FAST™

November 11, 2026
REPORT #SAMPLE-0001

VETERINARY DIAGNOSTIC CT SCAN

Requested on November 5, 2026 at 08:48 AM

Patient Information

NAME	SPECIES	BREED
Luna	Dog	Podenco
AGE	**WEIGHT**	**OWNER**
11 years	Not specified	—

Clinical Context

CLINIC	REFERRING VETERINARIAN
Sample Veterinary Clinic	Dr. Alex Morgan

CLINICAL INDICATION

Suspected pulmonary mass. Mammary tumours surgically removed some time ago.

Study Regions

Thorax

Diagnostic Report

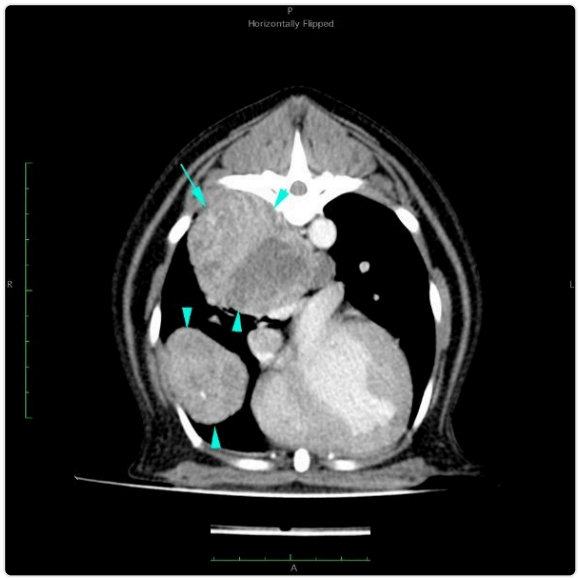
Technique

Helical CT of the thorax in an adult dog. Axial reconstruction using soft tissue and bone window. Study repeated after contrast agent administration.

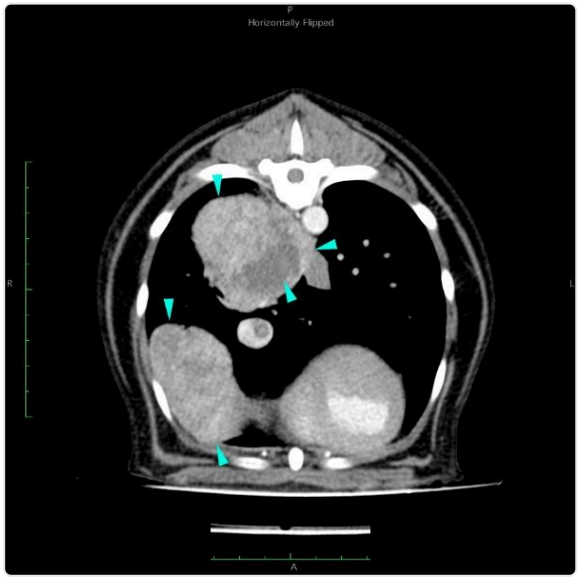
Findings by Region

THORAX

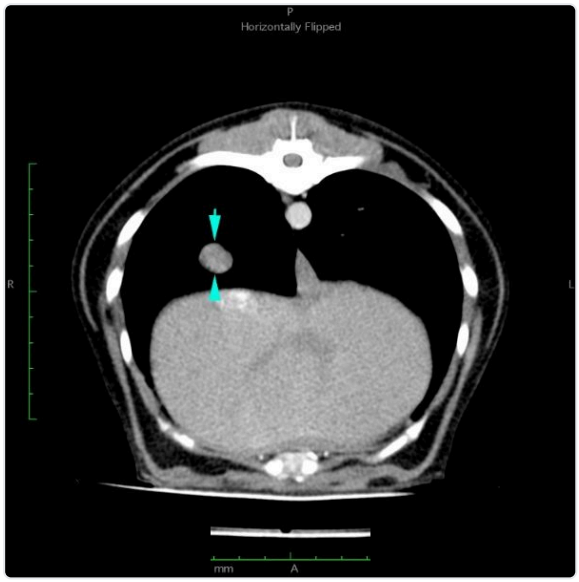
1. Large, heterogeneous, contrast-enhancing, space-occupying lesions are present within the right caudal pulmonary lobe. The larger lesion is centered within the caudodorsal portion of the lobe, measuring approximately 5.2 × 4.3 × 5.2 cm (width × height × craniocaudal length).



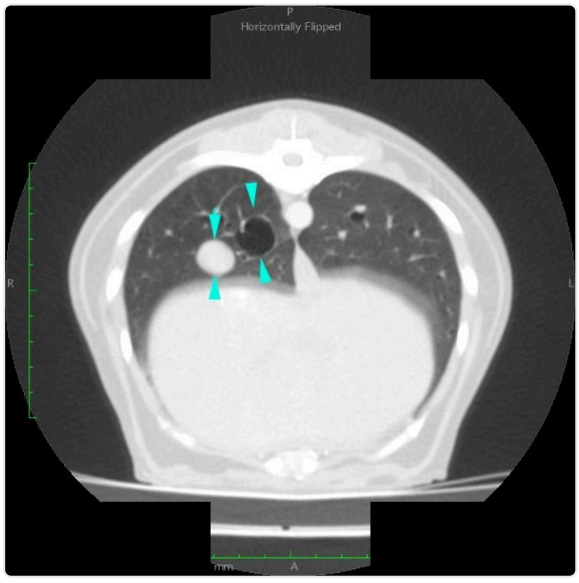
It demonstrates irregular, well-defined margins and heterogeneous internal contrast enhancement, with multiple lacunar-to-cavitary hypoattenuating components. The mass produces marked regional mass effect, with leftward displacement of the thoracic aorta and esophagus and ventral displacement of the adjacent bronchial structures. The lesion is in broad contact with the esophageal wall, without a clearly established tissue plane at the interface. A second heterogeneous, contrast-enhancing mass is centered within the ventral portion of the right caudal pulmonary lobe, measuring approximately 3.6 × 4.2 × 4.2 cm.



