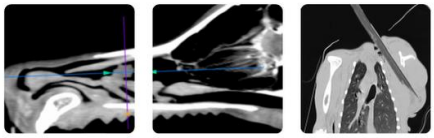


PATIENT

Ginger Bash

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Female S

AGE

10Y

WEIGHT

52.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

CG Vet Clinic

HOSPITAL NAME

Cottage Grove Veterinary Clinic

REFERRING VET

Damewood

INVOICE

74132

DATE

3-10-26

PRESENTING CLINICAL SIGNS

- Weight loss and anorexia
- cough, increased respiratory effort
- bloodwork pending

RADIOGRAPHIC STUDY OF THE THORAX

Orthogonal views of the thorax are available for review totaling three images. One ventrodorsal view. One right lateral view. One left lateral view.

RADIOGRAPHIC FINDINGS

THORAX

There is a large, rounded, well-defined soft tissue opacity mass located in the left caudal lung lobe, positioned more dorsally and best delineated on the right lateral projection. The mass measures approximately 7.5 × 8.1 cm. Associated with this pulmonary lesion, there is a marked mixed pulmonary pattern, characterized by diffuse unstructured interstitial pattern, peribronchial interstitial thickening, and multifocal patchy alveolar opacities

On the ventrodorsal projection, there is reduced expansion of the left lung, accompanied by an ipsilateral mediastinal shift. The pulmonary mass is not clearly delineated on this projection, likely due to superimposition with adjacent structures and possible compression or invasion of the main bronchus, resulting in concurrent obstructive atelectasis.

On the lateral projections, there is summation artifact in the region of the carina, partially obscuring the caudal border of the cardiac silhouette.

There is suspected enlargement of the left atrial region, characterized by a straighter caudal cardiac silhouette. The vertebral heart score (VHS) is approximately 12.0, which is slightly at the upper limit of normal.

The pulmonary vascular contours are not clearly visualized due to the diffuse interstitial and alveolar pulmonary opacity.

Pleural fissure lines are visible within the left hemithorax, suggesting a small volume pleural effusion.

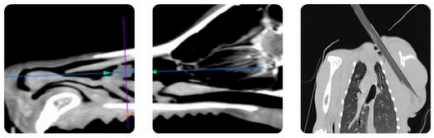
The esophagus is unremarkable.

The ribs, diaphragm, and thoracic wall appear within normal limits.

The liver appears enlarged, with a smooth, regular contour.

There is decreased serosal detail in the cranial abdomen.

Within the dorsal subcutaneous tissues, there is a semicircular soft tissue opaque mass effect measuring approximately 6.8 × 3.1 cm, located in the region dorsal to T13 –L1.



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There is incomplete bridging vertebral endplate spondylosis deformans at L2–L3.

RADIOGRAPHIC DIAGNOSIS

- Large soft tissue pulmonary mass in the left caudal lung lobe and concurrent diffuse mixed pulmonary pattern, characterized by unstructured interstitial and patchy alveolar opacities. The principal differential diagnoses include primary pulmonary neoplasm with diffuse/infiltrative metastasis.
- Mild heart enlargement specifically left atrial enlargement, with VHS measuring 12.0 (upper limit of normal).
- Suspect of enlargement of the tracheobronchial lymph nodes, reactive or metastatic.
- Small volume pleural effusion suspected in the left hemithorax.
- Mild hepatomegaly.
- Decreased cranial abdominal serosal detail. Differential diagnoses include mild peritoneal effusion, or cachexia.
- Subcutaneous soft tissue mass located in the dorsal thoracolumbar region (T13–L1).
- L2–L3 spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic examination demonstrates a large pulmonary mass in the left caudal lung lobe, associated with diffuse pulmonary parenchymal changes and reduced lung expansion. These findings are highly suspicious for a primary pulmonary neoplasm with concurrent metastatic disease. The principal differential diagnoses include primary pulmonary carcinoma (bronchogenic carcinoma or other types) — most likely; pulmonary metastatic disease; less likely granulomatous or severe infectious disease (less likely given the size of the left lung nodule and associated findings).

TFAST-guided fine-needle aspiration of the pulmonary mass may be considered if clinically feasible. The lesion is not clearly delineated on the VD projection, limiting evaluation of its proximity to the thoracic wall.

The reduced expansion of the left lung with mediastinal shift likely suggests concurrent obstructive or compressive atelectasis, possibly secondary to bronchial obstruction caused by the pulmonary mass.

Other differential diagnosis for the diffuse mixed pulmonary pattern may represent secondary inflammatory changes, pulmonary edema, or hemorrhage.

The visible pleural fissure lines suggest a small volume pleural effusion, which may be reactive or neoplastic.

Given the mild cardiac enlargement, an echocardiographic evaluation is recommended for further assessment of cardiac structure and function.

Additionally, hepatomegaly with decreased abdominal serosal detail is present. Differential diagnoses include inflammatory, metabolic vacuolar change (endocrinopathy), hepatic congestion or infiltrative neoplasia. Abdominal ultrasound is recommended to further assess the hepatomegaly and abdominal findings.

A subcutaneous mass in the dorsal thoracolumbar region is also noted. Differential diagnoses include a soft tissue neoplasm, an iatrogenic lesion related to local medication administration, or a granulomatous lesion.

