



## PATIENT

Missy Daly

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

FS

## AGE

8Y

## WEIGHT

26.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kara

## HOSPITAL NAME

Pet Emergency &  
Referral Center - NVA

## REFERRING VET

Kara Fiore

## INVOICE

74090

## DATE

3-9-26

## PRESENTING CLINICAL SIGNS

- History of left fore digit 5 amputation for grade III soft tissue sarcoma in 2023, treated with post surgery RT. Rapidly growing, multilobulated mass, on the craniodistal left antebrachium/carpus noted in last 1-2 weeks, cytology consistent with rare spindle cells. Also recent onset cough, improved with clindamycin treatment.

Abnormal PE/Chem/CBC/UA Results: - 3/2/26 Thorax Radiographs CONCLUSIONS: 1. Interstitial to alveolar lung pattern, mid caudal lungs. In the absence of any respiratory signs, this could represent incidental atelectasis or pulmonary fibrosis. Pneumonia is not excluded. 2. There is concern for multiple pulmonary nodules, primary consideration for which is given to metastatic neoplasia. However, other differentials cannot be ruled out including incidental atelectasis, superposition of cutaneous/subcutaneous nodules.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

There are multiple small pulmonary nodules distributed throughout the right and left lung varying in size and soft tissue attenuation consistent with multifocal nodular pulmonary pattern. A dominant large pulmonary nodule measuring approximately 2.0 cm is present within the accessory lung lobe surrounded by regional ground glass opacity. There also is focal alveolar consolidation within the caudodorsal aspect of the right caudal lung lobe. Additional small pulmonary bullae are present scattered throughout both lungs.

The left axillary lymph node is severely enlarged, measuring 2.5 cm in diameter and demonstrates heterogeneous contrast enhancement.

The mediastinal lymph nodes are within normal limits.

There is no evidence of pleural effusion or pleural nodules.

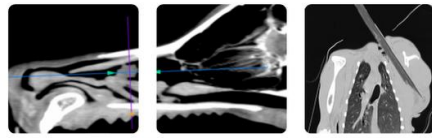
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple pulmonary nodules throughout both lungs consistent with pulmonary metastatic disease.
- Dominant 2.0 cm sized pulmonary nodule within the accessory lung lobe with surrounding ground glass opacity.
- Focal alveolar consolidation right caudal lung lobe.
- Severe left axillary lymphadenomegaly – highly suspicious for metastatic involvement.
- Scattered pulmonary bullae within both lungs.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of grade III soft tissue sarcoma, the presence of multiple pulmonary nodules is highly suspicious for metastatic pulmonary disease. The dominant pulmonary nodule within the accessory lobe likely represents a larger metastatic focus. The surrounding ground glass opacity could represent perilesional hemorrhage, inflammation, or reactive change.

The severely enlarged left axillary lymph node is concerning for regional metastatic spread particularly given the location of the previously amputated digit and the recently identified antebrachial mass.



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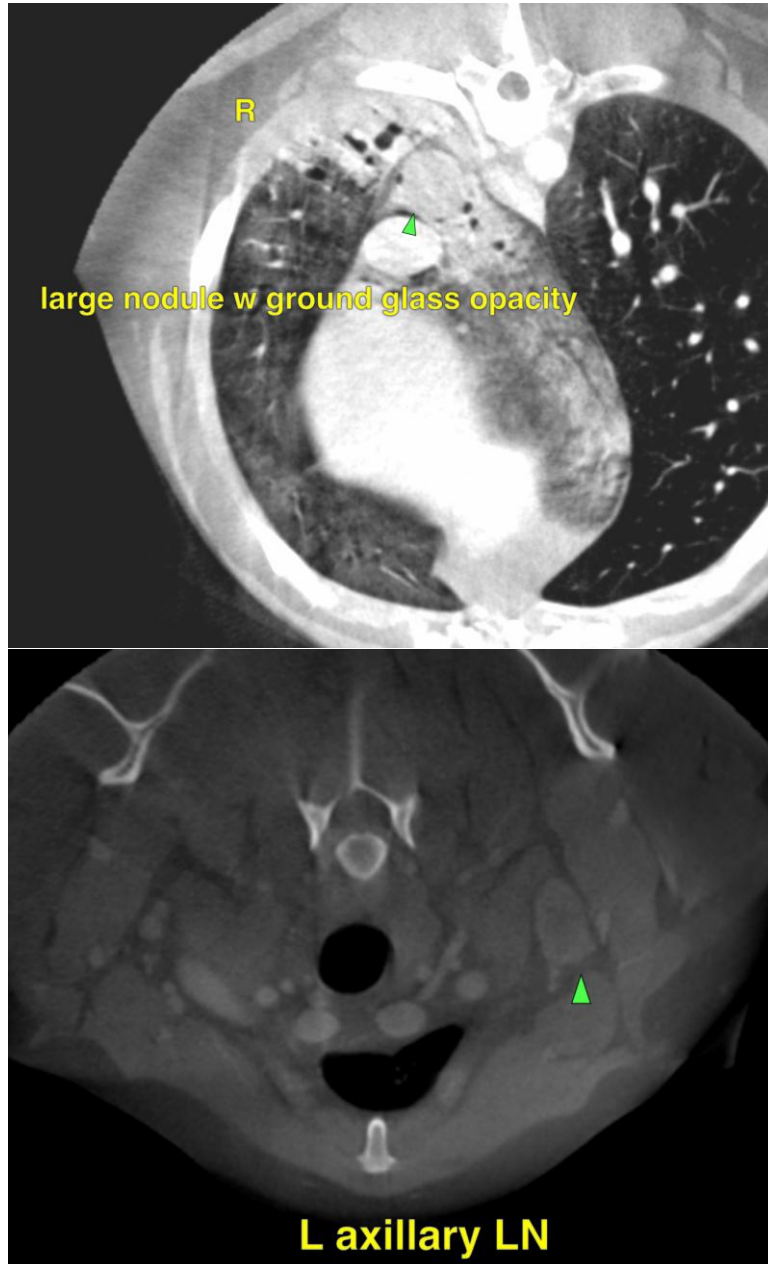
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FNA or biopsy of the enlarged left axillary lymph node could be performed to confirm metastatic involvement.

