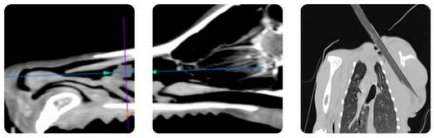

PATIENT

CP Rosario

SPECIES

Canine

BREED

Medium Mixed Breed

SEX

SF

AGE

9Y

WEIGHT

31.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno, CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Javier Rodriguez, DVM

INVOICE

74910

DATE

5-5-26

PRESENTING CLINICAL SIGNS

CP is a 9-year-old spayed female mixed breed dog presented to Vets PR as a transfer case from Clínica Veterinaria Equus, although the patient was not formally referred. The owners presented to our hospital due to proximity and concern for the patient's respiratory condition. Initial radiographs taken by the referring veterinarian suggested the possibility of a diaphragmatic hernia, as the diaphragm margins were not clearly visualized. Upon presentation, the patient showed respiratory compromise and concern remained for thoracic pathology including diaphragmatic rupture or pleural disease. Abnormal PE/Chem/CBC/UA Results: CBC --- RETIC-HGB mild decreased (20.9), WBC mild increased (19.54), NEU mild increased (14.72), MONO mild increased (1.44) CHEM --- GLOB mild increased (4.6), ALT mild increased (246), ALP mildly elevated (312)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of the thorax is provided for review totaling 2 series. One pre-contrast series of the thorax (soft tissue algorithm). One post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

A large cystic-cavitary pulmonary lesion is identified within the right caudal lung lobe, located in the caudal dorsal aspect of this lobe, approximately extending from the seventh to the tenth intercostal spaces.

The lesion is well-circumscribed and smoothly marginated. It contains predominantly hypoattenuating homogeneous fluid material with a smaller amount of heterogeneous internal content/debris. The wall is predominantly thin, with multifocal regions of mild wall thickening. The lesion measures approximately 6.8 × 4.8 × 5.1 cm.

Caudally, the lesion is contiguous with the diaphragm, resulting in mild focal displacement and subtle deformation of the diaphragmatic contour. The border of the lesion is also in close contact with the hepatic and thoracic segments of the caudal vena cava. No clear evidence of vascular invasion is identified; however, adhesion to the diaphragm and/or caudal vena cava cannot be excluded based on this examination.

No evidence of diaphragmatic rupture or diaphragmatic herniation is observed. The liver and cranial abdominal structures maintain normal anatomical positioning.

The remaining pulmonary parenchyma is preserved, without evidence of additional pulmonary nodules, masses, or diffuse pulmonary disease.

The trachea and principal bronchi are within normal limits. The bronchial branching pattern is preserved.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

A mildly enlarged sternal lymph node is identified. The remaining mediastinal lymph nodes are within normal limits.

No evidence of thoracic wall or rib abnormalities is observed.

The pleural space and thoracic esophagus are unremarkable.

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T4-5 and T5-6 complete bridging spondylosis deformans are present.

Within the included cranial abdomen, the gallbladder contains irregular stellate hyperattenuating material centrally located, visible on both pre- and post-contrast images. Findings are suspicious for gallbladder mucocele formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cystic-cavitary lesion affecting the right caudal lung lobe with mild multifocal wall thickening and internal heterogeneous debris. The lesion is closely associated with the diaphragm and caudal vena cava, without evidence of diaphragmatic rupture or herniation. Differential diagnoses include pulmonary abscess, necrotic pulmonary neoplasia, chronic granuloma, or congenital pulmonary cystic lesion.
- Mild sternal lymphadenomegaly, likely reactive.
- Suspected gallbladder mucocele.
- T4-5 and T5-6 thoracic spondylosis deformans.

