



PATIENT

Asul Pacheco

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

12Y

WEIGHT

31.8kgs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDP

IMAGING PERFORMED BY

Hector

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

73059

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Patient had thoracic radiographs performed at family veterinarian on 12/13/2025 for a met check due to patient having an ulcerated mammary gland. On radiographs, a sewing needle was present in the esophagus. The following day, radiographs were repeated & it was reported that the needle shift slightly but was reported that the needle was still in the esophagus. 12/15/2025, radiographs were repeated again & it was reported that the needle shifted out of the esophagus. CT was performed for surgical planning & location of the needle.

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue at the caudal aspect of the right axillary region, a well-defined, ovoid shaped, uniform soft tissue attenuating and contrast enhancing nodule is seen; measuring 3.1 x 2.2 x 3.0 cm.

The right axillary lymph node is moderately prominent.

Along the thoracic spine, multifocal spondylosis formation is seen.

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.

The lung parenchyma presents the expected architecture and attenuation behavior, but zones with a patchy soft tissue attenuating pattern of the ventral dependent aspects of the lung.

In the hilar region of the accessory lung lobe, a thin, tubular hyperattenuating structure is seen; measuring 3.3 cm in length. The parenchyma surrounding the hyperattenuating tubular body in the accessory lung lobe is consolidated.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous soft tissue nodule right caudal axillary region
- Lymphadenopathy right axillary lymph node
- Pulmonary foreign body hilar region accessory lung lobe with surrounding localized granuloma formation of the parenchyma
- Ventrally accentuated mild alveolar pattern
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The described metal attenuating foreign body is in the parenchyma of the hilar region of the accessory lung lobe.

The ventral alveolar pattern can present zones with dystelectasis or pneumonia.



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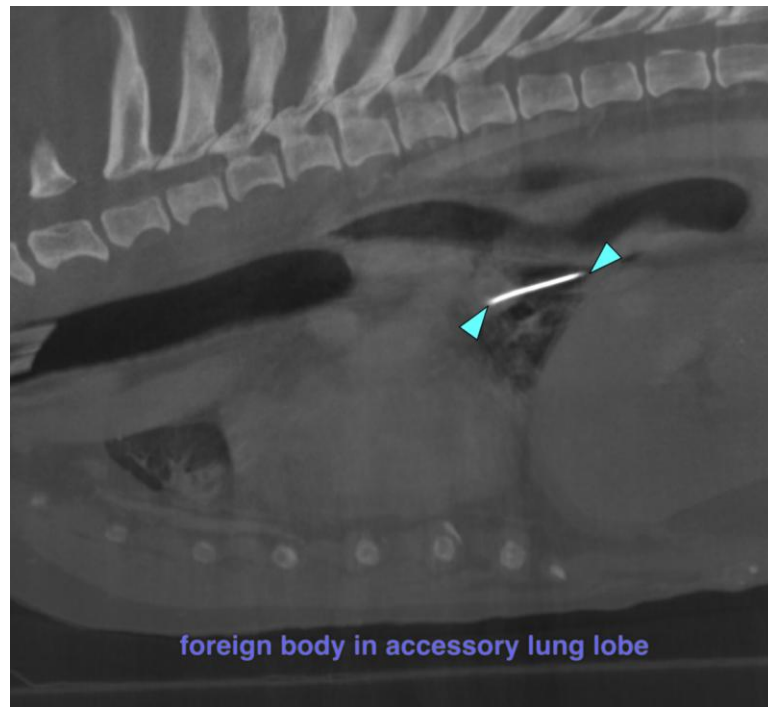
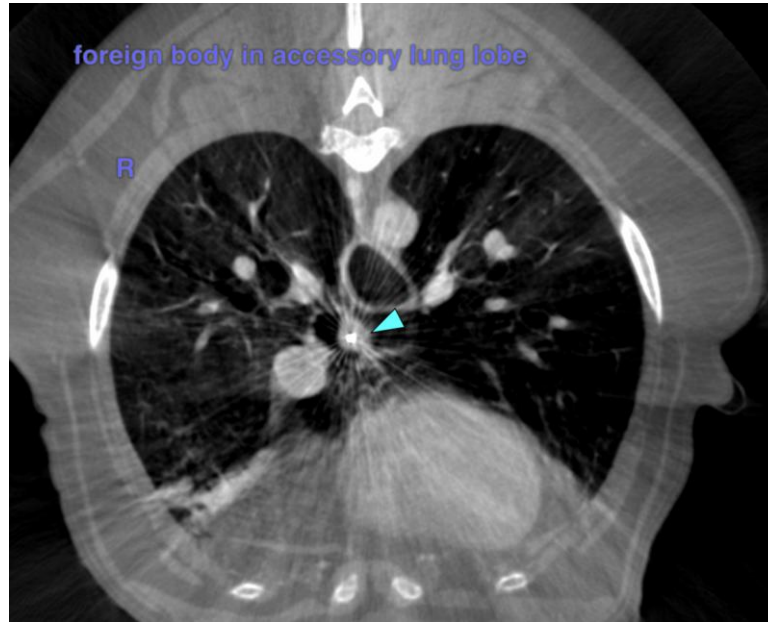
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The subcutaneous nodule in the right axillary region and enlarged right axillary lymph node in combination with the history of mammary mass are concerning for metastatic disease – recommend FNA sampling for specification.





