



PATIENT

Milo Fortin

PRESENTING CLINICAL SIGNS

Low grade soft tissue sarcoma right axilla evidence of knuckling/tripping on right forelimb during walks at home and figure of 8 in hospital. Concern for invasion/involvement of brachial plexus.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain studies in soft tissue and lung windows available for review.

BREED

Hungarian Vizsla

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A large lobulated soft tissue attenuating cavitated mass is seen in the right axillary region. The mass measures approximately 14 cm in height, 8 cm in width, and 9 cm in length. Lesion margins are ill-defined. A severe mass effect in the right axillary region is noted with dorsal and medial deviation of the axillary plexus and two first right ribs. Direct infiltration of the structures of the axillary plexus, ribs, sternum, humerus, or scapula are not seen. There is no visible infiltration of the pleura and no evidence of intrathoracic extension.

SEX

MN

The right axillary and cervical lymph nodes present mild symmetric enlargement.

AGE

11 Years

The mediastinal lymph nodes present within normal limits.

No evidence of cardiovascular pathology is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A single 4mm sized soft tissue attenuating interstitial pulmonary nodule is seen dorsally within the right caudal lung lobe. A 14mm sized bulla is seen within the right caudal lung lobe. Occasional smaller bullae are seen throughout the lung parenchyma.

HOSPITAL NAME

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Abdomen

The liver and spleen present within age related normal limits on this plain study. Occasional mineralization of splenic veins is seen and considered incidental.

A moderate amount of mineral attenuating material is seen within the gallbladder.

REFERRING VET

Lea Mehrkens

The right kidney is not seen.

The adrenal glands present within normal limits.

Mineral attenuating foci are seen within the renal diverticuli, parenchyma, and cortex of the left kidney. The left kidney presents mild generalized enlargement.

INVOICE

56260

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

1-19-23

- Large cavitating right axillary soft tissue mass meeting neoplastic criteria with mass effect onto the axillary plexus.
- Mild right sided axillary and cervical lymphadenomegaly.
- Single interstitial pulmonary nodule within the right caudal lung lobe.
- Multiple pulmonary bullae.



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- Absent right kidney.
- Suspect compensatory hyperplasia of the left kidney with hypercalcemia / dystrophic mineralization.
- Biliary microlithiasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large soft tissue mass meeting neoplastic criteria within the right axillary region. Origin from the brachial plexus cannot be ruled out entirely however direct involvement or infiltration of the plexus structures is not seen and there is no evidence of significant muscle atrophy of the right thoracic limb. Soft tissue sarcoma other than neurofibrosarcoma appears to be a primary and more likely differential diagnosis. There is no evidence of intrathoracic extension or aggressive bone lesions.

The regional lymphadenomegaly is equivocal for early metastatic disease versus reactive hyperplasia. Fine needle aspiration could be considered for further definition.

The presence of a single interstitial pulmonary nodule suggests potential for metastatic disease. Fibrotic nodules or pulmonary granuloma are potential but less likely differential diagnoses. The pulmonary bullae are likely to be spontaneous and unrelated to the reason of clinical presentation. Atypical presentation of metastatic disease however cannot be ruled out entirely.

The absence of the right kidney may be due to prior nephrectomy. Right renal aplasia is a potential differential diagnosis.

