



PATIENT PRESENTING CLINICAL SIGNS

Coco Rivera P is a 4.5 years old FS goldendoodle. Coco has a hx of presumptive IMHA at 8 months of age. P had a blood transfusion in 2022 and was kept on oral pred along with cyclosporine for 1 year. Then was kept on cyclosporine only for another year. P has been off medications for almost two years now. P was also positive for HW at 10 months of age. P was not treated with immiticide since she was sick then but has been on Advantage Multi monthly and has been negative since 2023. P also has a hx of occasional vomit and diarrhea. Has been on HA purina veggie formula and wet HA chicken. Food has helped but will still get occasional GI upset. Recent GI endoscopy done on 4/30/26 and revealed gastritis and enteritis with biopsy and possible IBD. During the endoscope 3 sq growths were removed: left hip, right lateral thorax, and right medial thigh area. Biopsy the one on the thigh is a mast cell high grade, mitotic figure of 12, incompletely removed. P had a 2nd sx on 5/14/26 to remove better margins on the one on the thigh area. R/O mets on thoracic, LN involvement due to the mast cell (no enlargement noted during exam), involvement of the mast cell on the affected leg, and abdomen due to her chronic GI issues. P has appt with onco next week. 2nd biopsy is still pending.

SPECIES Canine

BREED Goldendoodle

SEX FS

Abnormal PE/Chem/CBC/UA Results: Normal CBC, Chem, T4, HW and UA as of 5/14/26 ALP was mildly elevated with GGT last month. Went on a course of ursodiol and BW done on 5/14/26 was all normal. Currently on benadryl 25mg PO q 12hrs. Pred was started on 5/14/26 at 10mg PO q 12hrs but it is currently at 10mg PO q 24hrs.

AGE COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN and PELVIC LIMBS

4yr Plain and post contrast studies are available for review.

INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS

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

THORAX

No evidence of interstitial pulmonary nodules or masses is seen.

HOSPITAL NAME

Mobile Pet Imaging

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.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

DATE

05/20/2026

ABDOMEN

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



PATIENT Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Coco Rivera

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

SPECIES Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Canine

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

BREED

Goldendoodle

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The medial iliac and hypogastric lymph nodes present within normal limits.

SEX

PELVIC LIMBS

FS

Within the proximal medial right thigh, there is extensive dermal and superficial subcutaneous thickening with irregularity of the skin surface. No discrete soft tissue mass is identified to definitively indicate measurable recurrent neoplasia. The adjacent musculature and deeper fascial planes are preserved without evidence of invasive deep soft tissue extension.

AGE

4yr

An additional small focal region of dermal thickening is present along the caudodorsal right flank. This site is anatomically separate from the known surgical regions, see image below.

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The right inguinal lymph node is mildly enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

HOSPITAL NAME

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- Postoperative dermal and superficial subcutaneous thickening within the proximal medial right thigh without discrete recurrent mass identified.
- Mild right inguinal lymphadenomegaly.
- Small separate focus of dermal thickening along the caudodorsal right flank.
- No CT evidence of pulmonary or abdominal metastatic disease.

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The extensive dermal thickening within the proximal medial right thigh region may represent a post-operative change, reactive inflammatory change, granulation tissue, fibrosis / scarring, residual microscopic neoplasia or early infiltrative tumor recurrence below CT resolution. Absence of a discrete enhancing mass is somewhat favorable, however a residual mast cell neoplasia cannot be excluded, particularly given the history of incomplete excision and high mitotic index.

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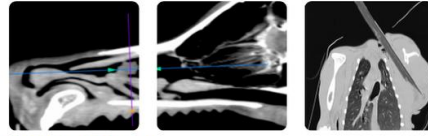
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The mildly enlarged right inguinal lymph node may be reactive or could represent early metastatic involvement. FNA may be considered for further definition.

The small separate focus of dermal thickening along the caudodorsal right flank is non-specific and



PATIENT

may represent benign inflammatory change, scar tissue, additional cutaneous lesion or unrelated dermal pathology. Correlation with physical examination and FNA are recommended.

