



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Cersei Oquist

**SPECIES**  
Canine

**BREED**  
Bull Mastiff

**SEX**  
FS

**AGE**  
8 Years

**INTERPRETED BY**  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**  
Pet Emergency & Referral Center - NVA

**REFERRING VET**  
Kara Fiore

**INVOICE**  
59858

**DATE**  
8-21-23

Pt was previously seen last year at another clinic for mass removal on the neck. A CT scan was done at that time and nodules were noted on the lungs. That mass was an abscess. Recently she had multiple skin masses removed. Radiographs were taken at that time and a lung mass was seen on the thoracic radiographs. An ultrasound was done and was normal. Aspirate of the lung mass came back as Histiocytic sarcoma.

Abnormal PE/Chem/CBC/UA Results: Mild SDMA elevation

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

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.

A 3.5 cm sized ovoid mass is seen in the ventral aspect of the right cranial lung lobe. The mass is in a peribronchial position. Internal air bronchogram is seen. Lesion margins are ill-defined. The contrast enhancement is nonuniform and moderate. The remainder of the lung presents no evidence of additional interstitial pulmonary nodules or masses.

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

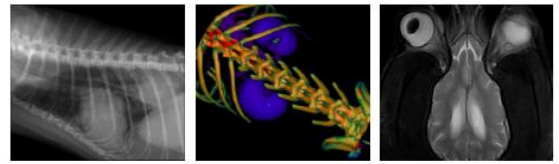
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single right cranial lobe interstitial soft tissue mass meeting neoplastic criteria.
- No evidence of mediastinal lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with the history of pulmonary histiocytic sarcoma. The position in the right cranial or middle lobes is relatively typical for round cell neoplasia and specifically for histiocytic sarcoma. The mass is in the ventral aspect of the right cranial lung lobe. The remainder of the lung presents within normal limits.

No evidence of concomitant mediastinal lymphadenomegaly is seen.



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

**HOSPITAL NAME**

Pet Emergency &  
Referral Center - NVA

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