



PATIENT

Kali Biase

PRESENTING CLINICAL SIGNS

Kali, a 12 year old Female Spayed Goldendoodle, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a suspect recurrent intermuscular lipoma, which was removed on 3/11/21 at AHP. The mass was initially noticed months ago. The mass was initially 5cm but appears to have stayed the same size. O have recently found a smaller mass on R side of neck, as well as several smaller SQ masses. Kali has had a previous history of inter muscular lipoma removal (3/11/20), splenectomy (benign, 6/13/20).

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX, ABDOMEN

BREED

Goldendoodle

Plain and post contrast studies in bone, soft tissue, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

Patient has a history of splenectomy and removal of an intermuscular lipoma at unknown site.

Multiple subcutaneous nodules, subcutaneous lipomas, and intermuscular lipomas are seen throughout the neck, thoracic and abdominal walls, and within both hind limbs. Only the largest will be mentioned and discussed here.

AGE

12 Years, 8 Months

Abdomen

Intermuscular lipomas are seen in the caudal thigh in both hind limbs, both of which measure approximately 12.0 cm in length and 3.0 cm in width. The one in the left hind limb is situated between the biceps femoris and semitendinosus and the one in the right hind limb between the semitendinosus and semimembranosus muscles. However, multiple smaller additional subcutaneous and intermuscular lipomas are present.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

There is one large subcutaneous lipoma in the left caudal and ventral abdominal wall which measures 7.0 cm in diameter.

HOSPITAL NAME

Animal Health Partners

Multiple small mesenteric nodules are seen as well as one 3.0 x 1.5 cm sized heterogeneously enhancing and ill defined nodular mass ventral of the urinary bladder.

There is a 1.6 cm sized heterogeneously enhancing expansile nodule within the cranial pole of the left adrenal gland. The right adrenal gland presents within normal limits.

REFERRING VET

Dr. Lea Mehrkens

Multiple nodules of varying size and attenuation are seen throughout all liver lobes. A large hyperenhancing mass with moth eaten appearance and cavitation of 6.5 cm diameter is seen expanding the central division of the liver.

INVOICE

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Multiple cortical renal infarcts and cystic lesions are seen throughout the cortices of both kidneys.

Hyperenhancing nodules of up to 2.0 cm size are seen in the lumbar epaxial muscles to the right of the midline.

DATE

10-20-21

Thorax

One intermuscular lipoma of 4.0 cm is seen in the left axillary region.



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The lung presents multiple soft tissue attenuating interstitial nodules of varying size.

No evidence of mediastinal lymphadenomegaly is seen.

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The cardiovascular structures present within the expected limits.

BREED

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mesenteric, hepatic, and pulmonary nodules/masses meeting neoplastic criteria.
- Hyperenhancing intermuscular nodules meeting neoplastic criteria.
- Left adrenal gland nodule.
- Multiple lipomas and subcutaneous nodules.
- Bilateral renal infarcts and cortical renal cysts.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are unfortunately highly suggestive of multicentric metastases of an undetermined primary tumor. The hepatic, pulmonary, mesenteric, and muscle nodules do meet neoplastic criteria and are considered to represent metastatic disease.

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The splenic mass could be considered one potential origin; however, primary hepatic neoplasia with metastatic disease cannot be ruled out either.

INTERPRETED BY

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The adrenal nodule may represent metastatic disease as well; however, primary adrenal mass such as adenoma, adenocarcinoma, pheochromocytoma and incidentaloma cannot be ruled out entirely.

