



PATIENT

Colt Kindem

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

10Y

WEIGHT

80lbs

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

75250

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Patient has a mass on neck that specialist is concerned is too invasive with jugular so wants a CT before surgery. Also wants to check for mets in the chest at same time on CT.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

A pre- and post-contrast CT study of the neck and thorax is provided for review totaling 5 series. Two pre-contrast series of the neck soft tissue algorithm. Two post-contrast series of the neck soft tissue algorithm. One post-contrast series of the thorax bone tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

NECK

A large, expansile, heterogeneously contrast-enhancing soft tissue mass is present within the right cervical region, extending caudally into the right axillary region. The lesion is adjacent and protruding likely intermuscular in the region of the right omotransverse and supraspinatus muscle; however, origin from the right caudal deep cervical lymph node or right axillary lymph node cannot be definitively excluded. The mass extends from approximately the level of C2 to the right axillary region and measures at least $9.1 \times 7.4 \times 9.2$ cm.

The mass is encapsulated and contains multiple internal hypoattenuating cavitory/necrotic regions. Peripheral dystrophic mineralization is present, including mineralization adjacent to the right clavicular region, and the clavicle is not defined. Small peripheral feeding vessels are identified.

Marked regional mass effect is present with leftward deviation and compression of the trachea.

Severe extrinsic compression of the right external jugular vein results in marked luminal narrowing. However, no clear evidence of intraluminal filling defect.

The right axillary and right caudal deep cervical lymph nodes are not separately identified. Multiple enlarged satellite superficial cervical lymph nodes are present adjacent to the mass.

Two additional subcutaneous nodules with similar attenuation characteristics are identified within the dorsal cervical soft tissues, measuring approximately 1.2×1.1 cm and 1.0×0.8 cm.

No adjacent osseous lysis or aggressive bone changes are identified.

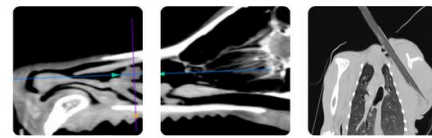
The thyroid glands are preserved; however, the right thyroid gland is closely associated with the mass.

THORAX

A large well-defined pulmonary mass is present within the left caudal lung lobe, dorsally located adjacent to the thoracic wall at the level of the 5th–6th intercostal spaces. The mass measures approximately 5.2×3.5 cm and demonstrates mild heterogeneous contrast enhancement. It causes extramural compression of the lobar bronchus supplying the left caudal lung lobe.

Additional pulmonary micronodules are present, including multiple scattered pulmonary micronodules, a 0.5 cm nodule within the right cranial lung lobe, and a small ground-glass pulmonary nodule.

Multiple small subpleural mineralized foci (osteoma-like mineralizations) are present.



PATIENT

The left tracheobronchial lymph node is mildly enlarged. Remaining visible mediastinal lymph nodes are within normal limits.

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Cardiac silhouette, pulmonary vasculature, pleural space, thoracic wall, diaphragm, thoracic trachea, and esophagus are unremarkable.

Canine

Incidental incomplete bridging spondylosis deformans is present at T12 – T13.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

- Large aggressive right cervical-to-axillary soft tissue mass with heterogeneous enhancement, internal cavitory/necrotic components, peripheral dystrophic mineralization, marked local mass effect, and severe compression of the right external jugular vein. Imaging features are most consistent with a malignant neoplasm, with primary considerations including metastatic or primary lymph node neoplasia, soft tissue sarcoma, or other mesenchymal neoplasm.
- Enlarged adjacent superficial cervical satellite lymph nodes and two additional dorsal cervical subcutaneous nodules, suspicious for regional metastatic disease or satellite tumor nodules.
- Large left caudal pulmonary mass accompanied by multiple additional pulmonary nodules/micronodules and mild enlargement of the left tracheobronchial lymph node, highly concerning for metastatic pulmonary disease. A synchronous primary pulmonary neoplasm with additional metastatic lesions cannot be excluded.
- Incidental mild subpleural mineralized foci and T12 – T13 spondylosis deformans.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cervical mass demonstrates aggressive imaging characteristics and significant regional vascular and airway mass effect, including severe compression of the right external jugular vein and displacement of the trachea. The absence of osseous invasion may be favorable for local surgical planning; however, the lesion is extensive and closely associated with regional neurovascular and lymphatic structures. Possible muscle involvement and/or adhesences are not excluded.

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Thoracic findings are highly suspicious for metastatic pulmonary dissemination, given the presence of a large pulmonary mass, multiple additional pulmonary nodules, and mild tracheobronchial lymphadenopathy. These findings substantially increase concern for advanced-stage malignant disease.