The pulmonary nodules are unfortunately not readily accessible for ultrasound guided FNA. Endoscopy with bronchoalveolar lavage could be attempted in order to establish a diagnosis. However, the diagnostic yield and sensitivity of the procedure to detect metastatic disease is unfortunately low.





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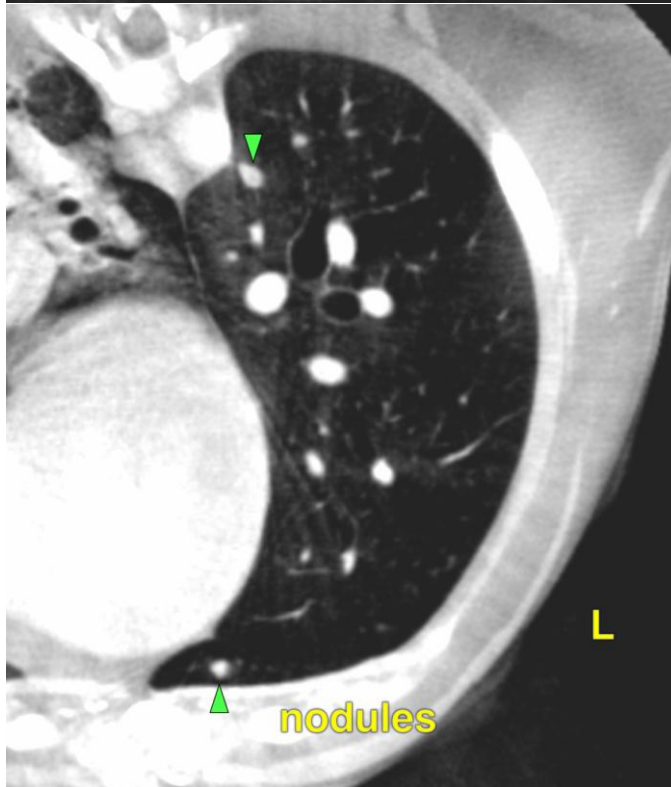
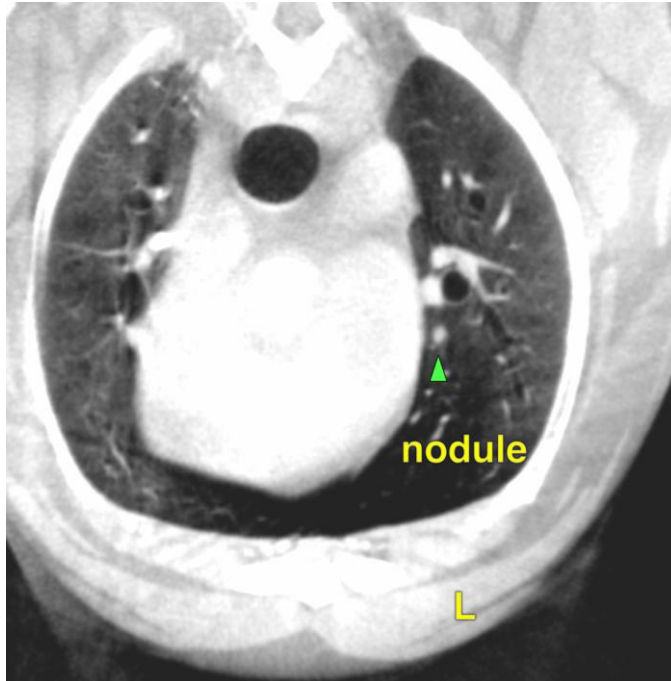
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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