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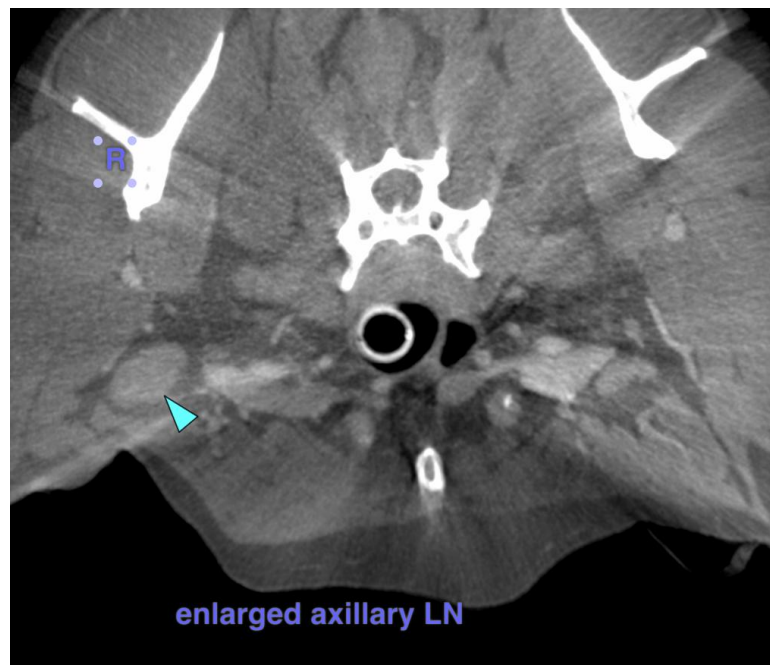
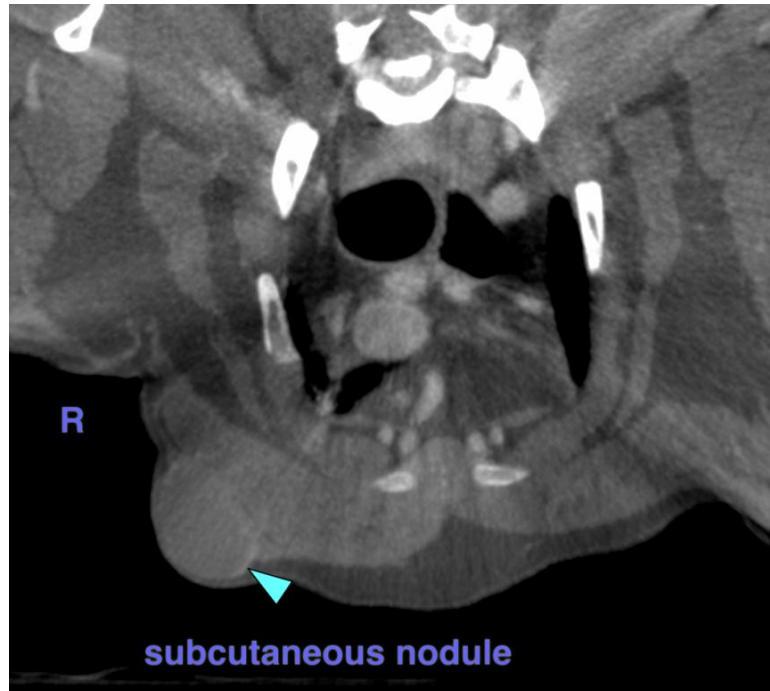
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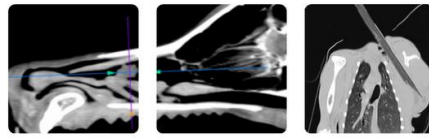
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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