



## PATIENT

Rubi Texidor

## SPECIES

Canine

## BREED

Pomeranian

## SEX

F

## AGE

11

## WEIGHT

9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

JD Veterinary Imaging  
Center

## HOSPITAL NAME

Juana Diaz Animal  
Hospital

## REFERRING VET

Dr. Pedro De Jesus

## INVOICE

74278

## DATE

3-19-26

## PRESENTING CLINICAL SIGNS

Referred for ct imaging after noticing soft tissue opacity in cranial thoracic region.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax is provided for review, totaling 9 series. Three pre-contrast series were acquired using soft tissue and lung algorithms, and six post-contrast series were obtained using soft tissue and lung algorithms.

## COMPUTED TOMOGRAPHIC FINDINGS

### THORAX

A large, rounded soft tissue intrathoracic mass is identified within the left hemithorax, likely topographically associated with the cranial subsegment of the left cranial lung lobe. The lesion demonstrates heterogeneous contrast enhancement, with central hypoattenuating areas, and peripheral and inner vascularization.

The mass due to the size is in broad contact with the adjacent thoracic wall without evidence of osseous or chest wall invasion. Medially, it abuts and displaces mediastinal structures, including contact with the pericardium and lateral border of the cardiac base, resulting in mild rightward displacement of the cardiac silhouette. The lesion extends approximately between the second and fourth intercostal spaces. The lesion measures at least 5.6 x 4.5 cm

The remaining pulmonary parenchyma is unremarkable, with no evidence of pulmonary nodules, masses, or diffuse disease.

The trachea and mainstem bronchi are within normal limits.

The left and right tracheobronchial lymph nodes are mildly enlarged (~4.6 x 4.4 mm and 7.1 x 6.9 mm respectively). The cranial mediastinal lymph nodes are within normal limits.

The cardiac chambers and pulmonary vessels are within normal limits, with appropriate post-contrast opacification.

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

The thoracic esophagus is unremarkable.

Incidental finding of T12 - T13 complete bridging spondylosis deformans, associated with intervertebral disc space narrowing, sclerosis, and mild irregularity of the articular surfaces.

Within the partially included cranial abdomen, the gallbladder contains hypoattenuating material with dependent hyperattenuating content, compatible with biliary sediment.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left cranial intrathoracic mass, likely associated with the cranial subsegment of the left cranial lung lobe, exhibiting heterogeneous enhancement and central hypoattenuating regions, causing mediastinal (cardiac) displacement without evidence of thoracic wall invasion. Primary



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differential diagnoses include pulmonary neoplasia (primary lung tumor such as adenocarcinoma, bronchoalveolar carcinoma, or squamous cell carcinoma)

- Mild enlargement of the tracheobronchial lymph nodes, which may represent reactive change or metastatic involvement.
- Incidental biliary sediment within the gallbladder.
- T12-T13 chronic disc disease and spondylosis deformans.

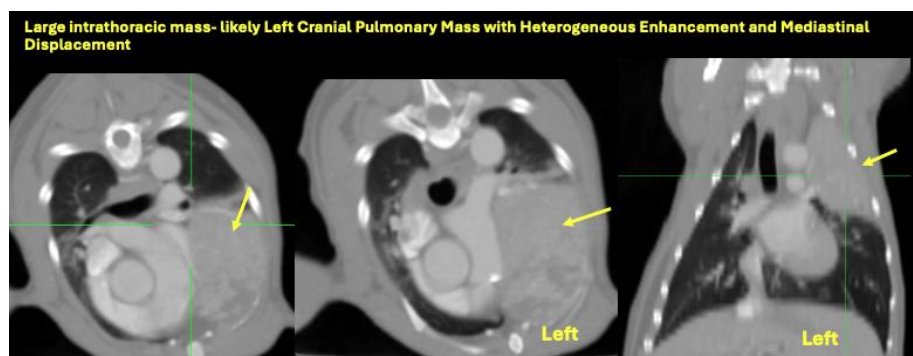
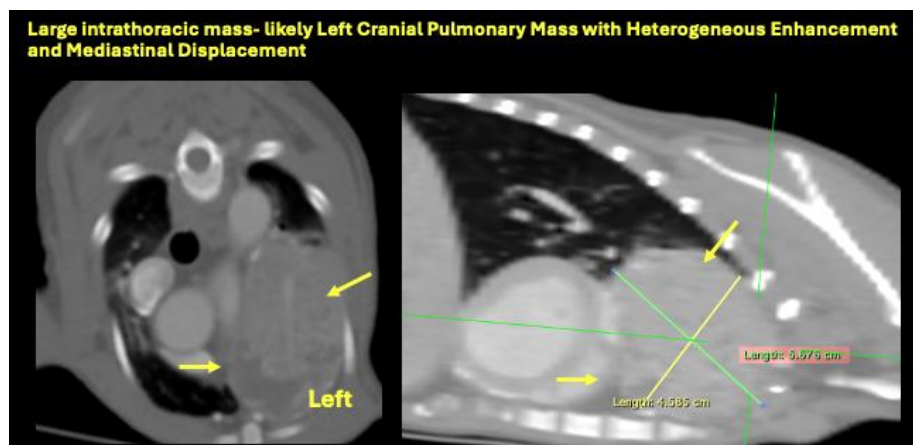
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The study demonstrates a large intrathoracic mass with imaging characteristics most consistent with a primary pulmonary neoplasm due to the more lateral position. There is no evidence of distant pulmonary metastasis.

Mild enlargement of the tracheobronchial lymph nodes raises concern for possible regional lymphatic involvement.

Consider thoracic ultrasound-guided fine-needle aspiration or biopsy for cytological or histopathological diagnosis.

The intimate association with the pericardium, as well as mediastinal displacement, may complicate surgical resection and should be carefully evaluated in surgical planning.





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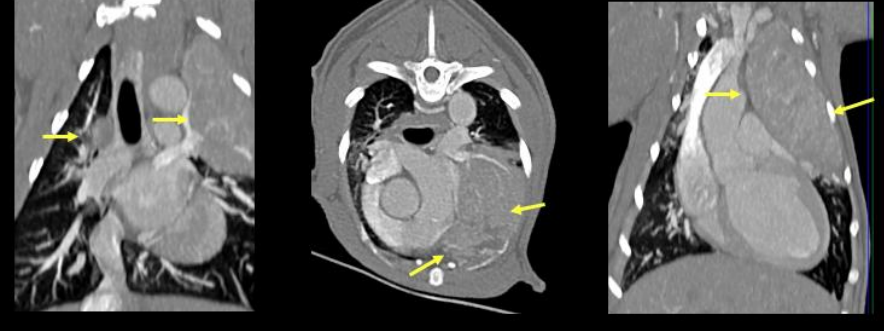
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**Large Intrathoracic mass- likely Left Cranial Pulmonary Mass with Heterogeneous Enhancement and Mediastinal Displacement. Enlargement of the tracheobronchial LFND.**



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](mailto:info@sonopath.com)