



PATIENT

Scout Fanning

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

30.8 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Matthew Keats

INVOICE

13794

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Patient presented for CT and FNA of a thoracic mass found on radiographs.
- Large right sided mass consistent with right cranial lung mass with moderate contrast enhancement. There is a left-sided focal mass in the left caudal lung lobe.
- FNA of the right sided mass with ultrasound-guidance using 22g needles (x4). Collected viscous tan fluid on 3 samples and one more blood-tinged sampled.
- Antibiotics started pending CT, FNA and culture results

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST

Pre/post contrast

COMPUTED TOMOGRAPHIC FINDINGS

The right cranial lung lobe presents a large mass of at least 10.7 x 7.7 cm, appearing amorphous in shape and highly irregular with broad-based contact to the pleural surfaces. The pleural margins appear intact without signs of bony reactions of the ribs/sternum. The images after contrast application present an inhomogeneous enhancement with indicated cystic areas.

The accessory lung lobe shows another lesion of 3.3 cm. Two further nodular lesions are noted in the left caudal lung lobe with diameters of 1.3 and 0.3 cm. The mediastinal lymph nodes are mildly enlarged. Free pleural fluid is not noted. The vascular structures do not show particular findings.

The thoracic borders appear intact including the diaphragm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal, mass-like and nodular lesions, right cranial, right accessory and left caudal lung lobe
- Mild enlargement mediastinal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multifocal appearance and different sizes and shapes of the nodular- and mass-like lesions are highly suspicious for a neoplastic lesion, as seen, for example, with bronchial carcinoma. Differentials include, but are not limited to, metastases of another primary neoplasia and soft tissue sarcoma. Severe inflammatory changes and/or granulomatous disease is less likely. The lesion on the right side presents cystic parts which are consistent with necrotic areas and/or abscessation due to secondary bacterial infection.

The pleural borders appear intact without signs of an invasive behavior towards the thoracic wall and/or ribs sternum. The mild enlargement of the mediastinal lymph nodes still is consistent with a reactive lymphadenitis.



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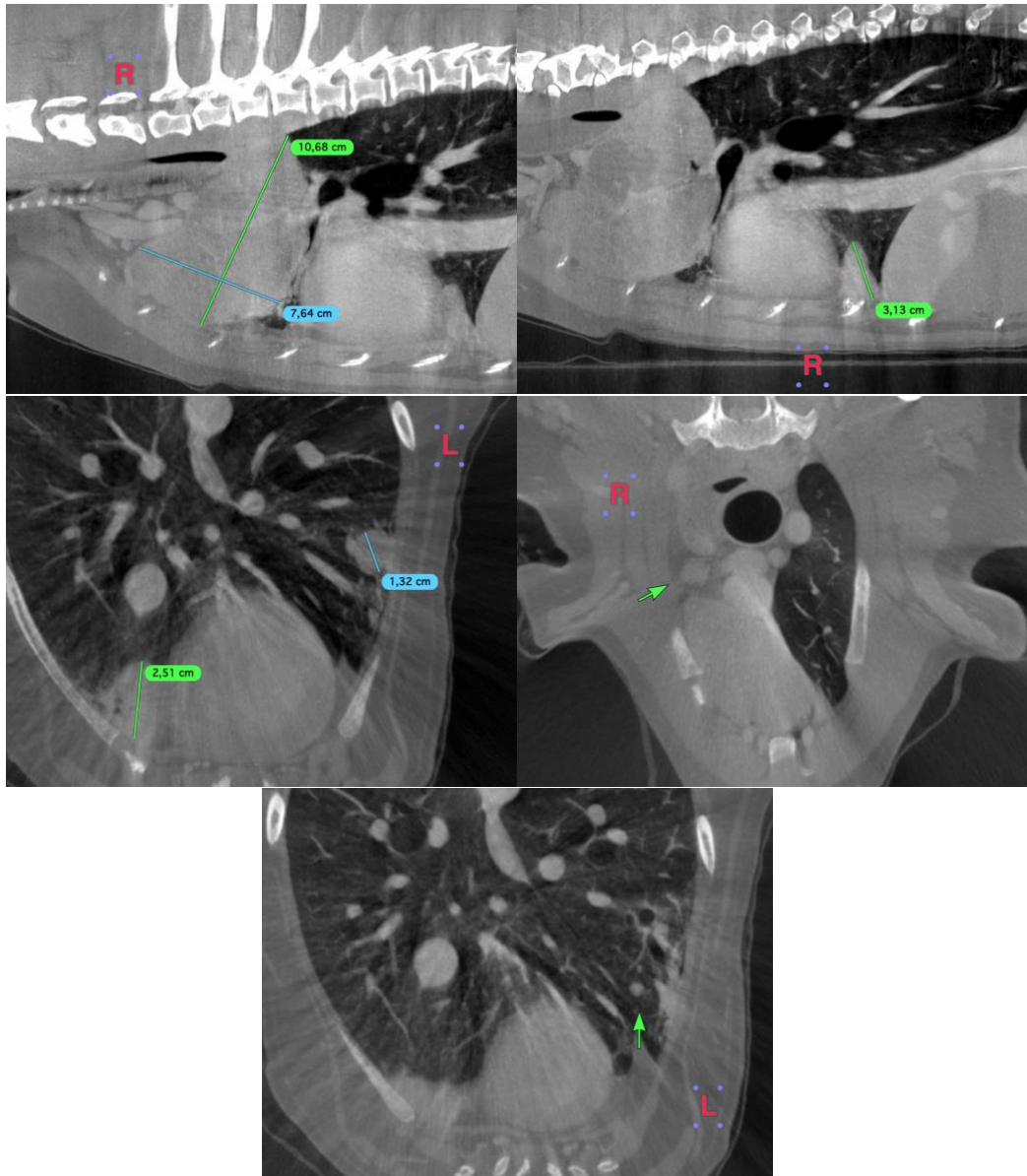
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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