



PATIENT PRESENTING CLINICAL SIGNS

Calvin Brody

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

8 Years

WEIGHT

20.8 Pounds

Approx 3"x3" mass over R caudolateral ribcage. Does not seem to bother P. Back in September the mass had been there and stable for a month + per O. at the time it was Semi-soft, slightly mobile like a lipoma under a muscle layer. Today the mass is notably larger and firm. It is not mobile. It has been 2 months since I last saw it. FNA at that time was consistent with lipoma and slides are attached to previous line item. previous U/S showed a variable texture with central densities more consistent with soft tissue or fat and scattered areas within the mass that are significantly brighter/more dense. There is a small area of fluid present.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The body wall revealed 5.0 cm depth of pathology with superficial hyperechoic striating cellulitis pattern with a 4.0 cm x 2.5 cm hypoechoic, undifferentiated primary lesion that appears to be adjacent to a rib. This is strongly suggestive for sarcoma with secondary inflammation and remodeling. The margins are very ill-defined with infiltrative pattern cranially and caudally noted into the fascial planes. The pathology appears to be all localized on the body wall. It does not appear to be surgically resectable. Recommend ultrasound guided Mild potential for non-neoplastic necrosis and foreign body.

ULTRASONOGRAPHIC FINDINGS

- Body wall mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA performed without complication into the hypoechoic region. CT evaluation for extent of the mass would be ideal in this patient. However, underlying sarcoma or possible chondrosarcoma deriving from the rib is a primary suspicion. If granulomatous disease or necrosis is found, dissolving foreign matter is possible, and surgical debulking may be appropriate depending upon cytology results. Prognosis is guarded depending upon cytology results. Abdominal sonogram and imaging of the cranial mediastinum may be appropriate to assess for related disease depending upon cytology results.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

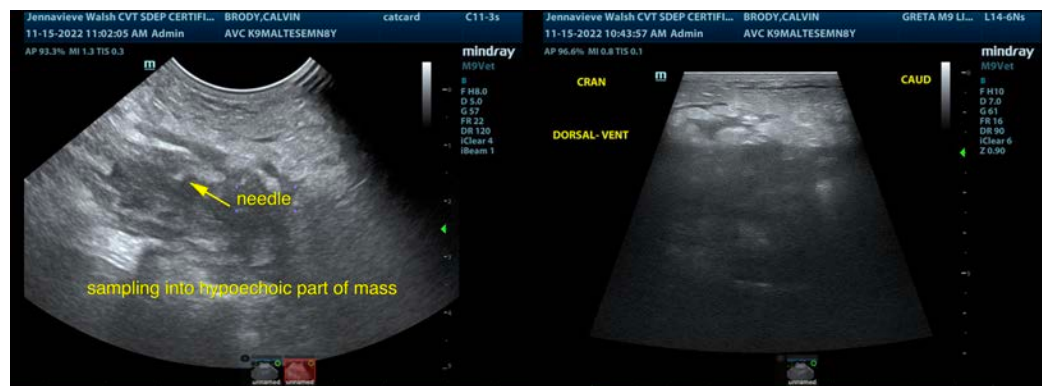
Dr. Sangl

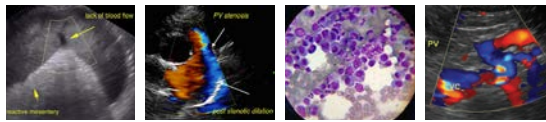
INVOICE

42731

DATE

11/15/22





PATIENT

Calvin Brody

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

8 Years

WEIGHT

20.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

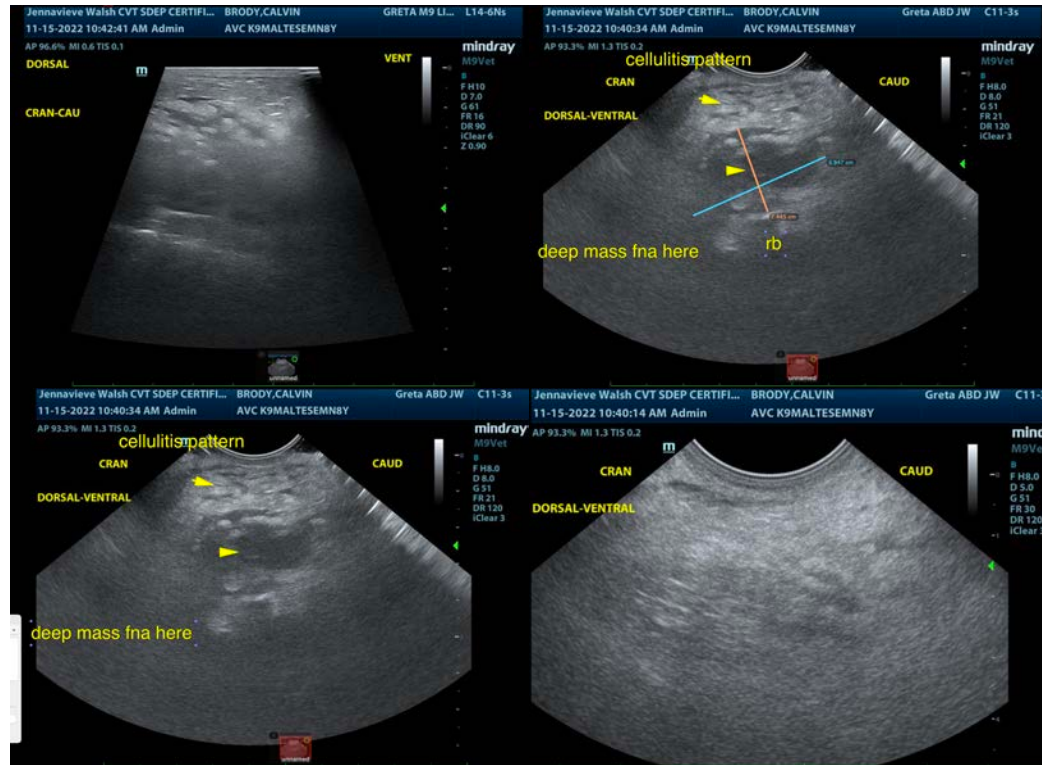
Dr. Sangl

INVOICE

42731

DATE

11/15/22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com