



**PATIENT**

T-rex Portier

**PRESENTING CLINICAL SIGNS**

2cm round well circumscribed mass in the region of the left flank. Mass removed in same region in 2019 (histopathology confirmed grade 2 soft tissue sarcoma, margins unclear). Regrowth identified in the same region.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Blood work unremarkable. Patient clinically well.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

Plain and post contrast studies available for review.

**BREED**

French Bulldog

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

**SEX**

Male

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**AGE**

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

Moderate generalized enlargement of the spleen with rounded contours is noted.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The liver presents 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.

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

A spindle shaped soft tissue attenuating mass of approximately 6.0 cm length, 3.0 cm width, and 2.7 cm height is seen within the deep layers of the left cranial and ventral abdominal wall. The lesion margins are ill-defined. Peripheral tumor feeding vessels are seen. The post-contrast attenuation is heterogeneous with accentuation of the enhancement in the periphery of the mass. The peritoneum does not appear to be involved; however, there is involvement of the deep layers of the abdominal wall musculature. The minimum distance between the mass and the last rib is 1.0 cm.

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**Thorax**

T7 and T9 are wedge shaped hemivertebrae.

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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.

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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A 7mm sized soft tissue attenuating nodule is seen in the interstitium of the left cranial lung lobe.

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

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass with signs of aggressive biological behavior in the left cranial and ventral abdominal wall.
- Moderate generalized splenomegaly.
- Single interstitial pulmonary nodule.

**SEX**

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with the history of recurring soft tissue sarcoma in the abdominal wall. The peritoneal cavity does not appear to be involved; however, deep involvement of the abdominal wall musculature is noted and depending on surgical safety margins, resection of the 13th left rib may be required.

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The pulmonary interstitial nodule is highly likely to represent metastatic disease. Other differential diagnosis such as granuloma, abscess, or hematoma are unfortunately by far less likely, which is why a new surgical intervention should be discussed critically.

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The splenomegaly may simply be due to general anesthesia; however, a diffuse infiltrative pathology including metastatic disease or splenitis cannot be ruled out entirely. Consider fine needle aspiration for further definition.

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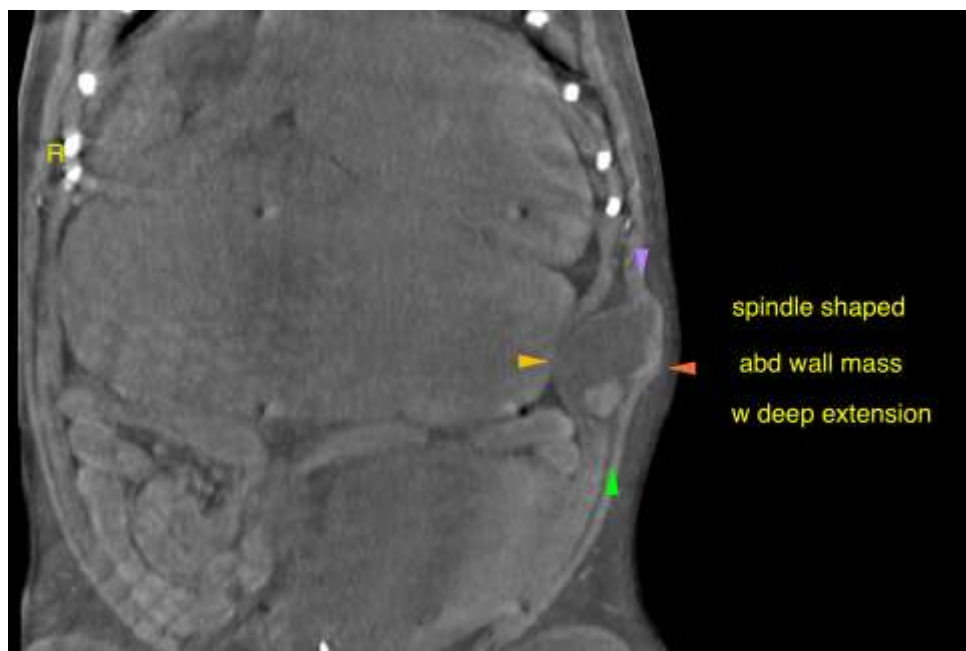
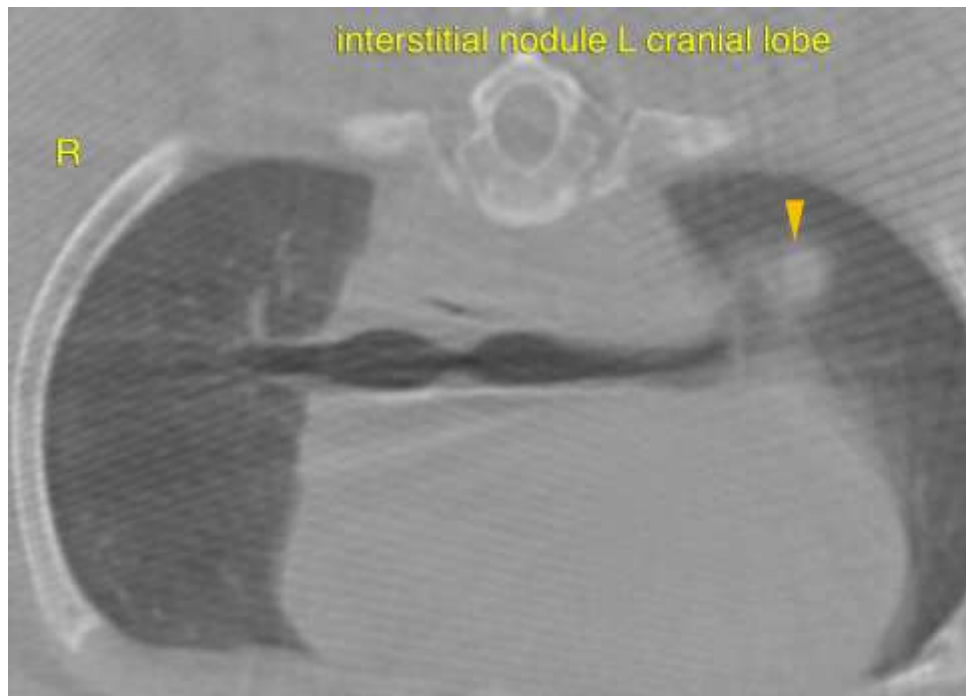
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Canine

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.

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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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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