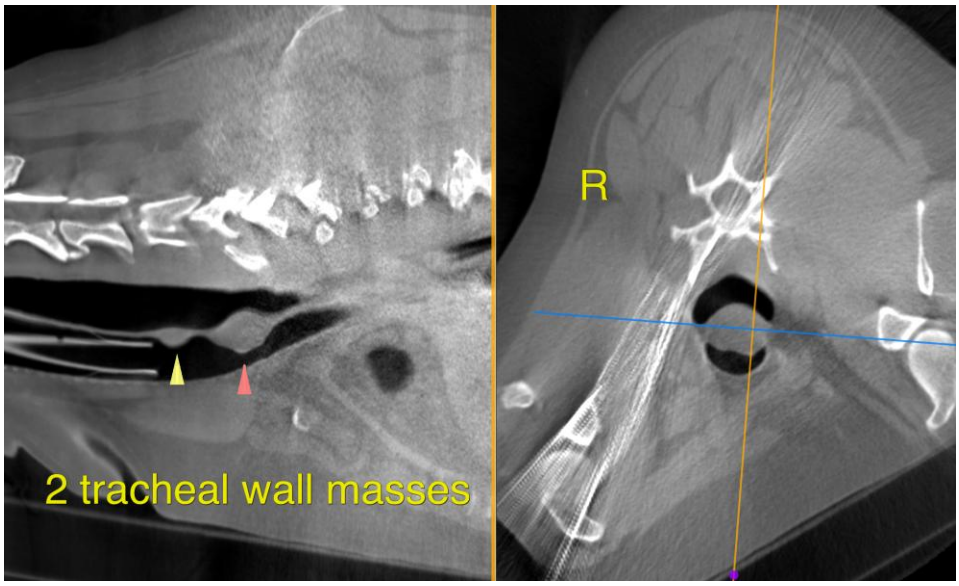
The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Two tracheal wall masses at the thoracic inlet, larger caudally positioned mass in dorsal wall and smaller more cranially positioned mass in lateral wall causing partial luminal narrowing.
- No evidence of intrathoracic or abdominal metastatic disease.
- Thoracolumbar spondyloses.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with primary tracheal wall masses. Differential diagnosis includes adenoma, carcinoma, and less likely chondroma or chondrosarcoma as well as granulomatous inflammation with fungal involvement such as coccidioidomycosis. Airway endoscopy with biopsy is recommended for a definitive diagnosis and further management planning if not performed already.



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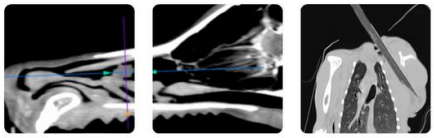

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com