



PATIENT

Blaze Steele

SPECIES

Canine

BREED

Lab X

SEX

MN

AGE

12Y

WEIGHT

20.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mountain West
Veterinary Specialists

HOSPITAL NAME

Andrew Burton

REFERRING VET

Mountain West
Veterinary Specialists

INVOICE

72484

DATE

11-3-25

PRESENTING CLINICAL SIGNS

Owner brought pet into ER for labored breathing. Owner says breathing has been going on for a couple of months and the prednisone and inhaler is not working. Has been seeing IM, has hx of PLE and hypoalbuminemia. Pet has a harder time breathing while laying down. Pet has a large tonsil on left side and almost completely closes off airway. Transoral resection of the tonsil was performed post CT. Concern for metastasis to lungs and lymph nodes.

Abnormal PE/Chem/CBC/UA Results: Eyes: Clear with no discharge OU; normal fundic exam OU
Ears: No discharge or erythema, non-painful AU Oral: Mild to moderate dental tartar Nose: No obvious abnormalities observed Throat: mild irritation to respiration with laryngeal palpation. Cardiovascular: No murmur or arrhythmia Respiratory: Normal effort and rate, but substantial upper airway noise with breathing. Abdomen: Tense, non-painful Rectal: Not performed Musculoskeletal: Ambulation normal Integumentary: Multifocal small skin masses: soft, mobile, non irritated. Lymph Nodes: No peripheral lymph node enlargement Urogenital: No discharge noted Neurologic: No obvious neuro deficits noted

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

A pre- and post-contrast CT study of the neck and thorax was provided for review, totaling four series: one pre-contrast thoracic series (bone algorithm), one post-contrast thoracic series (soft tissue algorithm), one pre-contrast cervical series (bone algorithm), and one post-contrast cervical series (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

NECK

A large, amorphous soft tissue mass with partially defined borders is identified in the region of the left palatine tonsil and soft palate. The lesion displays internal hypoattenuating cystic areas with mild peripheral contrast enhancement and causes partial obstruction of the oropharynx and nasopharynx. The soft palate is diffusely thickened and mildly irregular. Despite mild regional displacement, the hyoid apparatus osseous structures remain intact. The mass measures approximately 5.4 × 3.0 × 2.5 cm.

The mandibular, medial retropharyngeal, and superficial cervical lymph nodes are within normal limits.

The mandibular, parotid and zygomatic salivary glands appear normal.

The thyroid glands appear normal.

The cervical trachea and esophagus are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

Multiple soft tissue pulmonary nodules are identified, clustered in the subpleural regions of the left cranial lung lobe, with additional micronodules scattered throughout the remaining pulmonary parenchyma. Scattered hyperattenuating mineral foci and small, gravity-dependent peripheral pulmonary consolidations are also noted.

The cardiac silhouette and pulmonary vasculature are normal, with adequate contrast enhancement of cardiac chambers and major vessels.



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The sternal mediastinal lymph nodes are mildly enlarged; the remaining cranial mediastinal and tracheobronchial lymph nodes are within normal limits.

There is focal parietal pleural thickening between the right 4th and 5th intercostal spaces.

A small hypoattenuating lytic lesion (0.9 cm) is present within the spinous process of T5, without cortical disruption.

The diaphragm and ribs are unremarkable.

Incidental vacuum phenomenon and mild periarticular ossifications are present in the left shoulder joint.

A large, elongated, homogeneous fat-attenuating subcutaneous mass is seen in the right axillary region, measuring approximately 7.5 × 3.8 cm, consistent with a lipomatous lesion.

In the collimated portion of the abdomen, both kidneys appear small and irregular, showing heterogeneous cortical enhancement with multiple microcysts and linear hypoattenuating streaks. The left kidney is partially visible.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, irregular soft tissue mass involving the left palatine tonsil and soft palate, with internal cystic areas and partial oropharyngeal obstruction — Differential diagnoses include tonsillar neoplasia.
- Multiple pulmonary nodules and micronodules, consistent with metastatic disease. Concurrent pulmonary osteomas.
- Mild enlargement of the sternal mediastinal lymph nodes. Differential diagnoses include reactive or metastatic lymphadenopathy.
- Focal pleural thickening between the right 4th–5th intercostal spaces, possible pleural metastatic implant or focal inflammation.
- Small lytic lesion in T5 spinous process, fat medullary deposit, less likely suspicious for osseous metastasis.
- Moderate in size, right axillary subcutaneous fat-attenuating mass, likely lipoma.
- Left side shoulder osteoarthritis.
- Bilateral renal cortical microcysts and irregular contours, indicating chronic degenerative renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal a large left tonsillar and soft palate mass causing partial upper airway obstruction. The primary differential diagnosis is neoplasia (e.g., tonsillar carcinoma, melanoma, lymphoma). There is evidence of metastatic spread to the lungs, and probable involvement of sternal thoracic lymph nodes, pleural, with a suspected osseous metastasis at T5.

Given the metastatic pattern, prognosis is guarded.

Histopathologic confirmation (biopsy or post-surgical tissue analysis) is required for definitive diagnosis and tumor typing.

Concurrent chronic renal disease should be considered in therapeutic planning.