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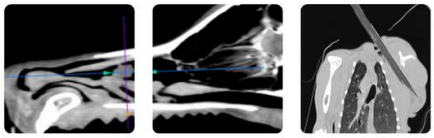

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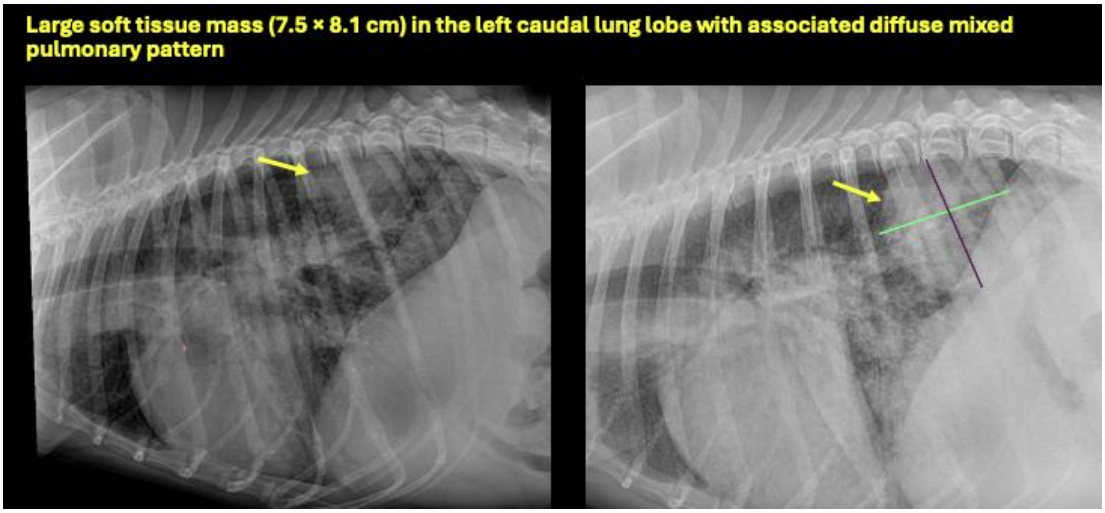

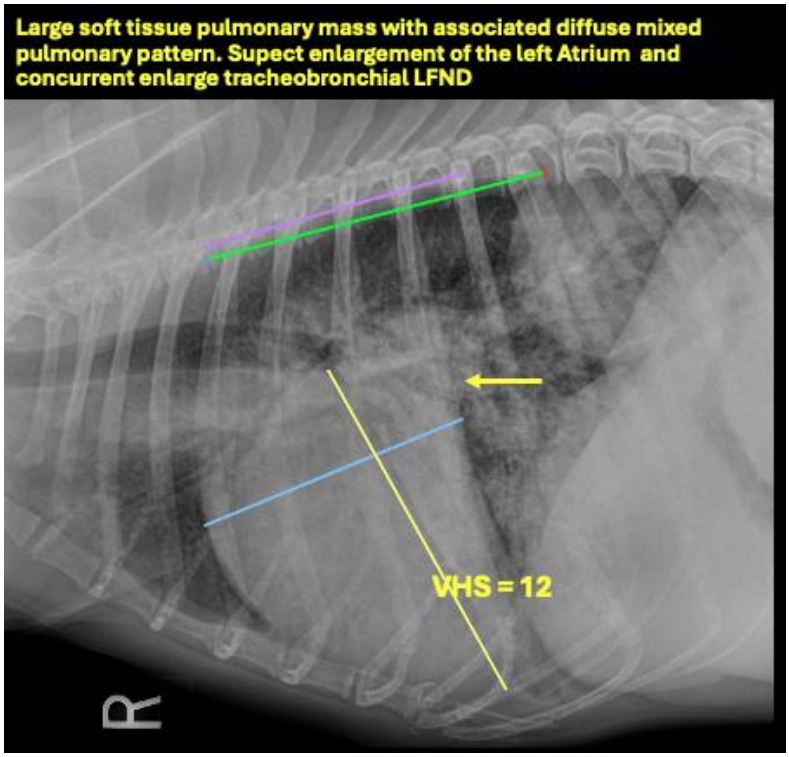

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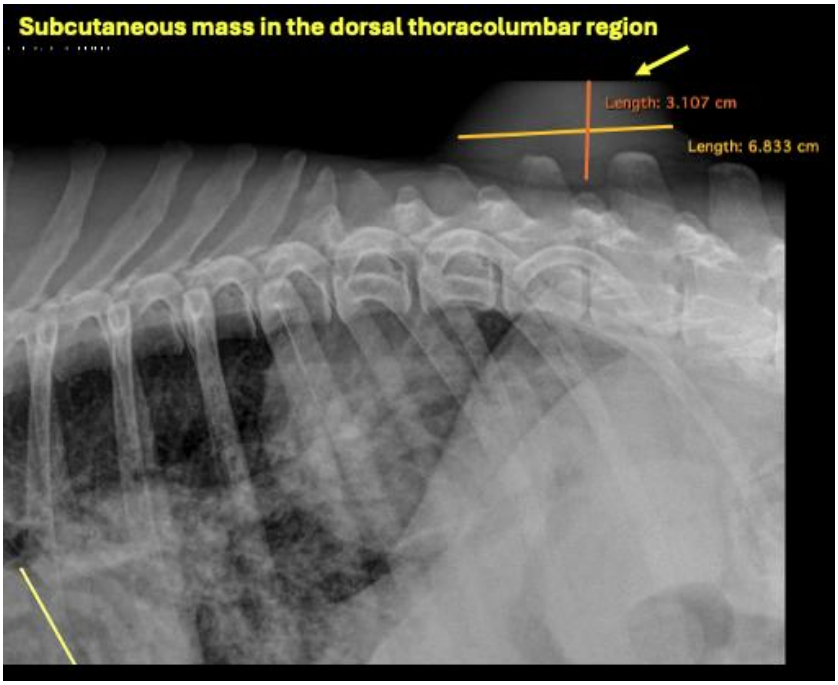

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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