



PATIENT

Copper Jones

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

2Y

WEIGHT

9.2kg

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Jessica

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Fugazzi

INVOICE

73222

DATE

1-7-26

PRESENTING CLINICAL SIGNS

12/25/25 - Copper is a 2yo MN Chihuahua mix that presents to SOVSC for difficulty breathing and a distended abdomen. On Tuesday, the O noticed P had a painful hip, which often happens when P jumps off the couch and Copper had a distended/tense abdomen. Yesterday, the O noticed more of a respiratory effort and V 1x this AM. No D, got 1/3 50mg tab of Tramadol at 11:15PM yesterday. BM/U/E/D wnl and UTD on vaccines. 1/7/26 - O presents 2yr old MN Chihuahua mix for a chest CT. O states that pt. has been eating normal but not defecating as normally as he used to. The prednisone also makes him pu/pd which I let O know is normal for that medication.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of thorax are provided for review totaling 3 series. One pre-contrast series of the thorax, bone algorithm. Two post-contrast series of the thorax, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The trachea and mainstem bronchi are within normal anatomical limits.

The cranial mediastinal lymph nodes are variably enlarged and rounded; at least three enlarged lymph nodes are identified. The largest measures approximately 2.7×1.9 cm, with another measuring 1.1×0.8 cm.

The tracheobronchial lymph nodes are mildly enlarged.

The sternal lymph nodes are within normal limits.

A large, heterogeneous soft tissue attenuation mass is present within the left caudal lung lobe, positioned dorsally and bordering the mediastinal surface, extending approximately between the 7th and 9th intercostal spaces. The mass measures approximately 2.2×2.0 cm. Adjacent focal bronchial wall thickening is noted in association with the pulmonary mass.

The remaining pulmonary parenchyma demonstrates normal attenuation, with no additional nodules or mass lesions identified.

The cardiac silhouette and pulmonary vessels are within normal limits. Post-contrast vascular opacification is adequate.

The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

Abdominal Findings (within field of view):

At least three small hyperattenuating mineral foci are present within the left renal pelvis, compatible with nephroliths. The largest measures approximately 0.4 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left caudal lung lobe soft tissue mass (2.2×2.0 cm), associated with regional bronchial wall thickening and concurrent cranial mediastinal and tracheobronchial lymphadenomegaly.



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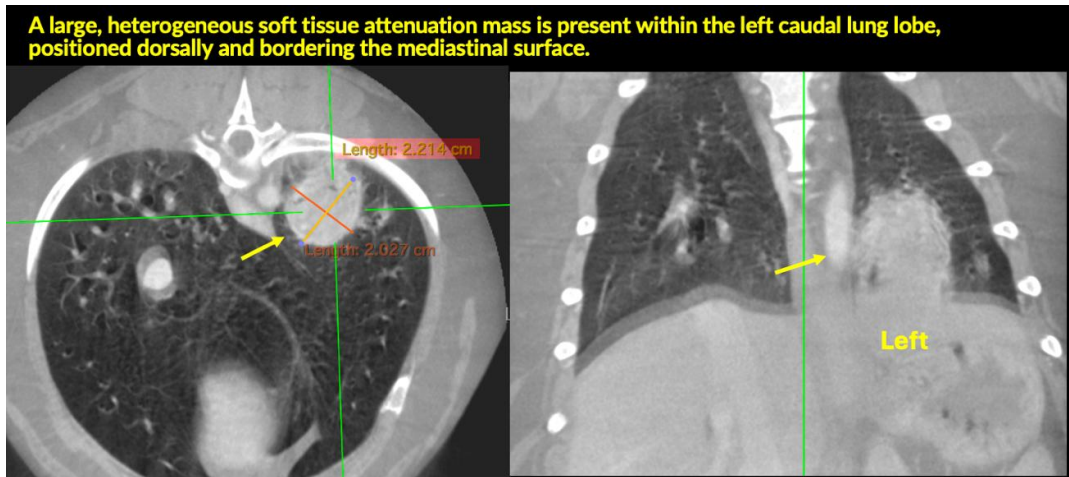
Differential diagnoses include primary pulmonary neoplasia, granulomatous or infectious disease, or pulmonary abscessation. Metastatic disease is considered less likely.

- Cranial mediastinal lymphadenomegaly, likely reactive or neoplastic.
- Small left renal pelvic nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal a focal, heterogeneous soft tissue mass within the left caudal lung lobe, accompanied by regional bronchial changes and concurrent cranial mediastinal lymph node enlargement. Differential diagnoses include primary pulmonary neoplasia (e.g., pulmonary adenocarcinoma, squamous cell carcinoma, bronchoalveolar carcinoma, or lymphoma), granulomatous infectious disease, or pulmonary abscessation. An infectious etiology remains a consideration given the patient's age.

Sampling of the pulmonary lesion and/or the enlarged mediastinal lymph nodes via thoracic ultrasound-guided fine-needle aspiration, or a more invasive biopsy technique, is recommended for definitive diagnosis.





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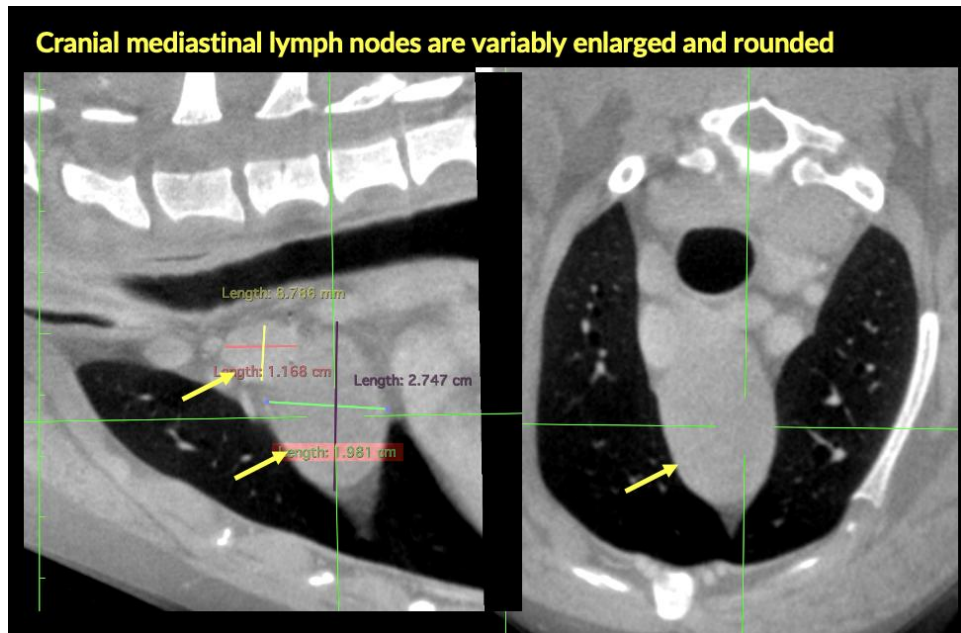
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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