Coco Rivera

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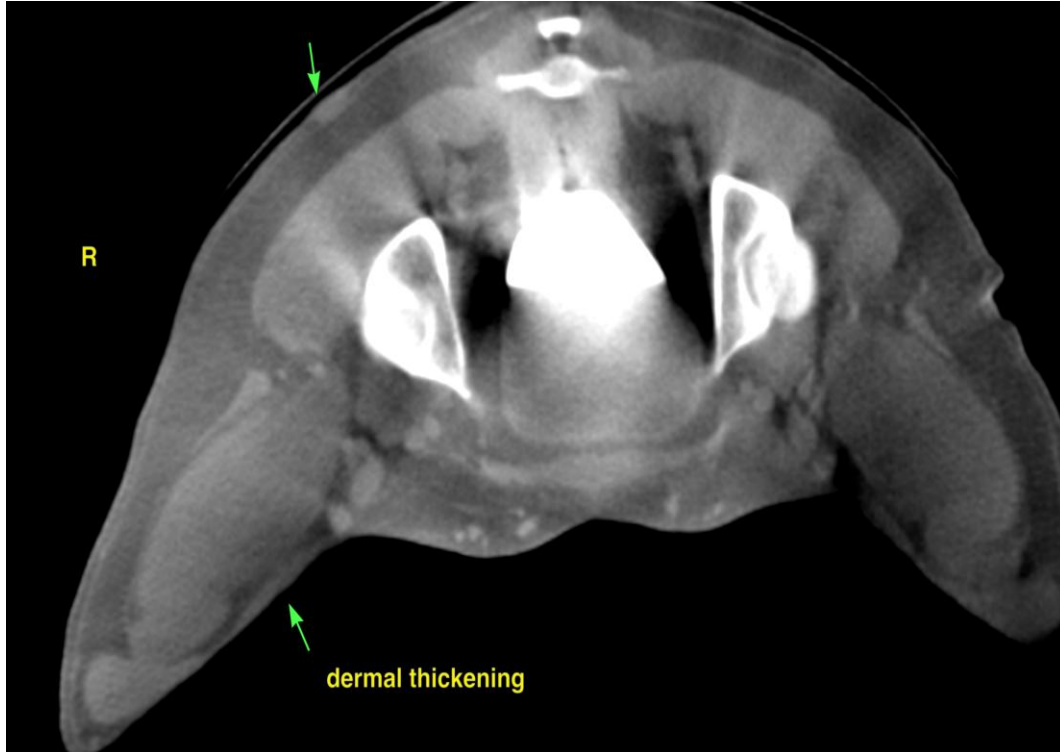
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AGE

4yr

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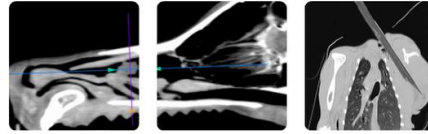
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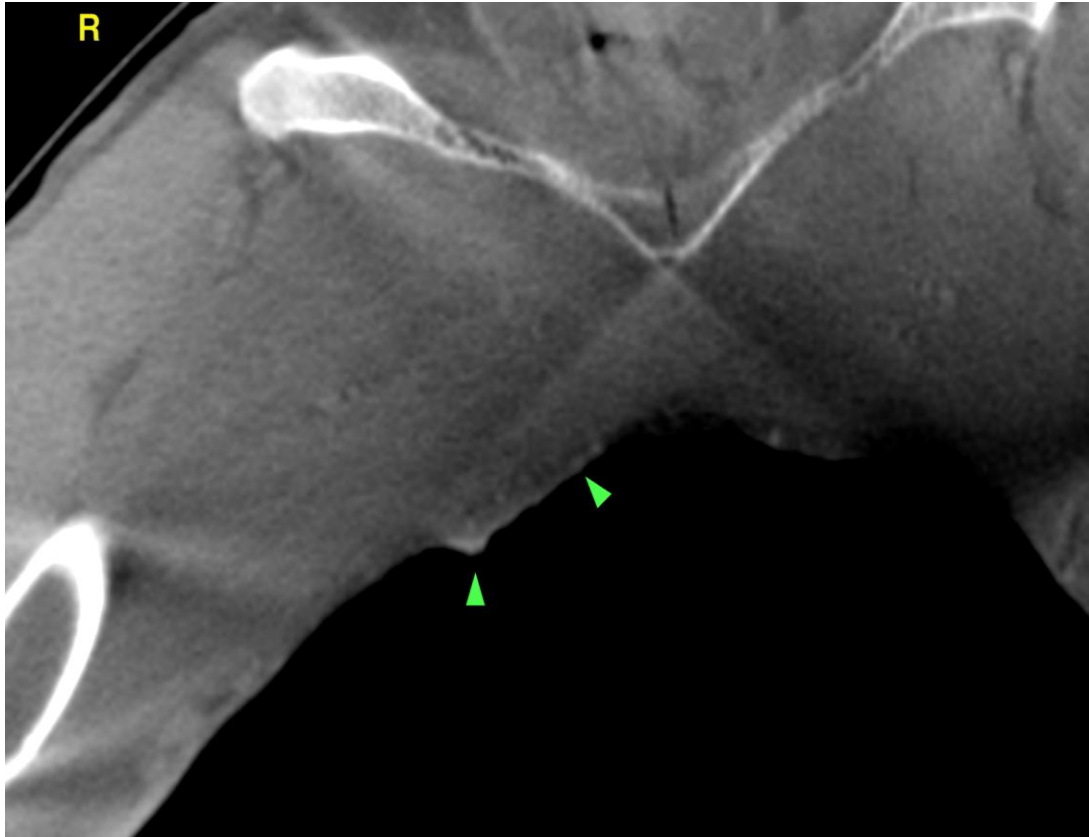
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Mobile Pet Imaging

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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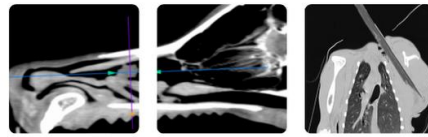
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