



**PATIENT**

Madison Murphy

**PRESENTING CLINICAL SIGNS**

Patient presented for further evaluation of lung mass found on radiographs.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

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Thorax

The vertebral endplates T10/T11 present mild spondylosis formation.

**SEX**

FS

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.

**AGE**

12 Years

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

The cranial part of the left cranial lung lobe is consolidated and presents an increased volume with rounded margins. The parenchyma of the consolidated cranial part of the left cranial lung lobe is soft tissue attenuating with interspersed mineralization and has a heterogeneous contrast enhancement pattern. The bronchi of the cranial part of the left cranial lung lobe are compressed. The volume of the caudal part of the left cranial lung lobe is decreased and the parenchyma has a moderate ground glass attenuation pattern.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the right cranial lung lobe, right caudal lung lobe and the left caudal lung lobe, ill-defined soft tissue nodules are seen, measuring up to 8 mm in diameter.

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

**HOSPITAL NAME**

Critical Vet  
Care/Suncoast  
Veterinary

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the left caudolateral aspect of the abdomen, an ovoid shaped lipoma is seen attached to the left lateroventral abdominal wall.

**REFERRING VET**

Dr. Young

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Nodular enlargement of the of the left adrenal gland is seen, measuring 12

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

A small amount of hyperattenuating sedimented biliary sludge is seen in the gallbladder.

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

**DATE**

2-27-23

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



**PATIENT**

The bony and surrounding soft tissue structures reveal no abnormalities.

Madison Murphy

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Pulmonary mass left cranial lung lobe
- Structured nodular interstitial lung pattern
- Nodular enlargement left adrenal
- Biliary sludge

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of pulmonary mass originating from the cranial part of the left cranial lung lobe, consistent with primary pulmonary neoplasia such as carcinoma or round cell tumor. FNA sampling can be performed for further differentiation.

The pulmonary nodules are highly concerning for secondary pulmonary metastatic spread.

**SEX**

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The nodular enlargement of the left adrenal can present (non)functional nodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

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**REFERRING VET**

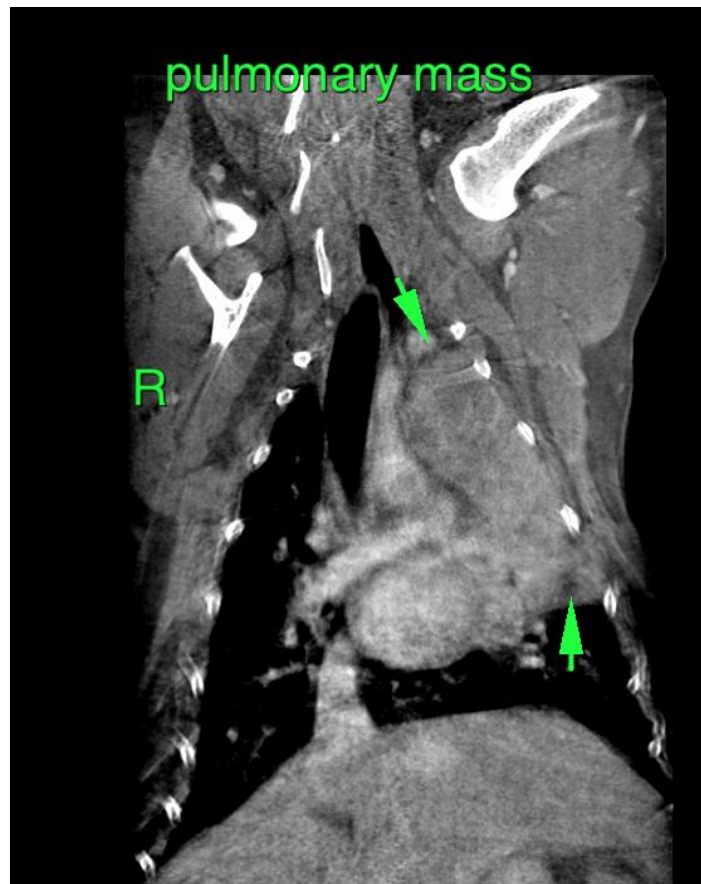
Dr. Young

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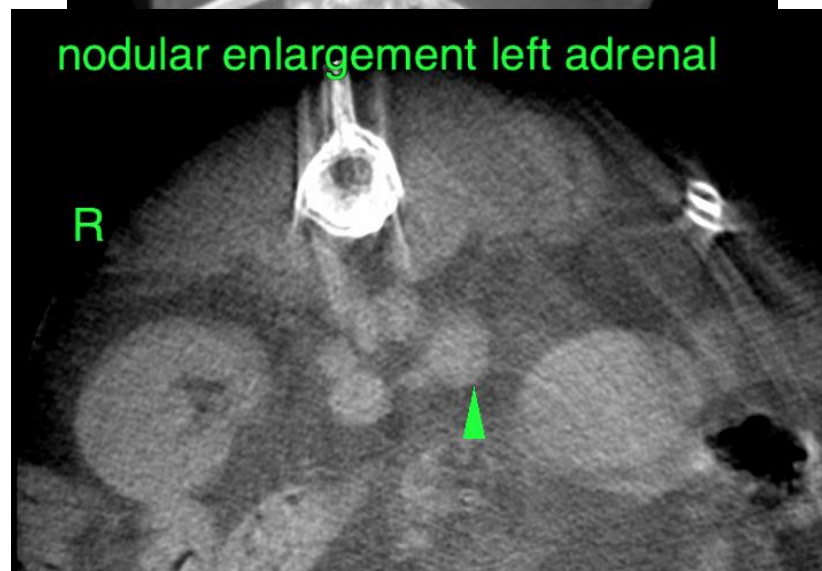
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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