



## PATIENT

Bayla Wander

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

SF

## AGE

10Y

## WEIGHT

33.5kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mobile Pet Imaging

## HOSPITAL NAME

Mobile Pet Imaging

## REFERRING VET

Armstrong

## INVOICE

74335

## DATE

3-24-26

## PRESENTING CLINICAL SIGNS

Patient presented for change in breathing pattern. Thoracic radiographs completed - space-occupying mass compressing tracheal diameter identified, lungs clear with no evidence of metastatic disease.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK & THORAX

A pre- and post-contrast CT study of the head, neck, and thorax was provided for review, comprising six series: three pre-contrast series of the head acquired using bone and soft tissue algorithms, two post-contrast series of the head and neck acquired using a soft tissue algorithm, and one post-contrast series of the thorax acquired using a soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head & Neck

There is mild, circumferential thickening of the laryngeal wall and proximal cervical trachea at the level of the cricoid cartilage, with mild involvement of the adjacent soft tissues. The cricoid and thyroid cartilages are preserved, with no evidence of lysis or proliferation.

The remaining cervical trachea is within normal limits in diameter and wall characteristics, with no intraluminal mass identified.

There is mild enlargement of the left medial retropharyngeal lymph node. The remaining cervical lymph nodes are within normal limits.

The thyroid glands, salivary glands (parotid and mandibular), and hyoid apparatus are unremarkable.

The nasal cavities, frontal sinuses, soft palate, and tonsillar regions are within normal limits.

No intracranial mass effect or midline shift is observed.

Incidental dental findings include an extra tooth adjacent to Triadan 105 and absence of Triadan 108 and 208.

### Thorax

The thoracic trachea is normal in diameter, position, and wall thickness.

The lungs show mild, gravity-dependent ground-glass attenuation, consistent with passive atelectasis. The remaining pulmonary parenchyma is unremarkable, with no evidence of pulmonary nodules or masses.

The bronchial tree is normal in branching and caliber, with no bronchial wall thickening.

The cardiac silhouette and pulmonary vasculature are within normal limits.

The mediastinal and tracheobronchial lymph nodes are within normal limits.

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

A small, well-defined, rounded soft tissue nodule is present within the dorsal subcutaneous tissues at the level of T8, measuring approximately 1.0 cm.



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild, circumferential thickening of the laryngeal wall and proximal cervical trachea without a marked mass or significant luminal obstruction. Differential diagnoses include inflammatory laryngotracheitis, edema, or early infiltrative neoplasia.
- No evidence of a defined intrathoracic tracheal mass or extraluminal compressive lesion on CT.
- Mild enlargement of the left medial retropharyngeal lymph node, most likely reactive.
- Mild passive pulmonary atelectasis. No evidence of pulmonary metastatic disease.
- Small dorsal subcutaneous soft tissue nodule at T8 level. Differential diagnoses include benign cutaneous/subcutaneous lesion (e.g., granuloma, sebaceous adenoma) versus less likely soft tissue neoplasia.
- Dental anomalies (supernumerary tooth and missing teeth – Triadan 108 and 208).

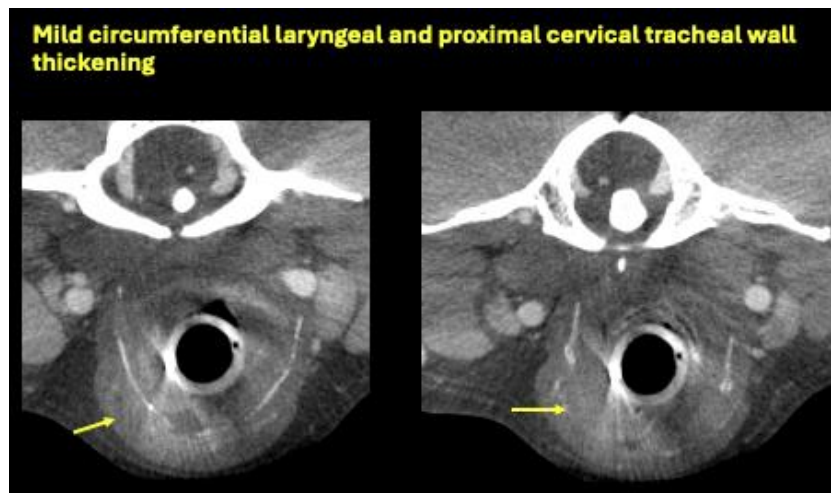
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings demonstrate mild circumferential thickening of the laryngeal and proximal tracheal walls may represent an inflammatory process, or edema; however, early or infiltrative neoplasia cannot be excluded based on imaging alone.

Consider endoscopic evaluation (laryngoscopy/tracheoscopy) for direct visualization and assessment of mucosal surfaces and airway dynamics. Consider targeted biopsy or cytology if mucosal irregularities are identified.

Consider cytological sampling (FNA) of the subcutaneous nodule for characterization.

No tomographic evidence of metastatic pulmonary disease is identified.