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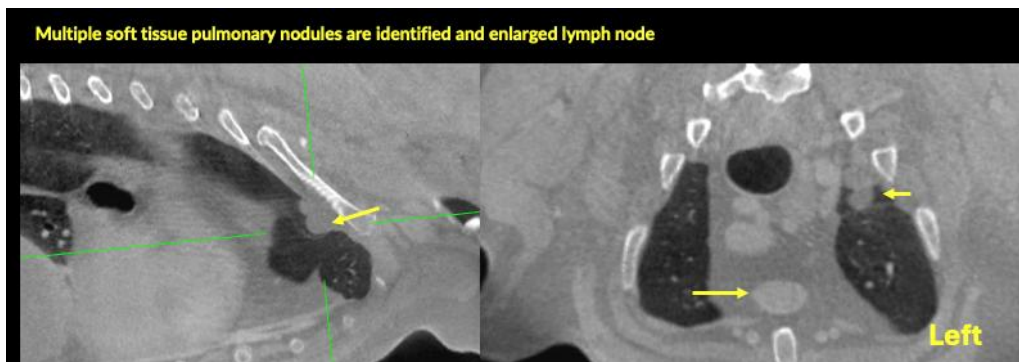
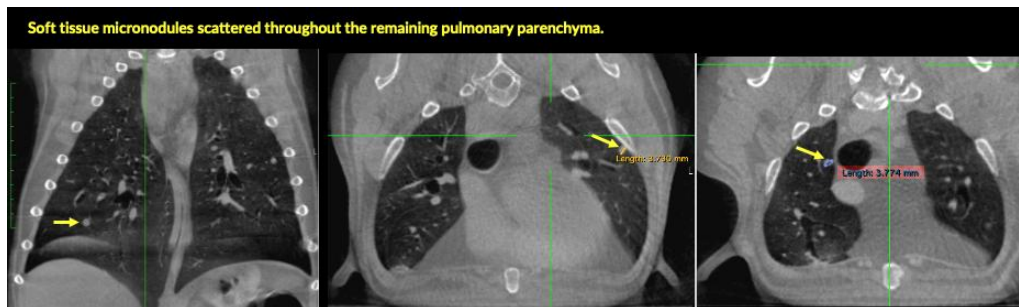
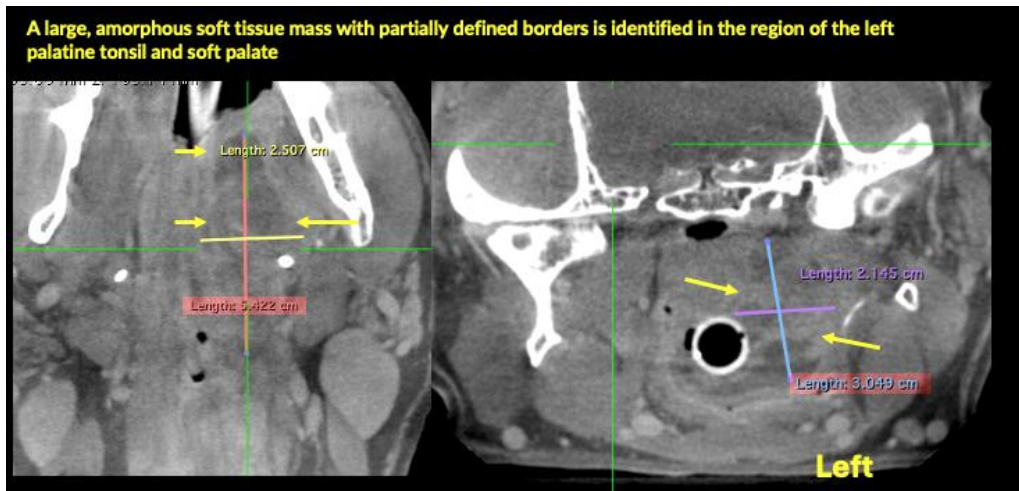
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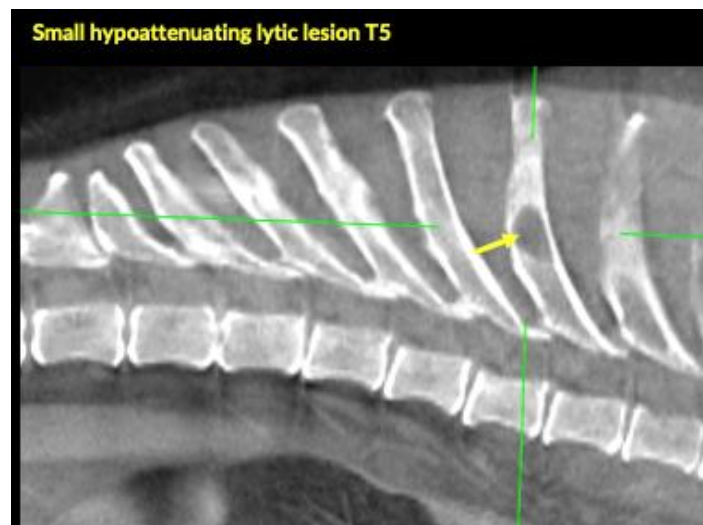
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com