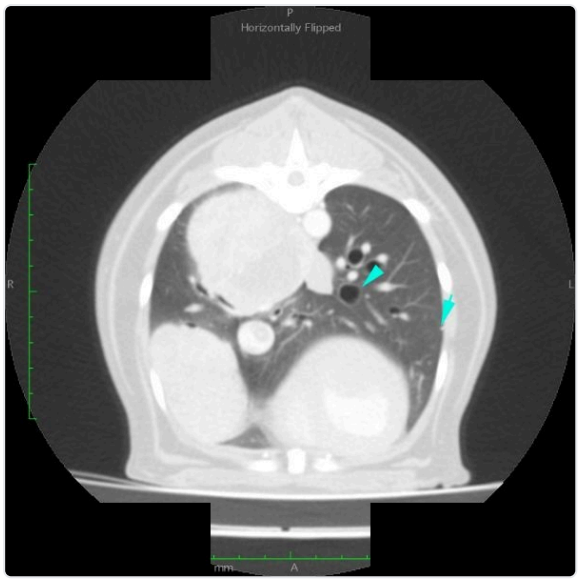
This lesion also demonstrates irregular, well-defined margins and internal lacunar-to-cavitary hypoattenuating regions. It produces additional regional mass effect, with leftward displacement of the cardiac muscle and compression of adjacent lobar bronchi.
A third space-occupying lesion of soft tissue attenuation is present in the caudal right lung lobe immediately caudal to the large mass. The lesion measures ~1.2 cm in diameter and has similar characteristics to the previously mentioned masses.



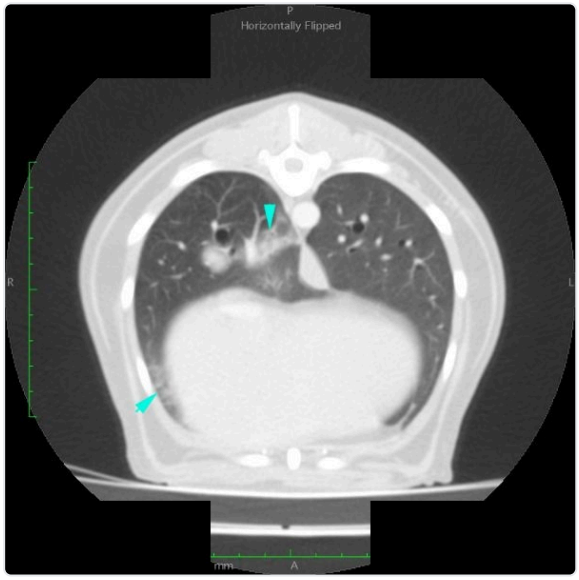
Caudal to the dorsally located pulmonary mass, a well-defined, thin-walled, gas-attenuating cavitary structure measuring approximately 1.7 cm is present medial to the previously described nodule. A similar smaller lesion is also present in the caudal right lung lobe.



Several punctate hyperattenuating foci are distributed within the remaining pulmonary parenchyma, predominantly in subpleural locations.



Mild ground-glass attenuation is present within the ventral aspect of the right caudal lung lobe.



The remaining evaluated pulmonary parenchyma is normally aerated. The trachea maintains normal course and caliber. The esophagus is otherwise unremarkable. The cardiac silhouette maintains normal morphology and dimensions, apart from the displacement caused by the adjacent pulmonary mass.

Thoracic wall: A focal, well-defined, soft tissue-attenuating nodular lesion measuring approximately 1.9 cm is present along the right lateral thoracic wall, lateral to the pectoral musculature, at approximately the level of the fourth rib.



Diagnostic Conclusions

1. Large, heterogeneous, contrast-enhancing pulmonary masses with internal cavitation and the history of mammary neoplasia is highly suspicious for a malignant pulmonary neoplasia, with metastatic disease from the previously diagnosed mammary neoplasm as the leading consideration. A primary pulmonary carcinoma with a secondary intrapulmonary neoplastic lesion represents an important alternative, particularly given the localization of both masses within the same pulmonary lobe. A complex infectious or granulomatous process with cavitation is considered less likely based on the described morphology. The extensive contact between the dorsal mass and the esophagus raises concern for local adherence or infiltration, although direct esophageal invasion is not established.
2. The right thoracic wall nodule is indeterminate; metastatic mammary neoplasia or local neoplastic recurrence is an important consideration, with a benign cutaneous or subcutaneous lesion remaining possible.
3. The small gas-filled pulmonary cavities represent a pulmonary bulla or pneumatocele.
4. The punctate hyperattenuating pulmonary foci are nonspecific and may reflect chronic mineralized changes.
5. The mild regional ground-glass attenuation may reflect secondary inflammatory or compressive changes associated with the pulmonary masses

Suggestions

Consult with the clinical team responsible for the case.

Dr. Ángela Antón Tárraga

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