



## PATIENT

Bella Martinez

## SPECIES

Canine

## BREED

American Bulldog Bully

## SEX

FS

## AGE

9Y, 6M

## WEIGHT

33lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Monika Salgado

## HOSPITAL NAME

Westchester Animal  
Hospital

## REFERRING VET

Randy Dominguez

## INVOICE

73827

## DATE

2-18-26

## PRESENTING CLINICAL SIGNS

- The pet has history of Pulmonary adenocarcinoma, acinar subtype(11/12/2025).Apocrine adenocarcinoma(caudal to the right thigh on 11/21/2025).
- two skin tumors : One mediu sized growth caudal to the left thigh another large sized tumor on shoulders blade region( Apocrine adenocarcinoma).
- The pet also has been crying from pain on left rear leg after jumping from a truck, the pet is not weigh bearing from left posterior extremity. Dog has been under gabapentin, tramadol, galliprant and NSAIDs with no improvement whatsoever. VD -rays revealed an avulsion fracture of the iliopsoas uscle insertion.

Abnormal PE/Chem/CBC/UA Results: Unremarkable

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, LUMBOSACRAL SPINE, PELVIS, & STIFLES

Plain studies available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

A 5 cm sized, ill-defined, soft tissue attenuating mass is seen within the right cranial lung lobe.

A 5 cm sized soft tissue mass with aggressive lysis of the left 4<sup>th</sup> and 5<sup>th</sup> ribs is seen in the left caudal hemithorax. The 5<sup>th</sup> rib shows a pathologic fracture.

No additional pulmonary nodules are identified.

The heart and mediastinum appear within normal limits.

### Lumbosacral Spine & Pelvis

Extensive aggressive osteolysis involving the left hemipelvis and left proximal femur is seen.

Moderate lumbosacral disc protrusion and spondylosis is present.

There is evidence of moderate muscle atrophy of the left hind limb.

An isolated ossicle of the left lesser trochanter is seen which is unlikely to be of clinical significance.

### Stifles

Bilateral history of tibial tuberosity transposition, which both appear healed, is noted.

Moderate osteoarthritis is present in both stifles.

No evidence of acute joint fracture or aggressive osteolysis is seen.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass in the right cranial lung lobe: metastatic or primary pulmonary tumor (history of pulmonary adenocarcinoma).
- Left caudal thoracic mass with rib involvement and pathologic fracture of the 5<sup>th</sup> left rib consistent with metastatic or primary bone invasive neoplasm.



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- Aggressive osteolysis of the left hemipelvis and left proximal femur associated with muscle atrophy: highly suspicious for osseous metastasis (likely from known apocrine adenocarcinoma or pulmonary carcinoma).
- Muscle atrophy of the left hind limb likely secondary to disuse.
- Bilateral moderate stifle osteoarthritis with history of tibial tuberosity transposition and isolated ossicle of the left lesser trochanter: both unlikely to be of current clinical significance.

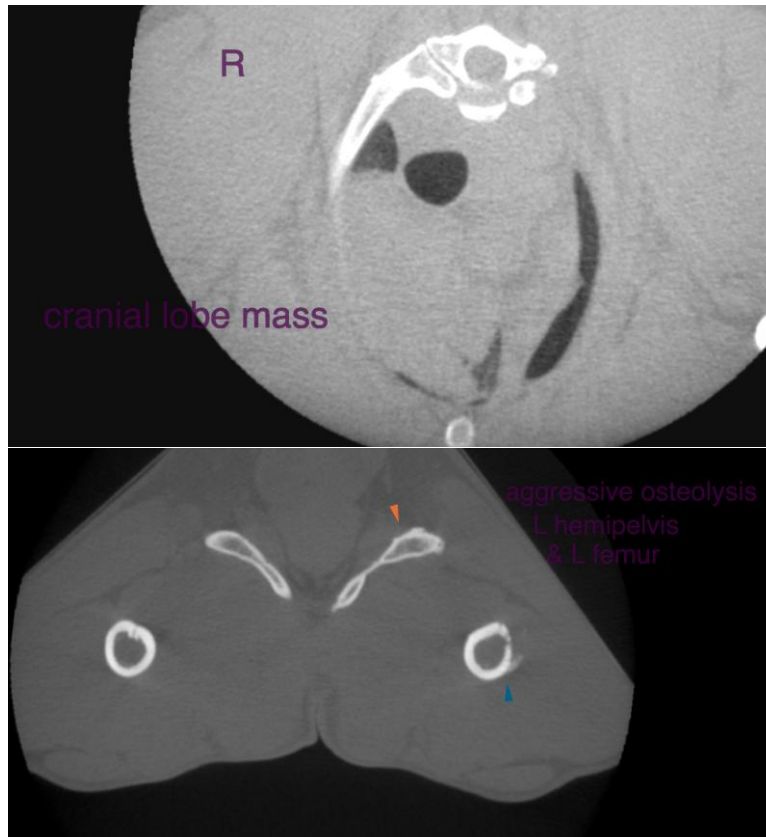
## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The combination of the pulmonary mass, thoracic mass with rib involvement, rib, pelvis, and femur osteolysis in this patient with known pulmonary and cutaneous adenocarcinoma is highly suggestive of progressive multicentric metastatic disease.

The muscle atrophy of the left hind limb is likely secondary to pain and disuse.

The moderate osteoarthritis of the right and left stifle and healed tibial tuberosity transposition are chronic and incidental findings not contributing significantly to the current non-weight bearing status.

Oncology consultation to evaluate options for systemic therapy such as chemotherapy and palliative care can be considered given the multifocal metastatic disease. The long term prognosis however is poor unfortunately.





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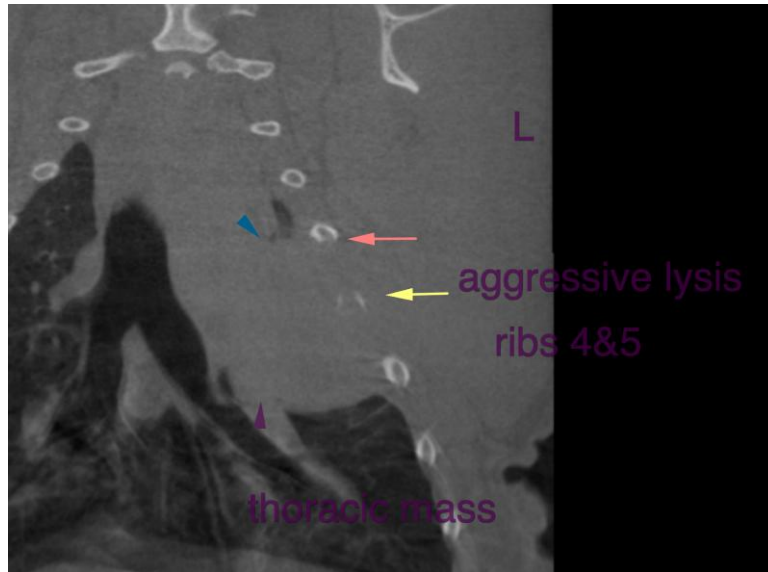
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
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