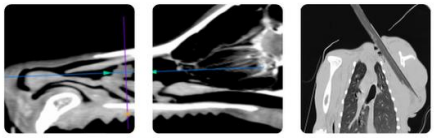

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Deci Barr

SPECIES

Canine

BREED

Rat Terrier

SEX

FS

AGE

12Y, 6M

WEIGHT

7.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Pet Emergency & Referral Center - NVA

REFERRING VET

Kara L Fiore

INVOICE

73793

DATE

2-16-26

PRESENTING CLINICAL SIGNS

Owner reported vomiting with a small amount of blood Wednesday, which prompted chest radiographs, which revealed a pulmonary mass. Owners report slight increase in wheezing and labored breathing mostly at night since the summer. Due to positioning, a piece of the lung was missing from the original post contrast scan, a second post contrast scan was taken, however, positioning of fluid bag occurred mid scan leading to movement in the second thoracic series. Please note location of mass and resectability.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals a single, large, irregularly shaped, soft tissue attenuating mass in the accessory lung lobe. The mass measurements are approximately 4 x 3.7 x 3.3 cm. The lesion demonstrates nonuniform contrast enhancement and mass effect on the lobar bronchi, caudal vena cava, and adjacent esophagus. No clear evidence of vascular invasion is identified on CT. No additional pulmonary nodules or masses are detected.

The tracheobronchial and mediastinal lymph nodes are within normal size and appearance.

The mediastinal structures are unremarkable. There is no evidence of pleural effusion. The heart and major vessels present within normal limits. The trachea and mainstem bronchi are patent and normally positioned.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary accessory lung lobe mass meeting neoplastic criteria.
- No CT evidence of metastatic pulmonary disease or thoracic lymph node involvement.
- No definitive signs of vascular invasion.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a solitary soft tissue mass in the accessory lung lobe. Imaging features are most consistent with primary pulmonary neoplasia such as pulmonary carcinoma. Differential diagnoses such as granuloma, lobar pneumonia, and less common, neoplasia, are considered less likely given the size, enhancement pattern, and solitary presentation. Favorable features for surgical excision include the solitary character of the lesion confined to a single lung lobe (accessory lobe). No additional nodules are identified. There is no detectable lymphadenopathy, no pleural effusion, or thoracic dissemination. The major vessels are displaced rather than clearly invaded. Close relationship to the caudal vena cava and esophagus will require careful dissection.

PATIENT

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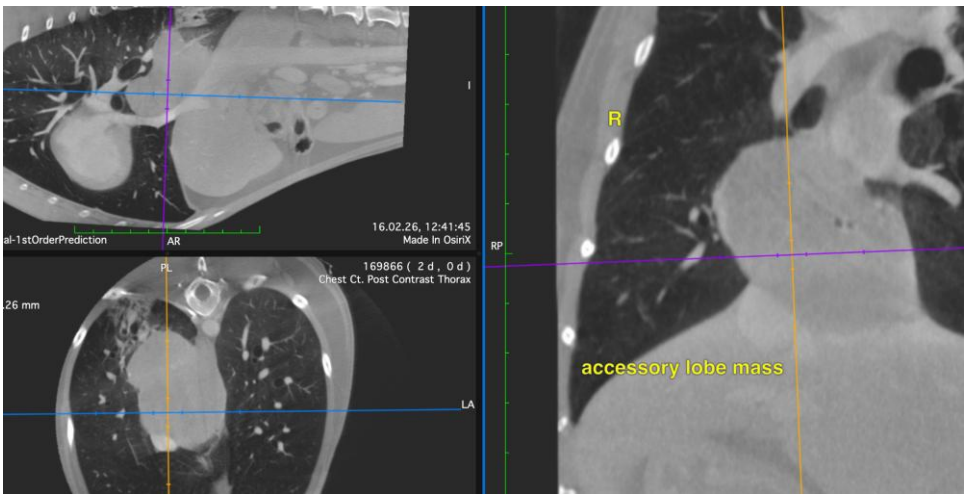

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
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