



PATIENT

Lola Leigh

SPECIES

Canine

BREED

Golden Retriever

SEX

SF

AGE

8Y

WEIGHT

63.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno (CVT)
- CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. J.L. Ferrer, DVM/Dr. A.
Torres, DVM, DACVIM
(SAIM)

INVOICE

72620

DATE

11-13-25

PRESENTING CLINICAL SIGNS

11/4/2025: Presents for a recheck of respiratory issues that improved on antibiotics but did not resolve. The family is concerned now that Lola seems to be lost, she is confused, lethargic, does not want to walk, sleeps all the time. She is eating well but they have to mask the food to make her eat more. She has slowed down on her walks. Discussed with owners in room that ultimately if intracranial disease is to be ruled out she will need a CT and possible CSF tap. Can look for other causes such as hypertension, proteinuria, hypothyroidism, obvious abdominal neoplasia. 9/24/2025: Lola presents for evaluation of reverse sneezing after a bout of Mycoplasma. On July 16 this year she had a dry hacking cough. She was treated with Prednisone/Doxycycline, this helped but did not solve the issue. She was then treated with Clavamox, Theophylline, guaifenesin/dextrometorphan, this did not help much. They do a PCR in August and she was positive for Mycoplasma. She was treated with Doxycycline and Amoxicillin and in August 21. Eventually the cough was gone but she still has some heavy breathing events and she has reverse sneezing events. Not on any medications Radiographs 8/20 Potential diffuse interstitial pneumonia with right middle lung lobe focal ventral pocket of aspiration pneumonia/bronchopneumonia. Adjacent pleural thickening/inflammation. Further diagnostic information may rely upon performing a TW/BAL with cytology (+/- culture/sensitivity) or PCR respiratory panel.

Abnormal PE/Chem/CBC/UA Results: CBC --- PLT mild decreased (140) CHEM --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, ABDOMEN, & THORACOLUMBAR SPINE

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

There is a large, irregular shaped, extraaxial, suprasellar mass measuring approximately 18 x 20 x 25mm. The mass demonstrates strong enhancement and irregular margins with extensive parasellar extension. The associated regional mass effect is severe and involves the optic chiasm, thalamus, and hypothalamus.

The nasal cavities and upper airways are unremarkable.

Thyroid glands appear unremarkable.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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 aspiration pneumonia, pulmonary interstitial nodules, or bronchopneumonia is seen.



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

Abdomen

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

There are multiple cortical renal infarcts.

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

Small faintly hyperenhancing splenic nodules are present.

The liver presents 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.

Spine

Moderate degenerative lumbosacral stenosis with intervertebral disc protrusion is noted.

Mild bilateral hip dysplasia with coxofemoral joint osteoarthritis is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large extraaxial suprasellar mass with parasellar extension and strong contrast enhancement.
- Regional mass effect.
- Splenic nodules.
- Bilateral cortical renal infarcts – incidental.
- Mild hip dysplasia with osteoarthritis.
- Lungs and airways normal.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The suprasellar mass is the most clinically significant finding and correlates with the patient's neurological signs. Differential diagnosis includes pituitary neoplasia, in particular adenocarcinoma of the pituitary gland, however, round cell neoplasia and meningioma are possible differential diagnoses. Pituitary adenoma is considered less likely based on the CT presentation.

The splenic nodules are likely benign representing lymphoid hyperplasia or extramedullary hematopoiesis.

The renal changes are considered degenerative and within age related normal limits.

Consider neurology/ neurosurgery consultation for further management of the extraaxial intracranial mass in the suprasellar region.



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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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