



## PATIENT

Boone Breon

## SPECIES

Canine

## BREED

Pointer Mix

## SEX

Male Neutered

## AGE

7Y, 1M

## WEIGHT

19kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mountain West  
Veterinary Specialists

## HOSPITAL NAME

Mountain West  
Veterinary Specialists

## REFERRING VET

Melanie Thompson

## INVOICE

74329

## DATE

3-24-26

## PRESENTING CLINICAL SIGNS

- Possible Prostate cancer - Met check
- The dog has had hind left limb amputated in the past.
- Was previously shot many times with BB gun. Has many retained BB's

## RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

## RADIOGRAPHIC FINDINGS

Complete lobar opacification of the right middle lung lobe consistent with lobar sign is seen. No evidence of volume loss or mediastinal shift is noted. The opacification may extend partially into the accessory or right caudal lung lobe.

The heart and mediastinum present normal in size, shape, and position.

The trachea is normal for course and caliber.

Multiple thoracolumbar spondyloses are seen.

Multiple retained BB bullets are visible throughout the thoracic and thoracolumbar soft tissues.

## RADIOGRAPHIC DIAGNOSIS

- Right middle lung lobe consolidation with potential mass effect.
- Chronic thoracolumbar spondyloses.
- Retained BB bullets.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The complete opacification of the right middle lung lobe raises concern for a lobar mass lesion as it may produce local mass effect potentially impinging adjacent lobes. While pneumonia or atelectasis remain potential differential considerations, the appearance warrants further characterization, especially given the patient's history of possible prostate cancer.

Thoracic CT with contrast can be considered for definitive characterization of the right middle lung lobe opacity and evaluation for primary vs metastatic neoplasia and potential differential diagnoses. Thoracic ultrasound combined with ultrasound guided FNA or biopsy may be considered alternatively or after CT should this confirm a discrete mass and tissue diagnosis is needed.



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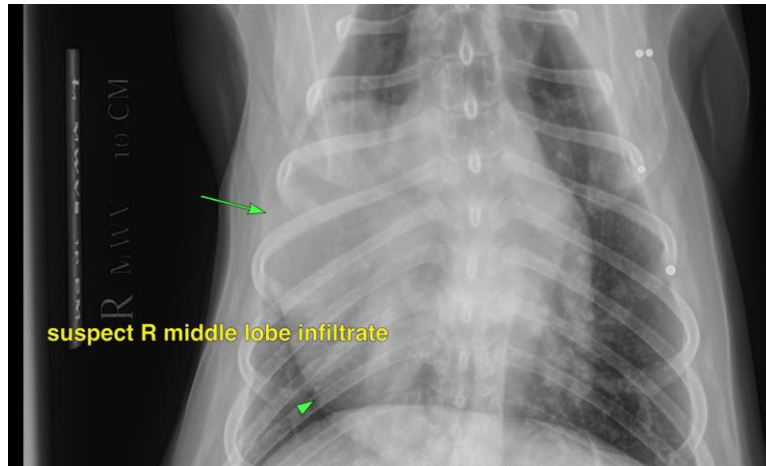
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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