



PATIENT

Nala Carrady

SPECIES

Canine

BREED

Havanese

SEX

SF

AGE

13Y

WEIGHT

9.9lbs

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. E. Toro, DVM

INVOICE

73861

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- Patient is at home with three other dogs and two cats. No recent boarding. Travels to the Dominican Republic (La Romana) but on private jet, no commercial airlines., History (Nala is 13 years and 3-week-old female, spayed, white Havanese that weights 10.8lbs. Patient was first brought in mid-November (11-12) 2025 for acting weird at home and not feeling herself. She was eating and drinking normally. But had a few episodes of diarrhea and coughing/hacking. Bloodwork (Well17 and T4) were done. Patient was hospitalized. She had a bronchial wash sent out for culture and Xray's which showed a small mass-like round lesion on her lung as well as generalized congestion. Patient improved, cough diminished, energy returned, bloodwork stabilized (WBCs decreased), new Xray's showered improvement but mass-like lesion still obviously present. Patient sent home on Levothyroxine, Zeniquin, Vit B1, Vit B12, Vit B6, Iron Ferrous Gluconate, Folic Acid, Ursodiol and Denamarin S.
- Radiologists consult conclusions: Solitary right lateral lung mass.
- RECOMMENDATIONS: Further imaging, with either thoracic ultrasound or computed tomography imaging would be recommended to further characterize the internal architecture of the pulmonary mass and guide further diagnostic and therapeutic options. Ultrasound-guided sampling of the mass could be considered for cytopathological diagnosis.

Abnormal PE/Chem/CBC/UA Results: CBC --- RBC, Hematocrit, Hemoglobin and Eosinophils decreased; WBC (22.53), Neutrophils, Monocytes, and MPV elevated. CHEM --- Elevated ALT, ALP, and GGT; everything else WNL T4 - 1.2

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A solitary 20 x 16 mm sized soft tissue attenuating mass is seen in the right caudal lung lobe. The mass presents heterogeneous contrast enhancement and is located at the cranial border of the right caudal lung lobe. The mass is directly beneath the visceral pleura. No additional pulmonary nodules are seen.

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.

Abdomen

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

Small cortical renal cysts are seen bilaterally.

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

Multiple small splenic nodules are present throughout the splenic parenchyma with variable enhancement patterns.



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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.

The bony and surrounding soft tissue structures reveal no abnormalities.

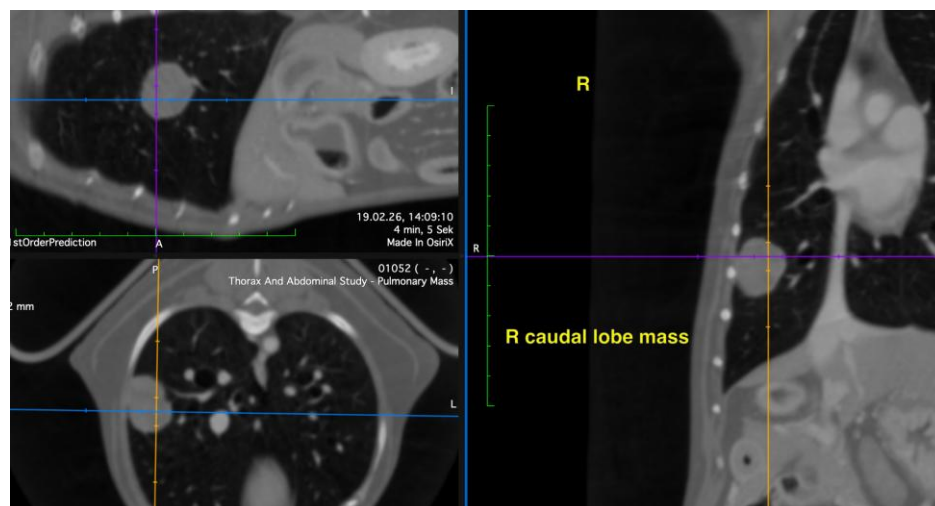
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary right caudal lung lobe mass
- Splenic nodules
- Bilateral renal cortical cysts - incidental.
- No evidence of generalized metastatic disease noted.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a solitary right caudal lung lobe mass meeting neoplastic criteria. Primary pulmonary neoplasia such as bronchial carcinoma is considered by far most likely. Metastatic neoplasia and granuloma cannot be ruled out entirely but are considered by far less likely. The mass is amenable to ultrasound guided sampling using the intercostal window of the 7th intercostal space. However, since this is a solitary mass, immediate lung lobectomy with consecutive histopathologic examination could be considered as well.

The splenic nodules are likely to represent benign lymphoid hyperplasia or extramedullary hematopoiesis rather than metastatic disease or other neoplasia. Ultrasound guided FNA could be considered to further define.





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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.

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