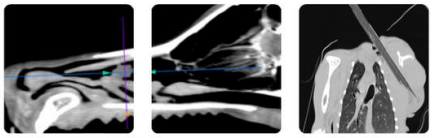


PATIENT

Bella Victor

SPECIES

Canine

BREED

Pekingese Mix

SEX

FS

AGE

13Y

WEIGHT

13.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

72977

DATE

12-11-25

PRESENTING CLINICAL SIGNS

recent lung nodule on rads

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX, ABDOMEN AND PELVIS

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Triadan 410 presents a moderate widened periodontal space.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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 is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

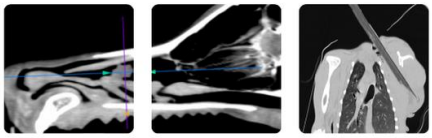
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

In the cranioventral aspect of the right caudal lung lobe, an irregular marginated, heterogeneous contrast enhancing consolidated area with interspersed irregular gas attenuating areas and compression of the associated bronchi is seen; measuring 18 x 13 x 18 mm. In the lateral aspect of the caudal part of the left cranial lung lobe, a well-defined, soft tissue attenuating nodule is seen; measuring <3 mm in diameter. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen & Pelvis

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



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Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration throughout the renal parenchyma, well-defined, roundish parenchymal filling defects are seen (measuring <2 mm).

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is normal in size and shape – the splenic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern.

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

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

Level with the intervertebral disc space L4/L5, mineralized disc material is protruding into the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass cranioventral aspect right caudal lung lobe with zones of cavitation
- Solitary pulmonary soft tissue nodule caudal part left cranial lung lobe
- Heterogeneous contrast enhancement pattern spleen
- Periodontal disease 410
- Mild nephrolithiasis versus nephrocalcinosis without mechanical obstruction
- Multiple simple renal cortical cysts
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary mass in the right caudal lung lobe is highly suggestive for primary pulmonary neoplasia – carcinoma is most common. A differential is pyogranulomatous pneumonia (e.g. mycotic – but no lymphadenopathy). Ultrasound guided FNA sampling can be performed as minimally invasive advanced diagnostic tool.

The odds for metastatic disease of the small pulmonary nodule in the left cranial lung lobe are increased – differentials include granuloma, fibrosis, round pneumonia/mucus impaction.

The heterogeneous contrast enhancement pattern of the spleen is not specific, and potentials include nodular hyperplasia, extramedullary hematopoiesis, splenitis or neoplastic infiltration. Ultrasound guided FNA sampling can be performed for specification.

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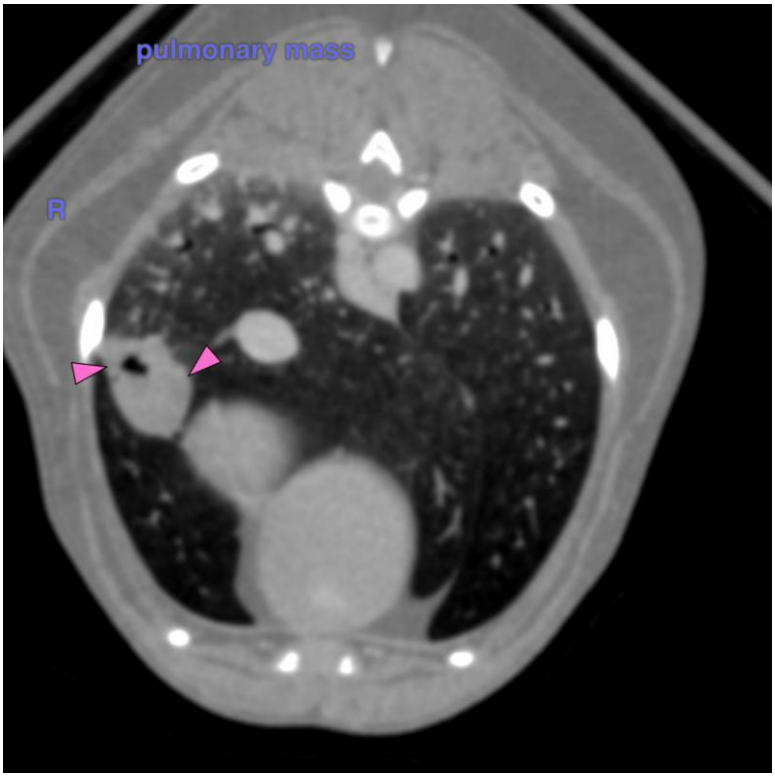

