



PATIENT

Max Escotet

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

6

WEIGHT

78

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Armando Sobrado

HOSPITAL NAME

Miami Springs Animal
Hospital

REFERRING VET

Dra Cuesta

INVOICE

72597

DATE

11-12-25

PRESENTING CLINICAL SIGNS

Mass on lateral thoracic area, hard, non movable Owner reports a mass on the dog's lateral thoracic area, first noticed some time ago and has increased in size.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the thorax and abdomen are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Thickening and irregular prominence involving the right 6th – 8th ribs at the costochondral and costosternal junctions is seen. Layered, mineralized and cartilaginous tissue formation consistent with chronic periosteal or costochondral remodeling is seen. Partial fusion of the 6th and 7th right chondral ribs is seen. Mild soft tissue swelling extends over the lateral thoracic wall without evidence of aggressive lysis, cortical destruction, or discrete mass formation.

Injections sites with focal subcutaneous soft tissue thickening and fat stranding are seen between the scapulae and over the left flank.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

Abdomen

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.

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.

Biliary microlithiasis is noted.

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

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

Both coxofemoral joints present evidence of moderate dysplasia and moderate osteoarthritis.



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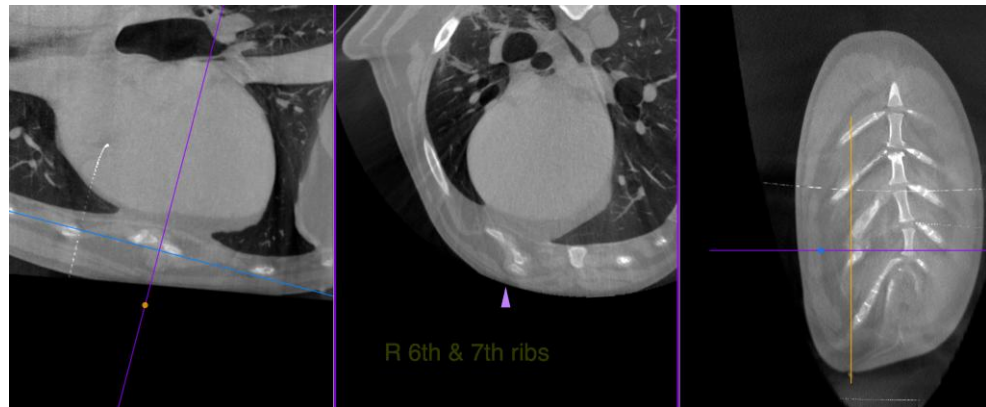
11-12-25

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic remodeling and partial fusion of the right ribs 6-8 at the costochondral and costosternal junctions.
- Injection site reactions between scapulae and left flank.
- Biliary microlithiasis.
- Bilateral hip dysplasia with coxofemoral osteoarthritis.
- No evidence of thoracic or abdominal metastatic or infiltrative disease.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals chronic remodeling and partial fusion of the right ribs 6-8 at the costochondral and costosternal junctions. The findings are compatible with benign fibrocartilaginous proliferation/ chronic costochondritis. The rib changes do not show aggressive features. Clinical correlation with the palpable thoracic wall mass is recommended. Sampling for biopsy could be considered for a definitive diagnosis, however, based on the CT presentation, no aggressive features are identified.





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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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

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