



PATIENT

Dizzy Cantor

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

MN

AGE

8Y

WEIGHT

54lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

72567

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Soft tissue opacity in the left cranial lung lobe.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of thorax are provided for review totaling 2 series. One pre-contrast series of the thorax, bone algorithm. One post-contrast series of the thorax, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A large, heterogeneously enhancing soft tissue mass almost completely occupies the left cranial lung lobe. The mass envelops and externally compresses the bifurcation of the left principal bronchus and the left cranial lung lobe. It measures approximately 16.6 × 5.2 cm, is contiguous with the left cardiac free wall, and extends from the 1st to the 7th left intercostal spaces. Multiple small nodules and micronodules are identified adjacent to this large mass, suggestive of satellite lesions.

A second soft tissue attenuating mass is identified in the right caudal lung lobe, measuring 3.3 × 2.8 cm. Several additional subpleural and intraparenchymal nodules are scattered throughout the lungs, ranging in size from 0.2 cm to 1.4 cm in diameter.

The trachea is within normal limits.

The heart and pulmonary vessels appear normal, with adequate post-contrast opacification of the cardiac chambers and great vessels.

The sternal and cranial mediastinal lymph nodes are unremarkable.

The left tracheobronchial lymph node is mildly enlarged.

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

The thoracic esophagus is moderately distended with intraluminal gas.

The musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large heterogeneously enhancing soft tissue mass occupying the left cranial lung lobe, contiguous with the left cardiac free wall, with associated satellite nodules. The primary differential diagnoses include primary pulmonary neoplasia (e.g., bronchogenic carcinoma, adenocarcinoma, histiocytic sarcoma).
- Multiple additional pulmonary nodules and a right caudal lung lobe mass—consistent with pulmonary metastases.
- Mild enlargement of the left tracheobronchial lymph node—possible metastatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings indicate a large primary pulmonary mass within the left cranial lung lobe associated with multiple smaller pulmonary and subpleural nodules, as well as a secondary mass in the



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right caudal lung lobe. These features are most consistent with primary pulmonary neoplasia with pulmonary metastatic dissemination, or metastatic lesion of unknow origin.

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The possible pulmonary tumors are bronchogenic carcinoma, pulmonary adenocarcinoma, or histiocytic sarcoma.

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The mild enlargement of the left tracheobronchial lymph node may represent regional lymph node metastasis.

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A fine-needle aspiration (FNA) or biopsy of the pulmonary mass is recommended for definitive diagnosis.

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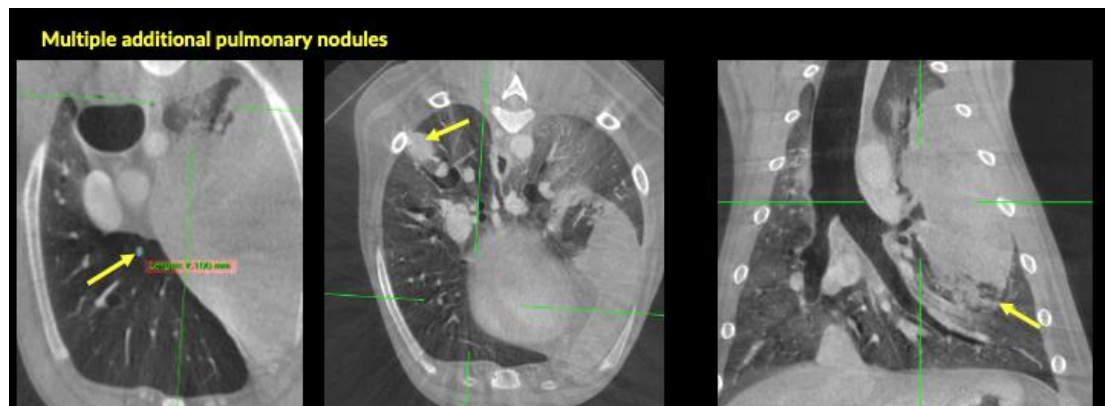
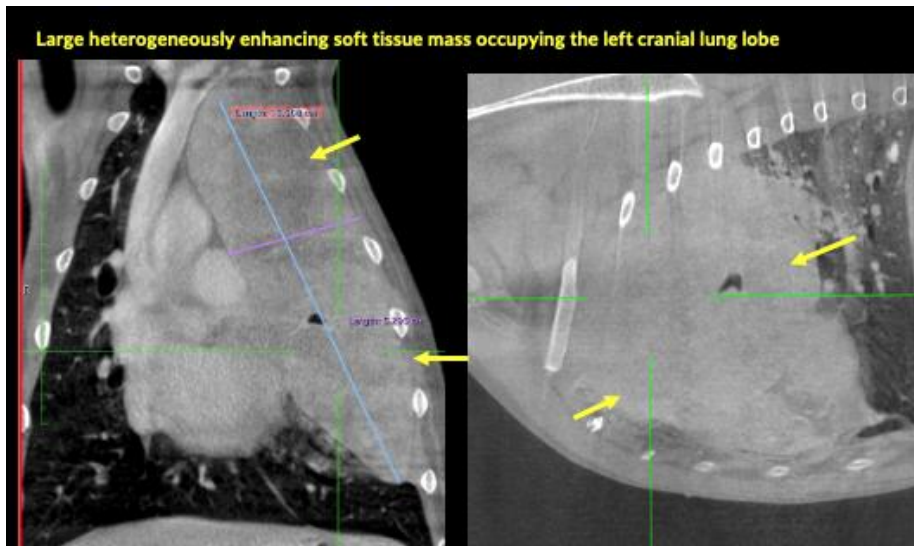
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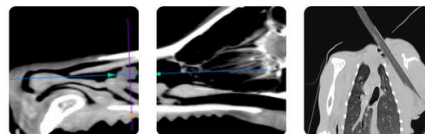
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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