



PATIENT

Bentley Martin

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

14Y

WEIGHT

15lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Imperial Point Animal
Hospital

REFERRING VET

Dr. Edelson

INVOICE

72821

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Hx papillary pulmonary carcinoma, previous intrathoracic mass resection. Hx Pulmonary hypertension CT scan to evaluate for possible cranial mediastinal mass noted on radiographs and reoccurrence of previous neoplasia.

Abnormal PE/Chem/CBC/UA Results: Rad report - Mediastinum: Progressive, ill-defined, round soft tissue opaque mass the ventral aspect of the third intercostal space, measuring the width of the intercostal space, best appreciated on the right lateral projection, with associated mild progressive, widening of the cranial mediastinum and static right-sided deviation of the trachea on the ventrodorsal projection. The appearance of the cranial mediastinum with presence of progressive soft tissue opacity, is concerning for presence of cranial mediastinal mass. Consider reactive lymphadenopathy, lymphoma/lymphoma, histiocytic sarcoma. Normal mediastinal fat deposition is a lesser consideration.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A small intramuscular lipoma is seen in the right pectoralis muscle.

The patient has a history of lobectomy of the right cranial lung lobe because of a pulmonary carcinoma.

Previous right lung lobectomy is visualized. Surgical staple clips present at the resection site. There is no evidence of a recurring pulmonary mass or nodule.

Mild bilaterally symmetric pleural effusion is noted with mild lobar collapse and associated pleural thickening.

A small soft tissue structure is observed in the cranial mediastinum adjacent to the surgical site. No discrete mass lesion is identified.

No significant lymphadenopathy is detected in cranial or sternal mediastinal lymph nodes. The tracheobronchial lymph nodes present within normal limits as well.

Degenerative changes are noted in both kidneys such as small cortical renal cysts and infarcts.

Multiple faintly hyperenhancing splenic nodules are present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Post-surgical thoracic changes following right lung lobectomy.
- Mild bilaterally symmetric pleural effusion with mild lobar collapse and pleural thickening.
- Small cranial mediastinal soft tissue structure without evidence of discrete nodule or mass.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The cranial mediastinal opacity seen previously on radiographs is likely related to post-surgical soft tissue and staple artifacts rather than recurrent neoplasia. No discrete mediastinal mass or nodule is identified on CT and the mediastinal lymph nodes appear within normal limits.

Lobar collapse is consistent with mild pleural effusion. Differential diagnosis includes transudate, modified transudate, and exudate. Further definition by means of aspiration and analysis of the pleural



PATIENT

Bentley Martin

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

14Y

WEIGHT

15lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Imperial Point Animal
Hospital

