



**PATIENT PRESENTING CLINICAL SIGNS**

**Bruno Vair**  
pulmonary mass btw the rt 6th and 5th ribs. Is the size of 1/2 rib space. Mod neurologic deficit to the left hind leg (decreased patellar reflex, but normal placing reflex), generalized muscle mass loss throughout entire body. Generalized limb weakness resulting in scuffing and knuckling of HL paws. Suspect Degenerative Cervical spinal cord disease - meningitis, autoimmune, or Histiocytic Sarcoma (hemophagic form?)

**SPECIES**

**Canine**  
Abnormal PE/Chem/CBC/UA Results: Ongoing mild hypoalbuminemia (26 g/L), increased ALP (318), increased glob (41 g/L), mod monocytosis (1.7). Mild increase in SDMA - 15. chronic mild non regenerative anemia (currently normal PCV - 40%)

**BREED**

**Bernese Mountain Dog**

**RADIOGRAPHIC STUDY OF THE THORAX**

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

**RADIOGRAPHIC FINDINGS**

**SEX**

There is a mild spondylosis deformans between T5 and T6.

**Male Neutered**

Mild esophageal aerophagia is noted.

**AGE**

**10 Years**

The cardiac silhouette is upright and thin and is elevated from the sternum. The caudal vena cava and pulmonary vasculature are thin as well.

A well delineated round soft tissue opaque nodule of 2.0 cm diameter is seen within the ventral and cranial aspect of the right caudal lung lobe. The remainder of the lung presents within age related normal limits.

**INTERPRETED BY**

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

No evidence of mediastinal lymphadenomegaly is noted.

**RADIOGRAPHIC DIAGNOSIS**

- Single interstitial pulmonary nodule within the right caudal lung lobe.
- Esophageal aerophagia - incidental.
- Spondylosis - incidental.
- Hypovolemia with microcardia and underperfusion of the lung.

**HOSPITAL NAME**

**River Valley  
Veterinary Wellness  
Clinic**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

**Jennifer Stelfox**

A single interstitial pulmonary nodule within the right lung is noted. The nodule is most likely situated within the cranioventral aspect of the right caudal lung lobe. No additional pulmonary nodules and no mediastinal lymphadenomegaly is seen yet secondary neoplasia of the lung such as histiocytic sarcoma or metastatic disease of another primary tumor is a primary differential diagnosis. Granulomatous lung disease, abscess, and fibrotic nodule cannot be ruled out entirely but are thought by far less likely.

**INVOICE**

**53319**

The nodule is not accessible for ultrasound guided sampling. CT could be considered for further definition, however, abdominal ultrasound and further workup of the neurologic deficits of the left hind limb could be performed prior to that.

**DATE**

**8-8-22**



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**REFERRING VET**

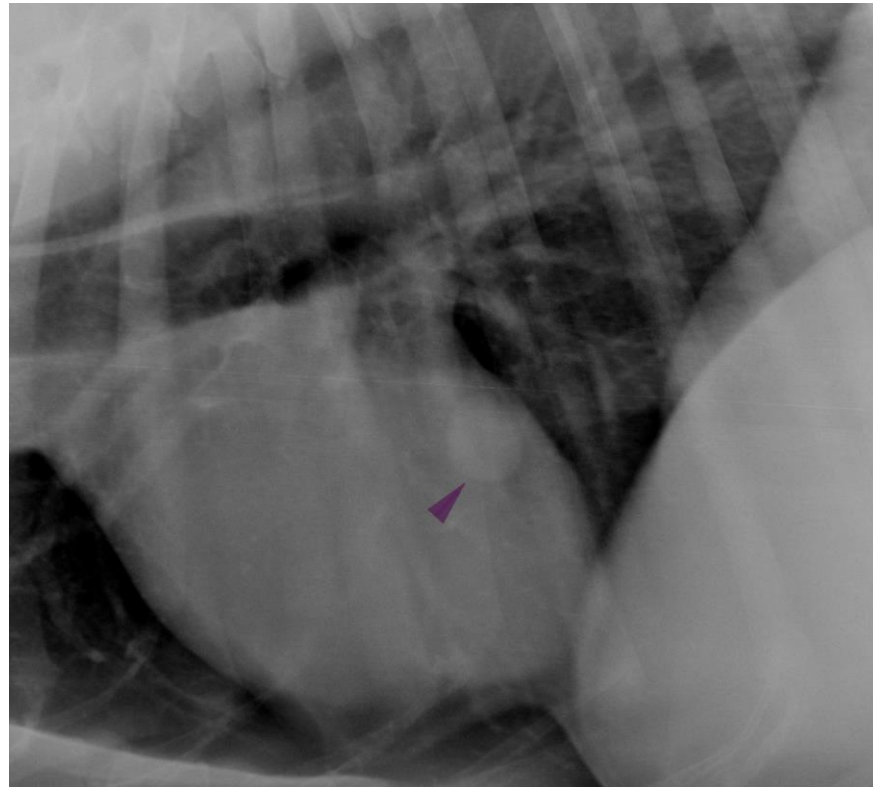
Jennifer Stelfox

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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.

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