HOSPITAL NAME

Animal Health
Partners

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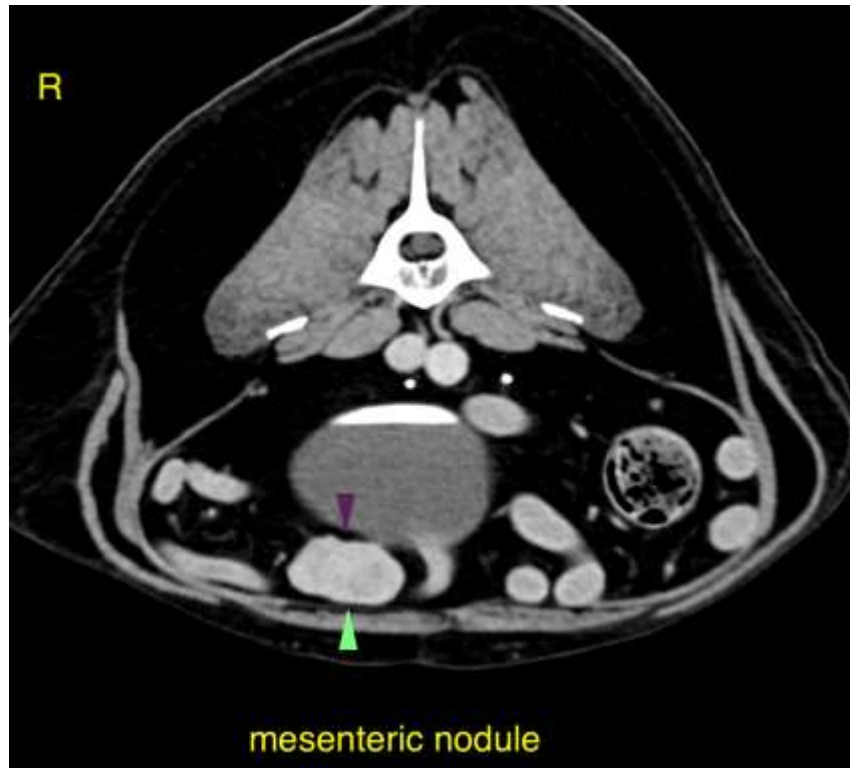
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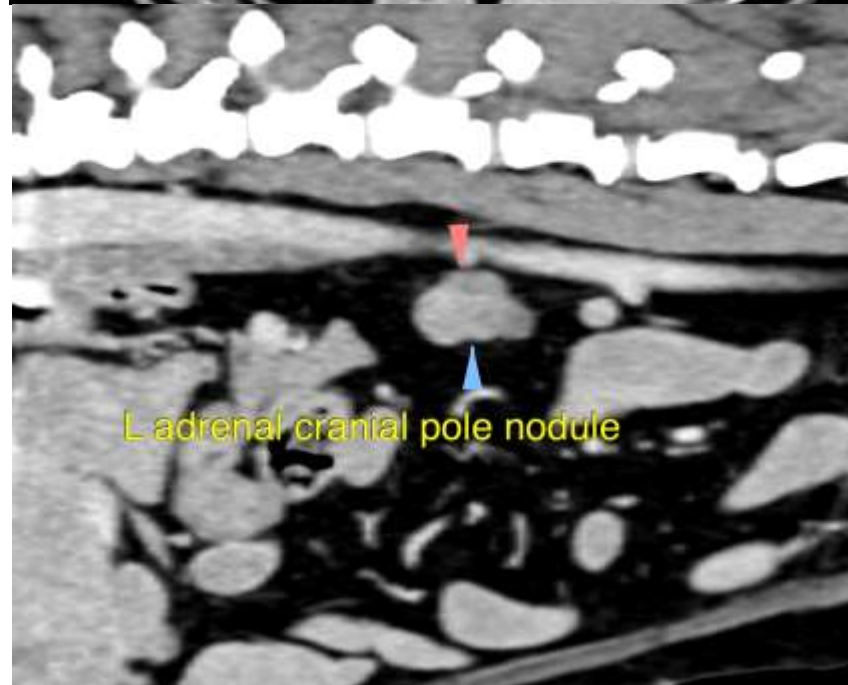
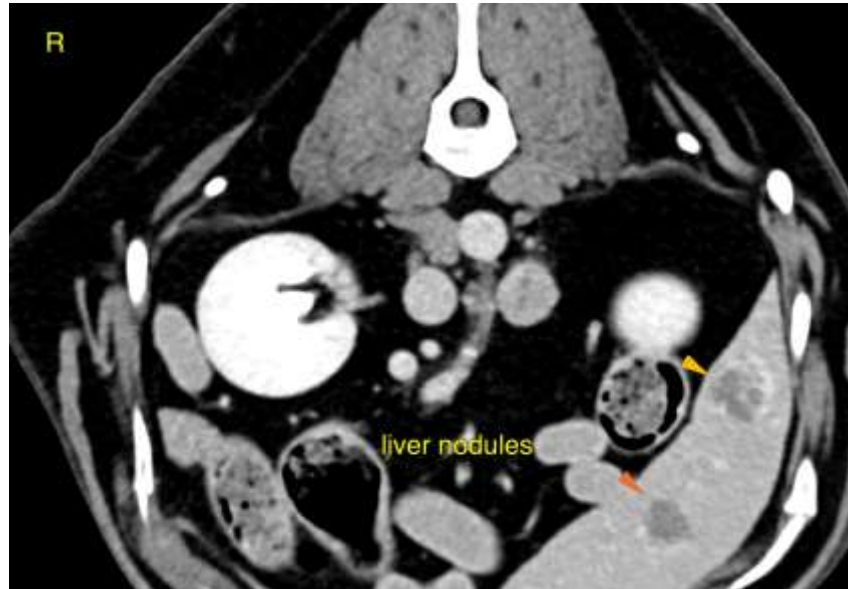
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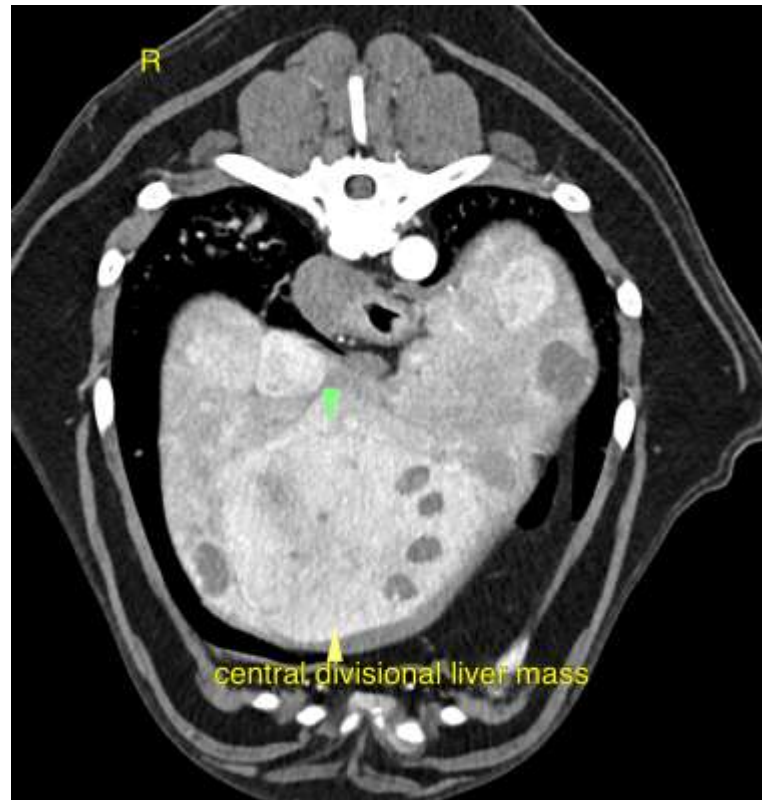
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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