



PATIENT

Lady Crews

PRESENTING CLINICAL SIGNS

Mass noticed a couple years ago. Mass has tripled in size past 2-3 days. Hand ball sized lump on right lateral abdomen at level of floating ribs. Swelling now includes right thigh. Palpation reveals fluid in mass. CT for pre-surgical planning.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Increased ALT 197 U/L, decreased Cl 108 mmol/L

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & RIGHT BODY WALL

Plain and post contrast studies available for review.

BREED

Lab

COMPUTED TOMOGRAPHIC FINDINGS

A soft tissue attenuating large ovoid mass with fluid attenuating center is seen in the right cranial and lateral abdominal wall. The right 11th through 13th rib are seen underneath the cranial half of the mass. No evidence of aggressive osteolytic changes is seen; however, the lesion margins to the deep soft tissues are ill-defined. The mass measures approximately 14.0 x 10.0 cm. Peripheral fat stranding and heterogeneous contrast enhancement are seen. The center of the mass largely spares enhancement. The fat stranding and mild fluid accumulation in the subcutaneous tissues can be traced caudally along the entire abdominal wall and into the inguinal area. An 18.0 x 8.0 cm sized lipoma is seen in the right inguinal area and caudal abdominal wall. Both masses reveal no evidence of thoracic or abdominal extension.

SEX

FS

AGE

13 Years

The serosal fat presents normal attenuation behavior.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both kidneys present multiple cortical renal infarcts.

The right medial iliac lymph node is mildly enlarged with maintained shape and enhancement pattern.

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

REFERRING VET

Dr. M. Sra

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multiple spondyloses are seen throughout the lumbar spine. There is an enthesophyte in the right gluteal musculature lateral of the greater trochanter of the right femur.

INVOICE

49935

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass with potential for aggressive biological behavior in the right cranial abdominal wall with extensive peripheral fat stranding.
- Large right inguinal subcutaneous lipoma.
- Multiple bilateral cortical renal infarcts.
- Multiple spondyloses.

DATE

1-28-22



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- Mild right medial iliac lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis for the large cranial abdominal wall mass includes soft tissue sarcoma and less likely infarcted lipoma or other benign neoplasia. There is no evidence of thoracic or abdominal extension. No aggressive osteolytic changes of the underlying ribs are seen yet the lesion margins are ill-defined, especially in the depth of the mass. The fat stranding is extensive and can be traced along the entire abdominal wall, inguinal area, and medioproximal aspect of the right hind limb.

The mild right medial iliac lymphadenomegaly is suggestive for reactive hyperplasia. Early metastatic disease cannot be ruled out entirely and fine needle aspiration should be considered for further definition.



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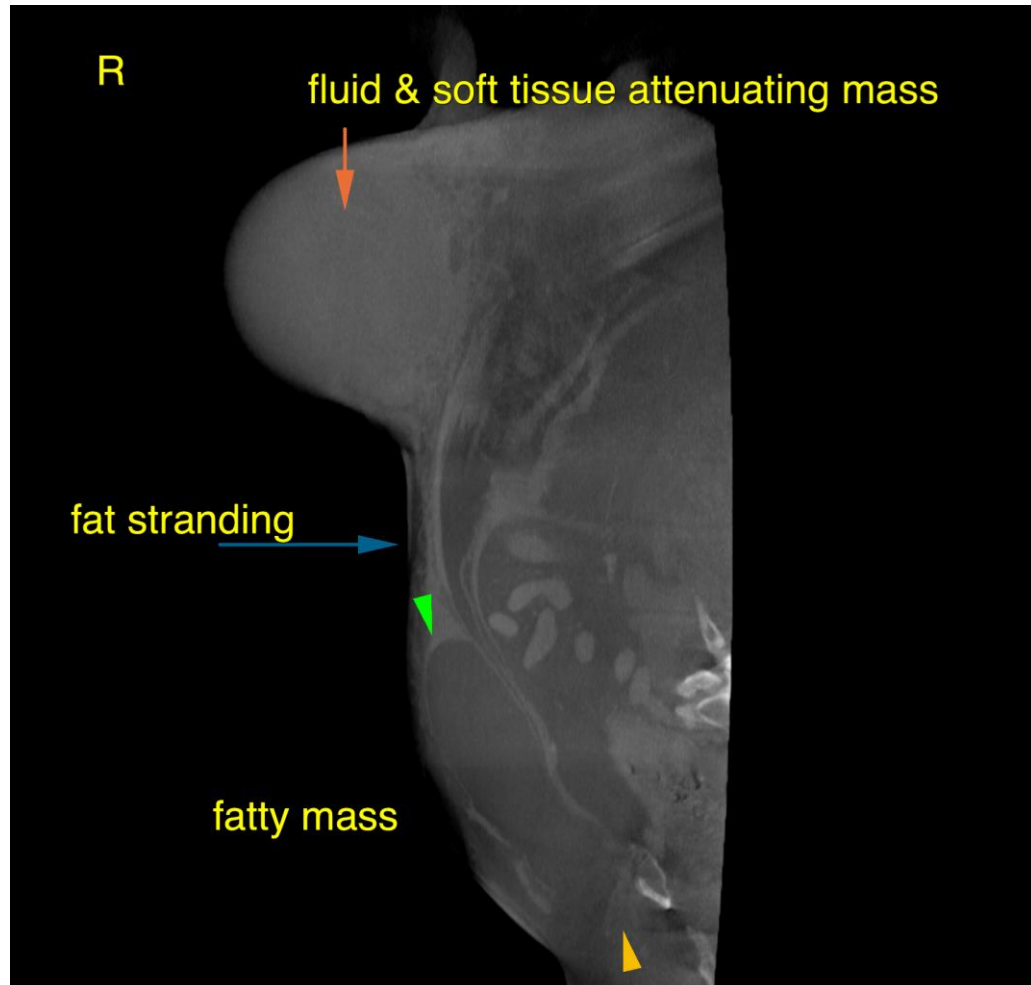
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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