



PATIENT

Gritz Ryley

SPECIES

Canine

BREED

Goldendoodle

SEX

Female Spayed

AGE

13Y, 9M

WEIGHT

9.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Bradley Venable

INVOICE

72682

DATE

11-19-25

PRESENTING CLINICAL SIGNS

Approx 1 month history of coughing. HX of collapsing trachea. Possible lung mass was seen on x-rays at the RDVM.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen was provided for review, totaling eight series, performed using soft tissue, bone, and lung algorithms, acquired in the transverse plane.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

A large soft tissue attenuating mass is present within the left caudal lung lobe, located adjacent to the mediastinal surface. The lesion is surrounded by a ground-glass halo and is in close contact with the descending aorta, caudal esophagus, and diaphragm. It extends from the fourth to the seventh intercostal spaces without contacting the thoracic wall.

A single, small, subpleural soft tissue nodule (≈ 0.5 mm) is noted on the mediastinal surface of the right caudal lung lobe. No other pulmonary nodules or micronodules are identified.

The left tracheobronchial lymph node is mildly enlarged. The sternal and cranial mediastinal lymph nodes have normal size and morphology.

The cardiac silhouette and pulmonary vessels are within normal limits.

The pleural space, diaphragm, ribs, and thoracic wall show no abnormalities.

The thoracic esophagus is mildly distended by intraluminal gas.

Two superficial cervical lymph nodes are mildly enlarged bilaterally.

ABDOMEN

Both adrenal glands are moderately enlarged, exhibiting smooth, bulging contours and normal attenuation. The right gland measures 2.3 cm x 1.0 cm. The left gland measures 2.5 cm x 1.0 cm.

The liver is normal in size and shape, with homogeneous soft tissue attenuation and uniform post-contrast enhancement. The gallbladder contains discrete gravity-dependent hyperattenuating material; the cystic duct and common bile duct are normal.

The kidneys are normal in size, shape, and attenuation pre- and post-contrast. The renal pelvis and ureters are normal.

The spleen is homogeneous, uniformly enhancing, and normal in size and shape.

The gastrointestinal tract is normally distended and distributed, without mural thickening or mass effect.

The pancreas and visualized abdominal lymph nodes are unremarkable.



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Serosal fat demonstrates normal attenuation.

The urinary bladder and distal descending colon are not included in the collimation.

Degenerative vertebral changes are present, including incomplete bridging spondylosis deformans at T11-12, L1-2, L2-3, and L3-4, with narrowing of the intervertebral disc space at T11-12.

Few disperse, subcutaneous soft tissue nodules.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass in the left caudal lung lobe, surrounded by a ground-glass halo. Differential diagnosis includes primary pulmonary neoplasm (e.g., bronchogenic carcinoma, adenocarcinoma, histiocytic sarcoma). Less likely inflammatory or infectious granuloma
- Single subpleural soft tissue micronodule in the right caudal lung lobe, possible metastatic pulmonary micronodule or granuloma.
- Mild enlargement of the left tracheobronchial lymph node and bilateral superficial cervical lymph nodes. Differential diagnosis includes reactive lymphadenitis or possible early metastatic involvement.
- Mild enlargement of the bilateral superficial cervical lymph nodes, nonspecific reactive lymphadenitis.
- Bilateral moderate adrenal gland enlargement with smooth contour. Differential diagnosis includes adrenal hyperplasia; less likely early neoplasm.
- Mild gravity-dependent biliary material consistent with inspissated bile, incidental.
- Multifocal spondylosis deformans and intervertebral disc space narrowing at T11-12.
- Few disperse, subcutaneous soft tissue nodules, subcutaneous granuloma or soft tissue neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study identifies a large left caudal lung lobe mass with a surrounding ground-glass halo. The imaging characteristics are most compatible with a primary pulmonary neoplasm (e.g., bronchogenic carcinoma, adenocarcinoma, lymphoma, histiocytic sarcoma), less likely inflammatory or infectious granuloma. The presence of a small subpleural right caudal lung lobe micronodule raises the possibility of early metastatic spread or a secondary inflammatory focus.