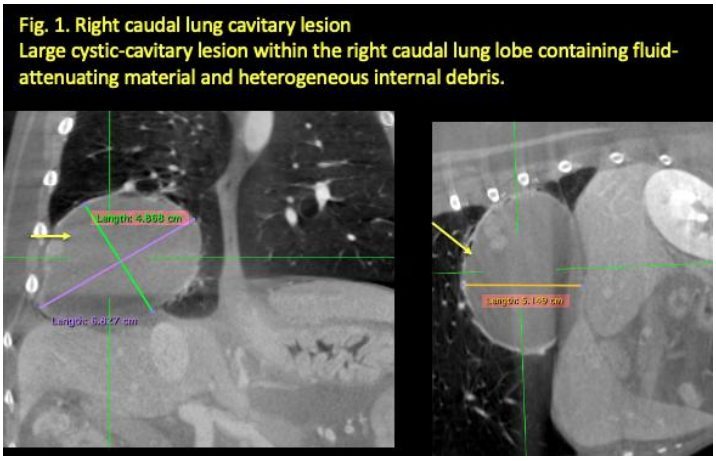
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a large cystic-cavitary lesion within the right caudal lung lobe. The lesion contains predominantly fluid-attenuating material with internal heterogeneous debris and multifocal wall thickening. Differential diagnoses include pulmonary abscess, necrotic pulmonary neoplasia, chronic granuloma, or congenital pulmonary cystic lesion.

Although the lesion is in contact with the diaphragm and caudal vena cava, there is no tomographic evidence of diaphragmatic rupture or herniation.

Given the proximity to the caudal vena cava and diaphragm, local adhesions cannot be entirely excluded. Cytological or histopathological sampling may be considered for definitive diagnosis if clinically feasible.

Additionally, incidental findings suspicious for gallbladder mucocele formation are noted in the cranial abdomen. Abdominal ultrasonographic correlation is recommended.



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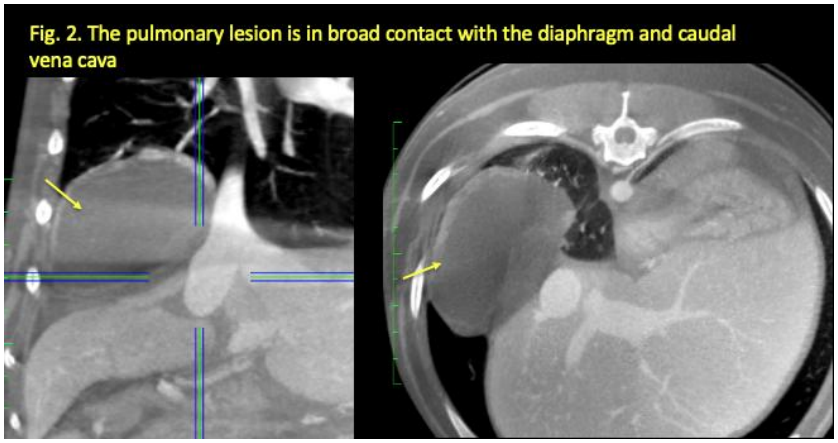

Fig. 2. The pulmonary lesion is in broad contact with the diaphragm and caudal vena cava

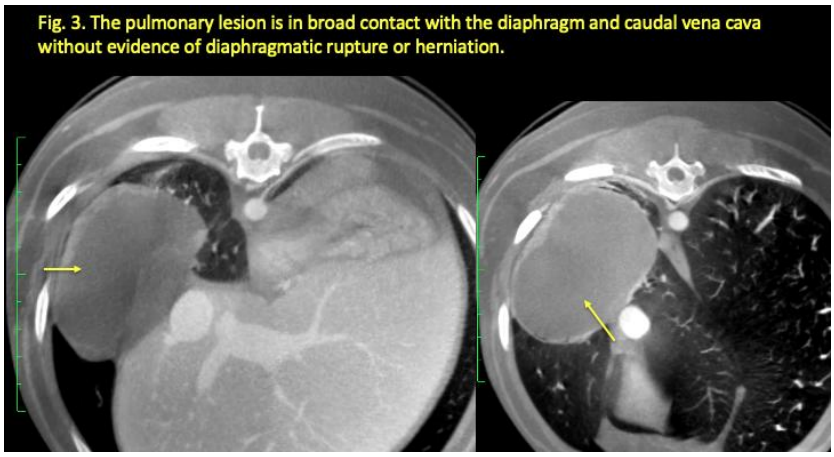

Fig. 3. The pulmonary lesion is in broad contact with the diaphragm and caudal vena cava without evidence of diaphragmatic rupture or herniation.

Fig. 4. Irregular stellate hyperattenuating material within the gallbladder lumen, suspicious for mucocele formation.

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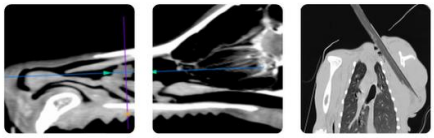

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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