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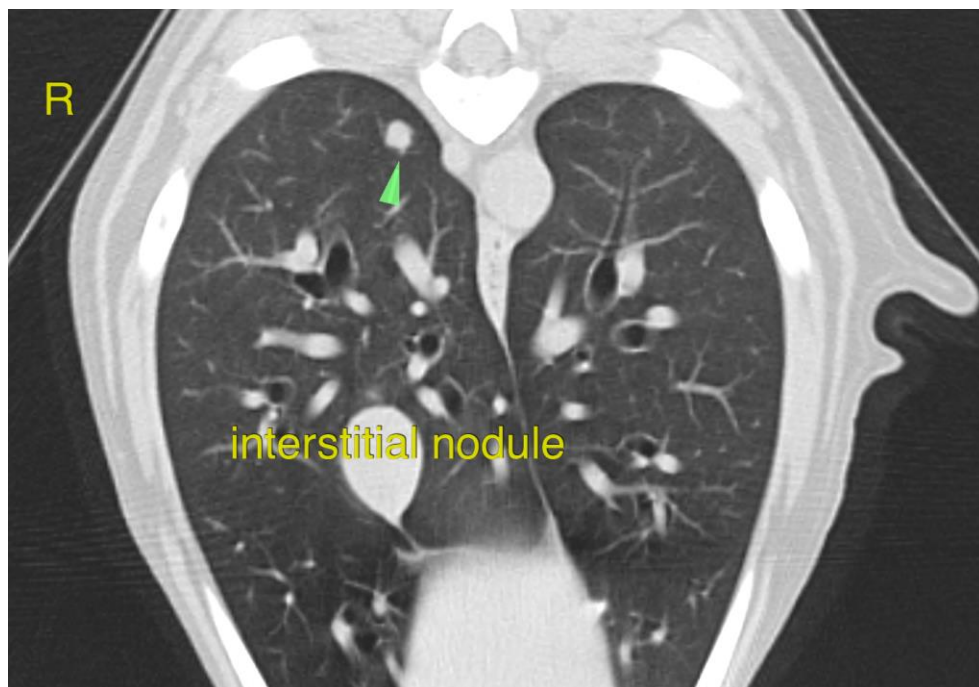
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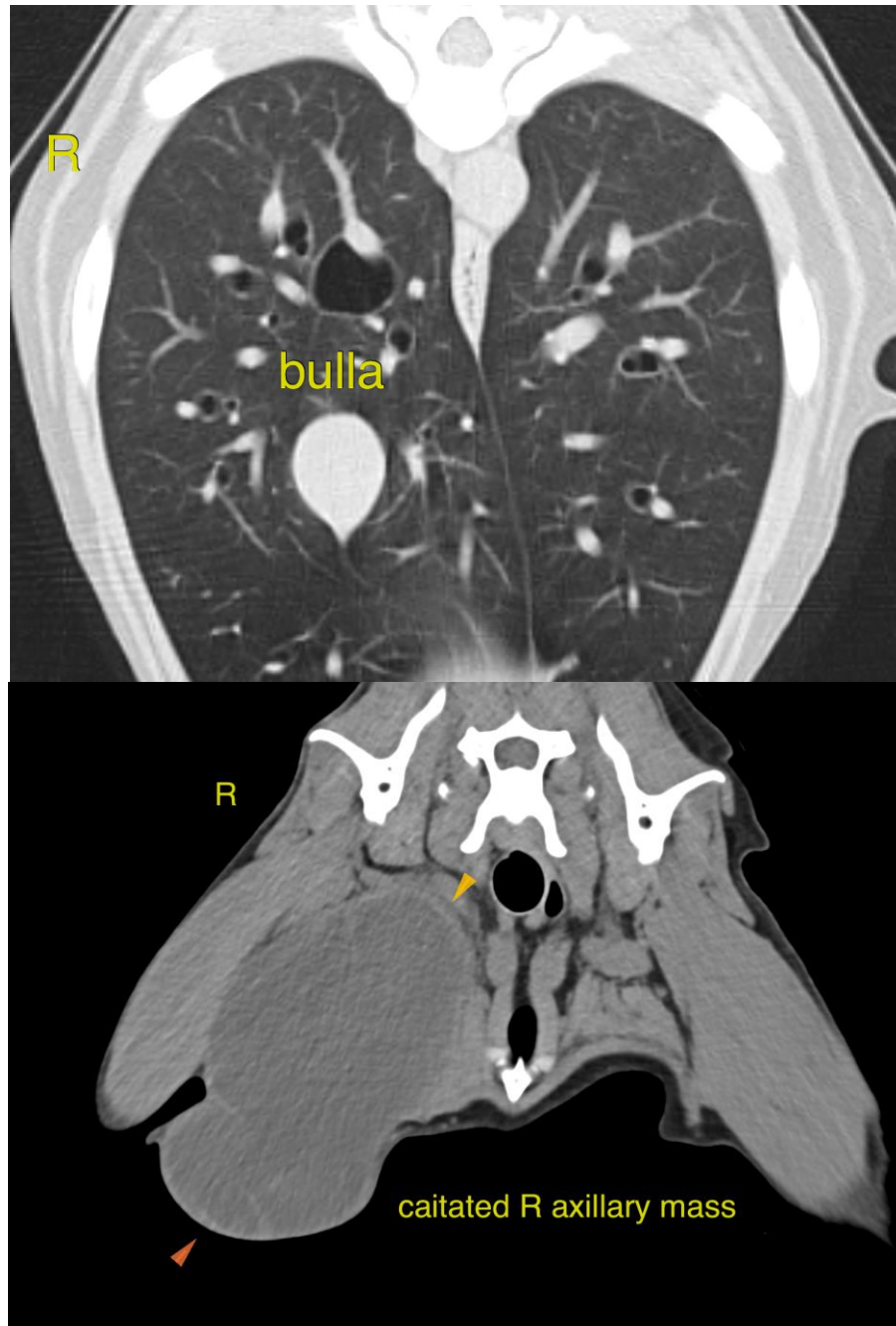
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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