



PATIENT

Boomer Burge

PRESENTING CLINICAL SIGNS

New lumbar In remission from lymphoma Presented moderately inappetent with low energy AUS found suspicious mass - in caudal abdomen/sub-lumbar Aspirates came back hemangio sarcoma Chest included for MET check

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

BREED

Boxer

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

An ovoid mass of approximately 12 cm length and 6 cm diameter is seen within the caudal abdomen and can be traced into the pelvic canal. The mass is to the right of the rectum and urethra within the pelvic canal which are deviated to the left. Lesion margins are ill-defined. There is predominance of heterogeneous and peripheral contrast enhancement. No evidence of infiltration of the surrounding pelvic bones is seen.

SEX

Male Neutered

AGE

11 Years

Multiple smaller mesenteric nodules are seen ventral, cranial, and lateral to the mass and measure up to 1.6 cm in diameter. Lesion margins of the mass and of the associated nodules are ill-defined with mild peripheral fat stranding.

The medial iliac and hypogastric lymph nodes present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The lower urinary tract presents within normal limits except for severe distension of the urinary bladder at the time of the examination.

Multiple small cortical renal cysts are seen within both kidneys.

HOSPITAL NAME

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Center

There are multiple hyper- and hypo-enhancing small splenic nodules.

The liver, adrenal glands, pancreas, and gastrointestinal tract present within normal limits.

The abdominal lymph nodes present within normal limits.

REFERRING VET

Kim Winters

Thorax

Mild T4/5 spondylosis deformans is seen.

Mild chronic intervertebral disc protrusion and spondylosis deformans are seen at T11/12.

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T12/13, T13/L1 present spondylosis deformans.

L1/2 and L2/3 present mild chronic intervertebral disc protrusion and spondylosis deformans.

DATE

1-11-23

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.



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The cardiovascular structures including the pulmonary vasculature are within normal limits.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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Boxer

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large caudal abdominal and pelvic soft tissue mass with signs of aggressive biological behavior.
- Splenic nodules.
- Multiple smaller mesenteric nodules in the periphery of the mass.
- Multiple cortical renal cysts
- No evidence of regional lymphadenomegaly
- No evidence of pulmonary metastases.
- Multiple spondyloses and chronic intervertebral disc disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a mass with signs of aggressive biological behavior in the caudal abdomen and pelvic canal. Soft tissue neoplasia such as sarcoma and round cell neoplasia are the most likely differential diagnoses. Organizing hematoma, cyst, granuloma, and abscess can never be ruled out entirely but are considered by far less likely. The findings do parallel the history of potential hemangiosarcoma.

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The splenic nodules may represent metastatic disease, benign nodular hyperplasia, or extramedullary hematopoiesis.

No evidence of pulmonary metastases was seen.

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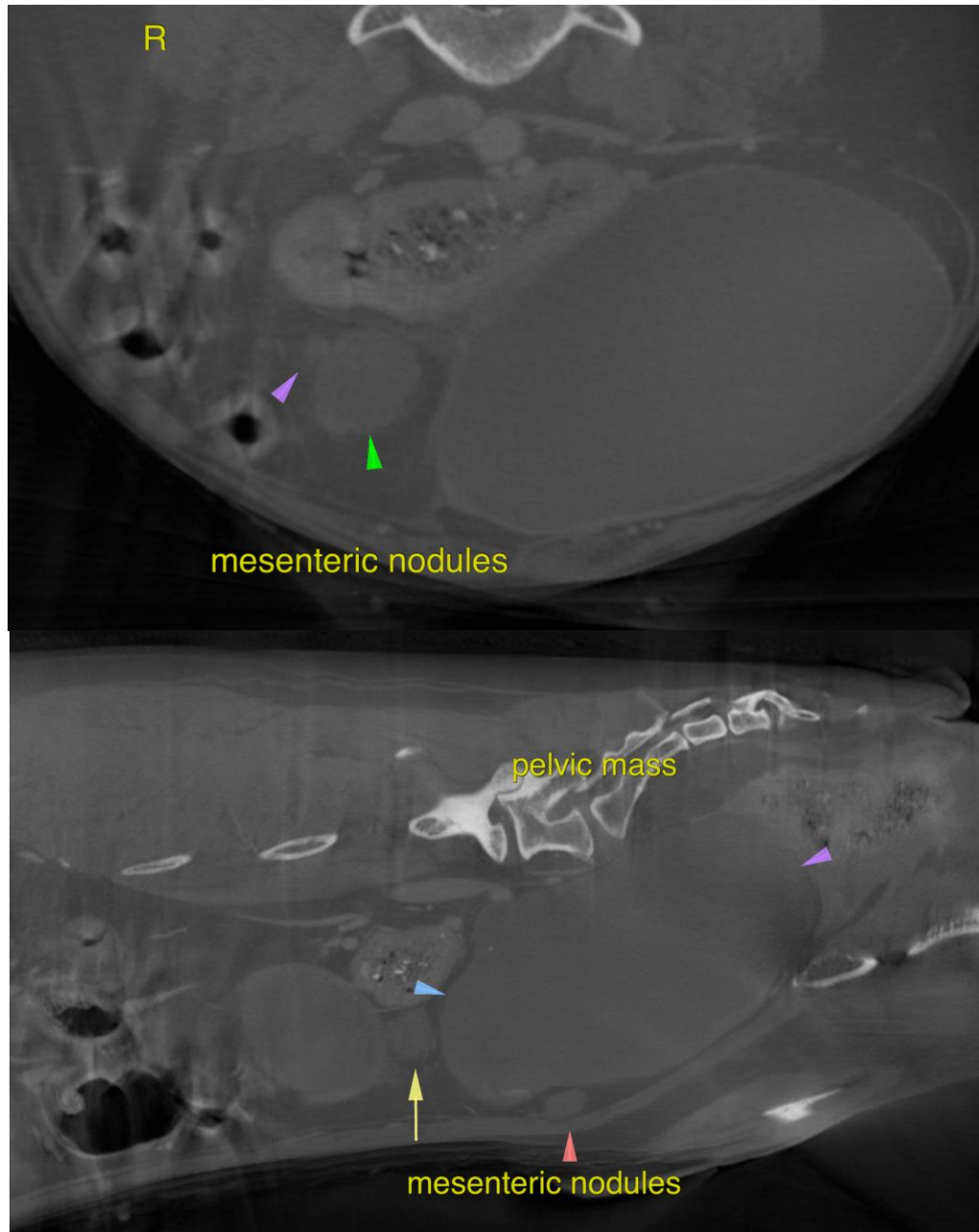
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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