REFERRING VET

Dr. Edelson

INVOICE

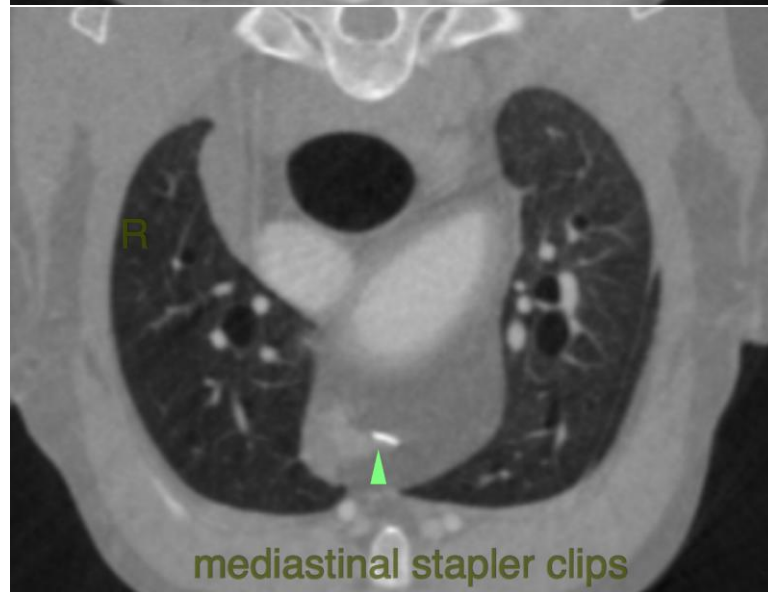
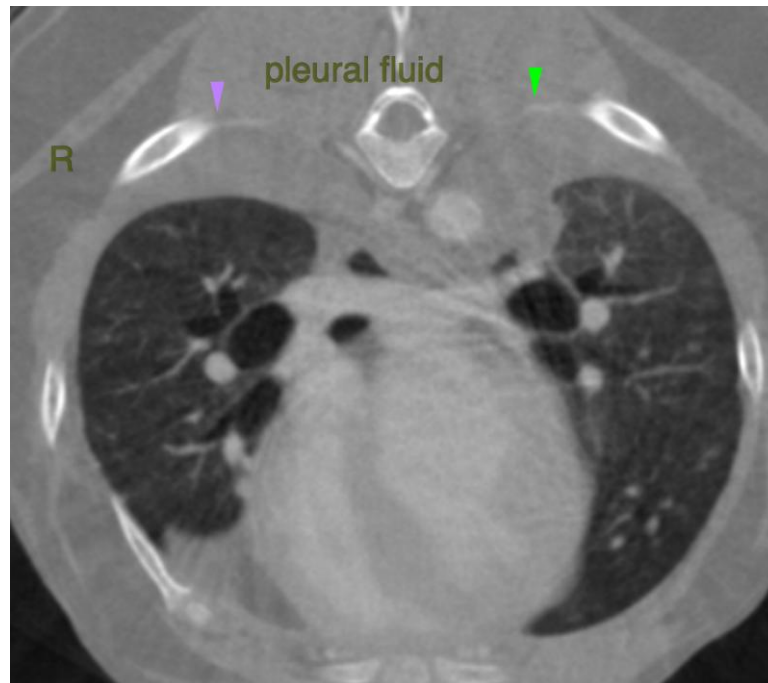
72821

DATE

12-2-25

fluid is recommended if not performed already.

Evidence of a regrowing pulmonary mass is not seen at this point.





PATIENT

Bentley Martin

SPECIES

Canine

BREED

Maltese Mix

SEX

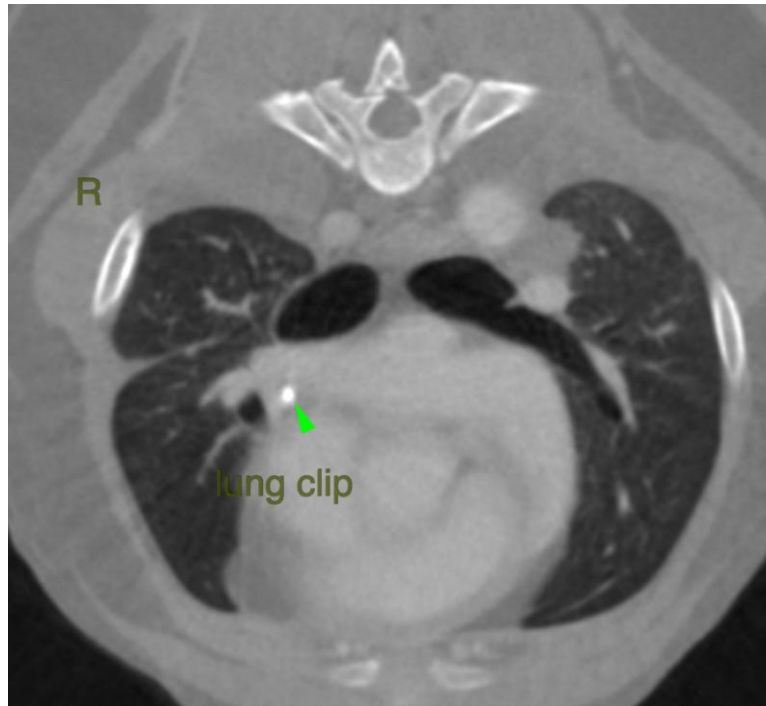
MN

AGE

14Y

WEIGHT

15lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Imperial Point Animal
Hospital

REFERRING VET

Dr. Edelson

INVOICE

72821

DATE

12-2-25

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