



PATIENT

Rocco Robinson

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

6

WEIGHT

27

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandan Costas

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Brandan Costas

INVOICE

73139

DATE

12-30-25

PRESENTING CLINICAL SIGNS

Hind limb lameness. CT findings compatible with neoplasia/ fungal Bone biopsy performed and results pending Thorax CT with a view to rule possible metastasis/ lesions compatible with fungal infection
Abnormal PE/Chem/CBC/UA Results: NAD

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, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The trachea and main bronchi are within normal limits.

Mild enlargement of the middle and right tracheobronchial lymph nodes is observed. The cranial mediastinal and sternal lymph nodes are within normal limits.

The pulmonary parenchyma demonstrates mixed attenuation. There are areas of reduced pulmonary volume expansion alternating with areas of normal aeration. Multifocal peripheral consolidations, both gravity- and non-gravity-dependent, are present, associated with multifocal ground-glass attenuation and scattered soft tissue-attenuating pulmonary micronodules.

The bronchial tree shows normal branching and tapering, with thin and smooth bronchial walls.

The cardiac silhouette and pulmonary vessels are within normal limits.

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

An aggressive osteolytic lesion with cortical interruption is identified involving the left ventral arch and left transverse process of the C6 vertebra.

The thoracic esophagus is mildly distended with gas and hypoattenuating fluid material, most likely related to anesthesia.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal pulmonary disease characterized by mixed attenuation, peripheral consolidations, multifocal ground-glass opacities, and scattered pulmonary micronodules, associated with mild enlargement of the middle and right tracheobronchial lymph nodes. Differential diagnoses include pulmonary involvement for systemic disease, including metastatic disease and/or fungal infections.
- Aggressive osteolytic lesion involving the left ventral arch and transverse process of C6.
- Considering the patient's clinical history and previous CT findings, the primary differential diagnoses include systemic disease, such as neoplasia or fungal infection, with neoplastic considerations including multiple myeloma, plasmacytoma, and less likely, histiocytic sarcoma.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a multifocal pulmonary process characterized by mixed attenuation, peripheral consolidations, ground-glass opacities, and scattered pulmonary micronodules, in association with mild enlargement of the middle and right tracheobronchial lymph nodes. Additionally, an aggressive osteolytic lesion involving the left ventral arch and transverse process of the C6 vertebra is identified.

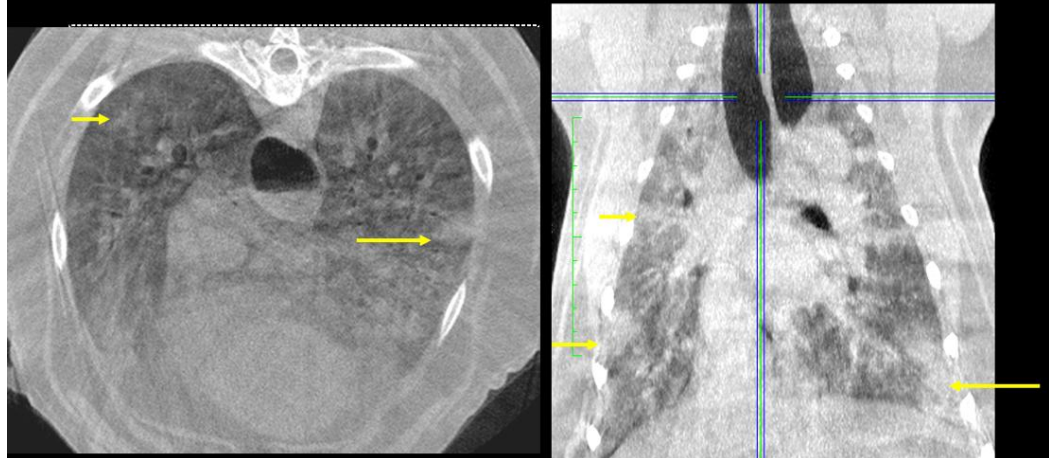
Based on the imaging appearance and the patient's clinical history, further narrowing of the differential diagnosis remains challenging at this stage, as there is considerable overlap between infectious and neoplastic systemic diseases on computed tomography of the patient. Differential considerations continue to include neoplastic processes, particularly plasma cell neoplasia (e.g., multiple myeloma or plasmacytoma), as well as histiocytic sarcoma and disseminated fungal disease.

Correlation with the previously performed bone biopsy is essential. If results are inconclusive, bone marrow aspiration or bronchoalveolar lavage is recommended as an additional diagnostic step.

TECHNICAL COMMENTS

The examination is affected by beam-hardening and streak artifacts, which mildly limit image quality in some regions. Overall, the quality of the study is considered moderate for interpretation.

Multifocal pulmonary disease characterized by mixed attenuation, peripheral consolidations, multifocal ground-glass opacities, and scattered pulmonary micronodules





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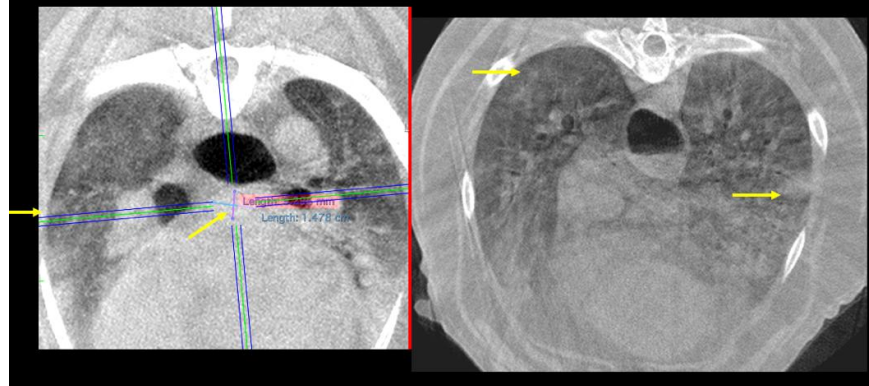
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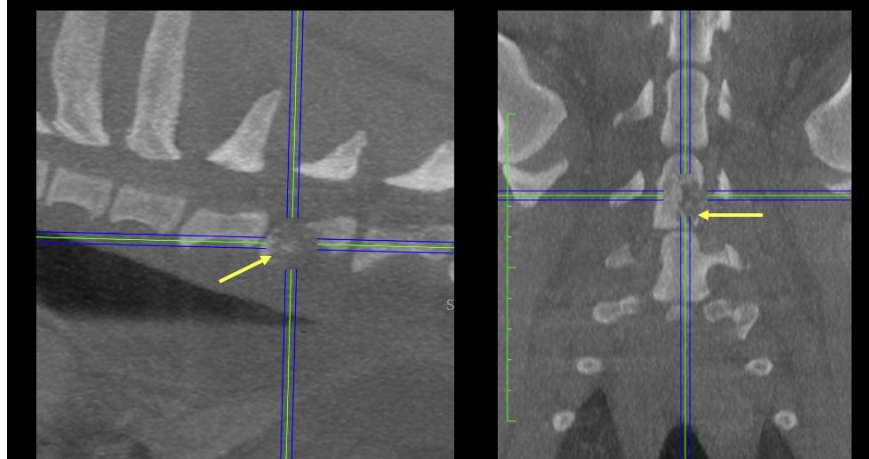
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Multifocal pulmonary mixed attenuation, peripheral consolidations, associated with mild enlargement of the middle and right tracheobronchial lymph nodes.



Aggressive osteolytic lesion involving the left ventral arch and transverse process of C6



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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