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Correlation with cytology and/or histopathology of the cervical mass and regional nodules is recommended. Sampling of the large pulmonary lesion may be considered if clinically indicated for staging and treatment planning.

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Fig. 1. Large right cervical-axillary mass

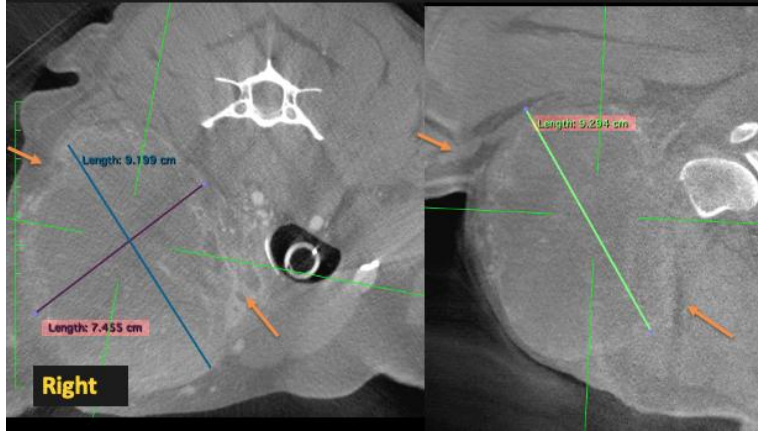


Fig. 2. additional dorsal cervical subcutaneous nodules

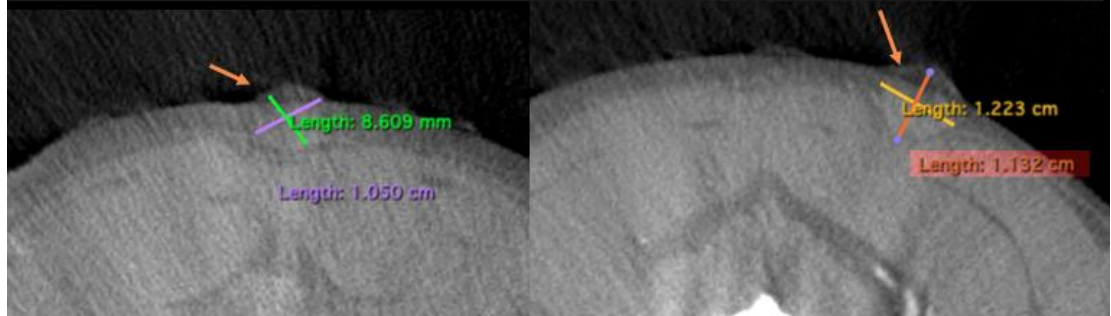
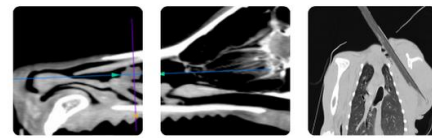


Fig. 3. Large left caudal lung lobe mass





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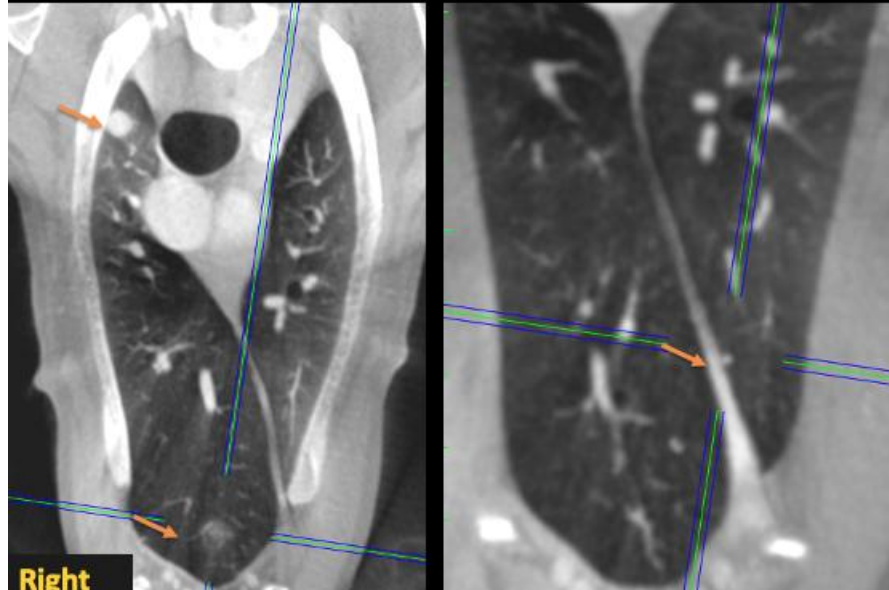
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Fig. 4. Multiple additional pulmonary micronodules and small nodules



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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