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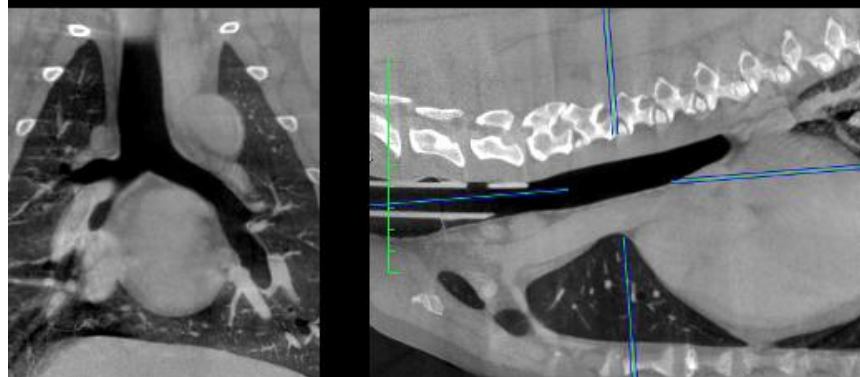
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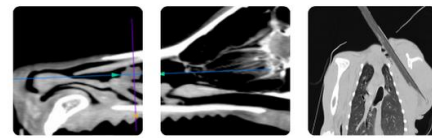
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**Mild enlargement of the left medial retropharyngeal lymph node**



**Normal thoracic trachea**





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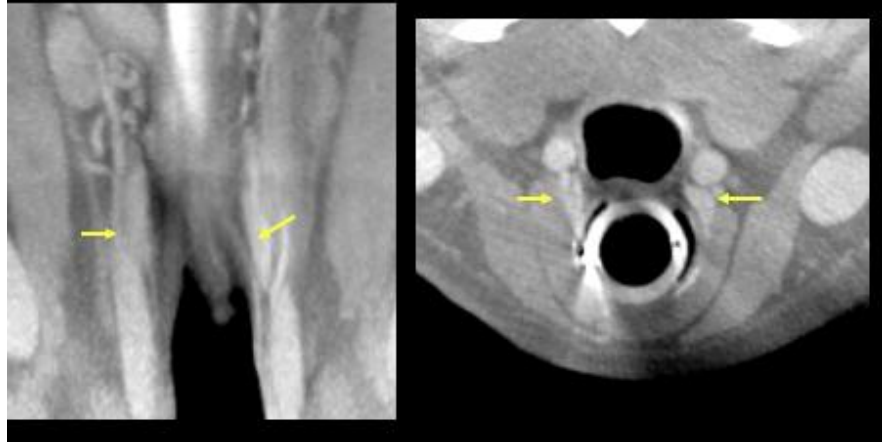
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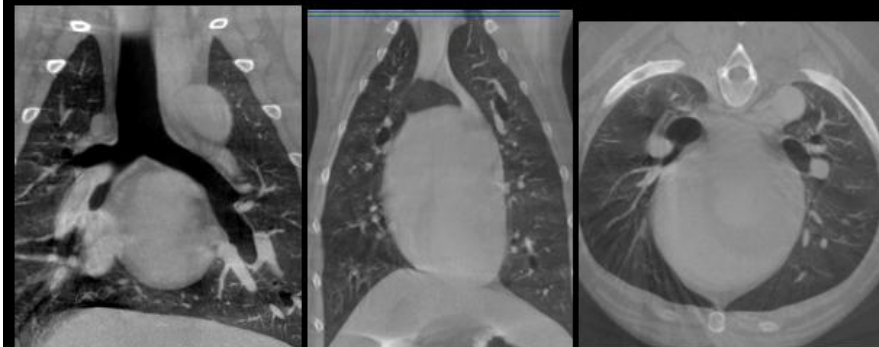
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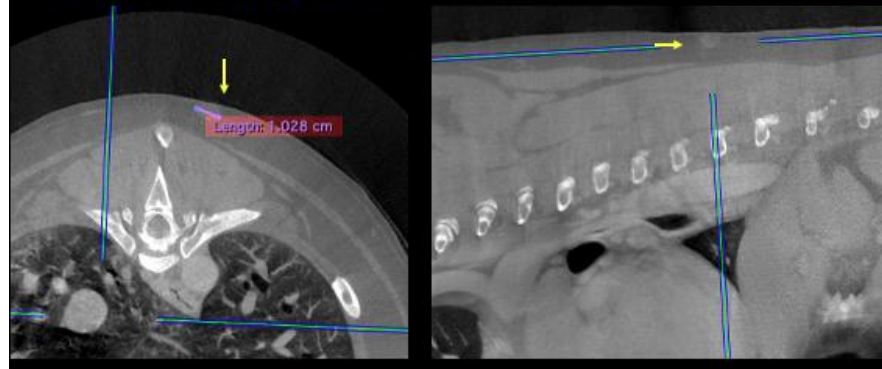
**Normal Thyroid glands**

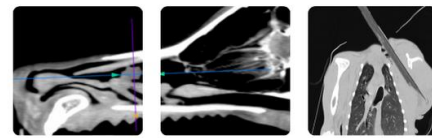


**Normal thorax**



**Small, rounded soft tissue nodule**





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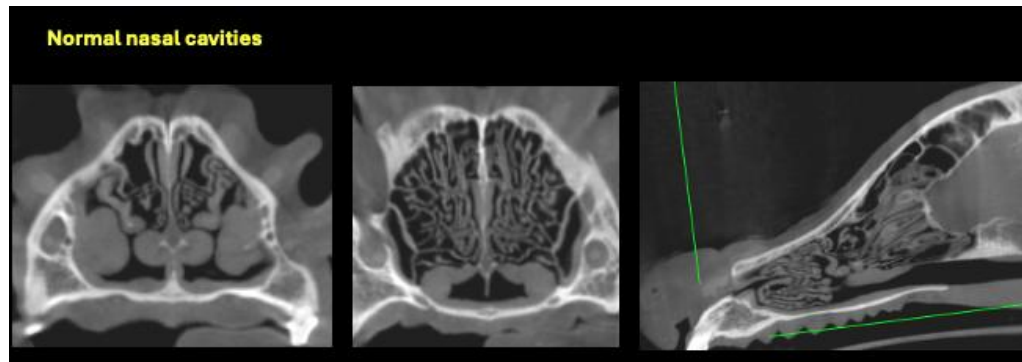
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)