The transthoracic ultrasonography guided fine-needle aspiration of the left pulmonary mass may be challenged due to the position of the mass. However, a cytological or histopathological sampling of the pulmonary mass is required for definitive diagnosis.

The adrenal glands are moderately enlarged with smooth contours. The primary differential diagnosis includes adrenal hyperplasia; endocrine testing may be considered.

TECHNICAL COMMENTS

Indicated lateral markers are shifted.



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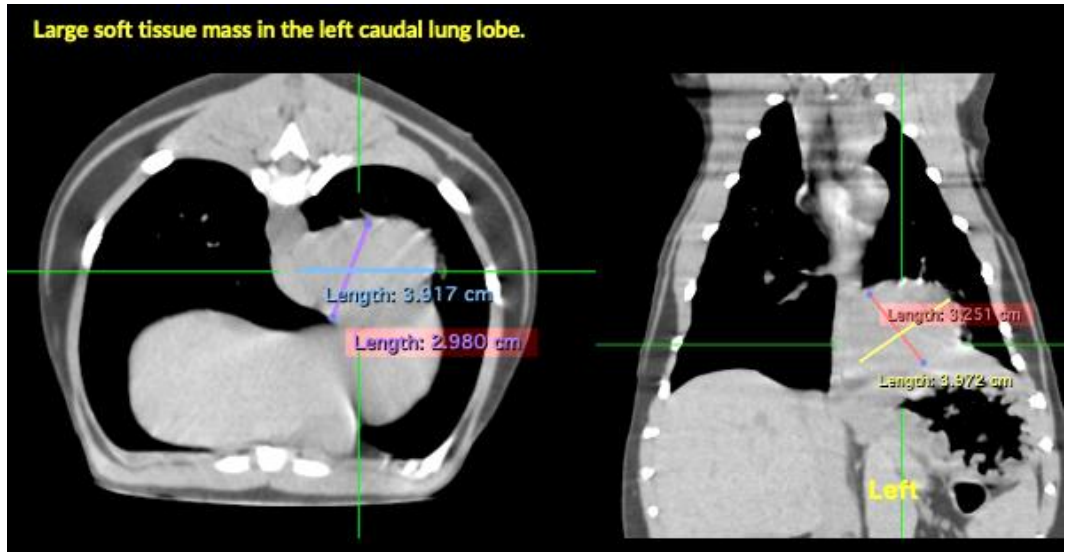
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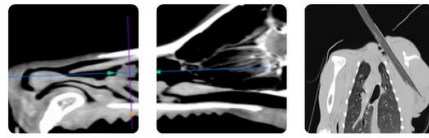
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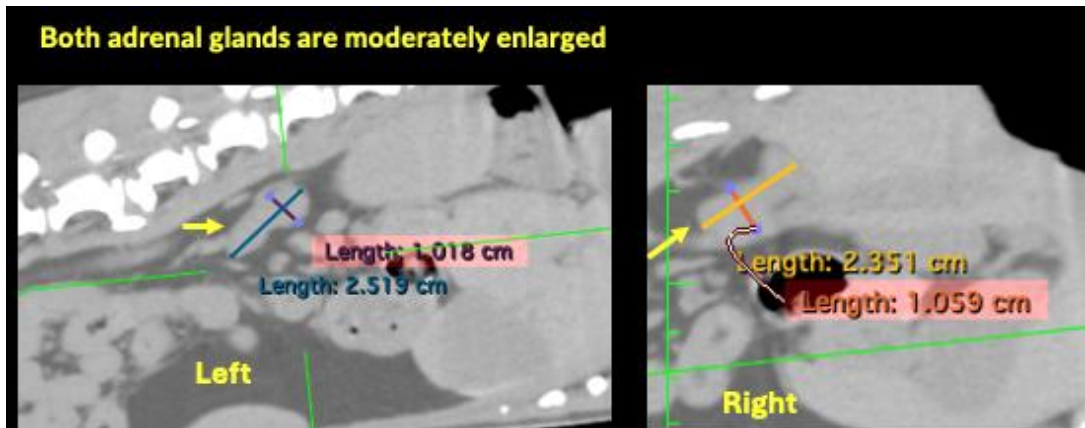
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com