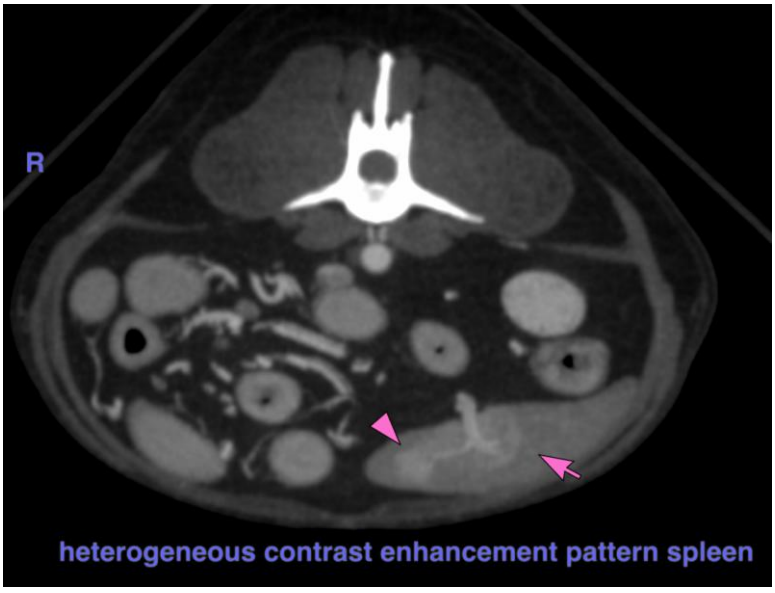

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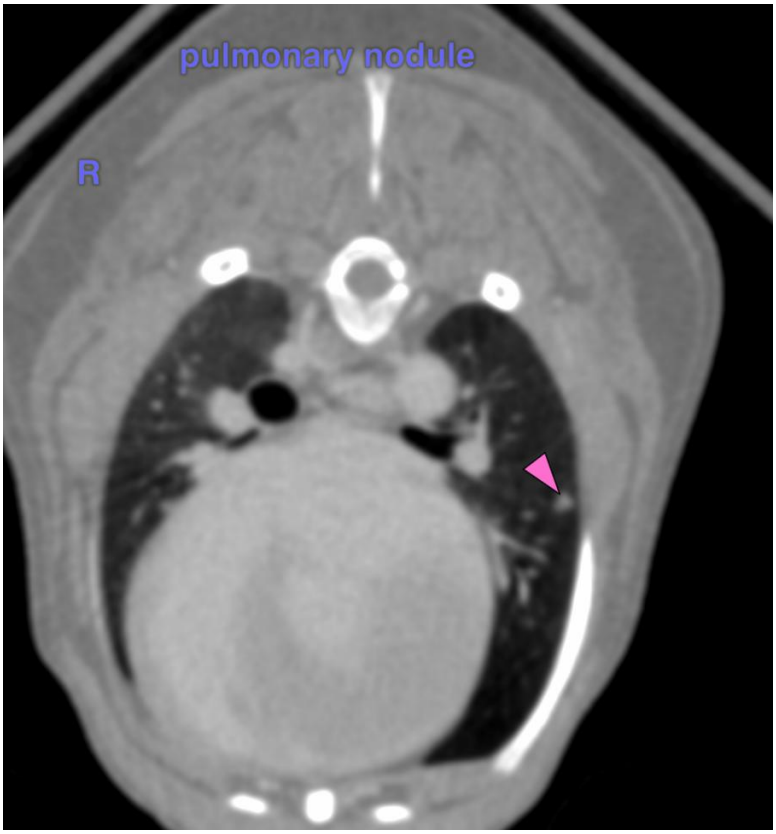

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com