

**PATIENT**

Lucy Francl

SPECIES

Canine

BREED

Terrier X

PRESENTING CLINICAL SIGNS

Came in 11/01/21 for referral for mass removals. OBJECTIVE Weight(kg): 37.10 Eyes: bright and clear Ears: clean with no inflammation Nose and throat: no abnormality Heart: No noted arrhythmia or pulse deficits, normal subjective peripheral circulation Lungs: normal respiratory sounds, rate and effort Abdomen: soft and non-painful with no noted abnormalities Musculoskeletal: No significant musculoskeletal abnormalities or lameness at this exam, but there is moderate resistance to hip extension and mild pain on abduction. Mild stifle thickening bilaterally. Integument: Abnormal: A large soft fluctuant mass is present over the caudal aspect of the left elbow that extends up to the level of the caudal shoulder. Lymph Nodes: Normal size and firmness Neurological: No mentation, cranial nerve, or neurologic gait abnormalities seen Abnormal PE/Chem/CBC/UA Results: Needle core biopsy of the mass was consistent with low grade hemangiopericytoma.

COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS**SEX**

FS

Plain and post contrast studies available for review.

AGE

12 Years

COMPUTED TOMOGRAPHIC FINDINGS

An ovoid at least 12.0 cm sized mass is seen in the left armpit causing medial deviation of the left cranial thoracic wall and dorsal deviation of the scapula. The mass appears to be well delineated with multiple large internal cavitation with fluid filled contrast sparing areas and heterogeneously enhancing tissue and septations. No evidence of aggressive osteolytic changes of the neighboring ribs and scapula is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitated soft tissue mass in the left axillary region.

HOSPITAL NAME

Mountain West
Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggestive for soft tissue sarcoma. Benign neoplasia such as fibroma and organizing hematoma cannot be ruled out entirely but are thought by far less likely. Assuming that surgical safety margins need to be considered, surgical planning should include that the minimum distance between the mass and the thoracic wall is 2.0 cm only and the distance to the scapula is 2.5 cm.

REFERRING VET

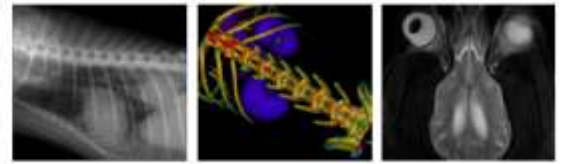
Andrew Burton

INVOICE

48366

DATE

11-15-21



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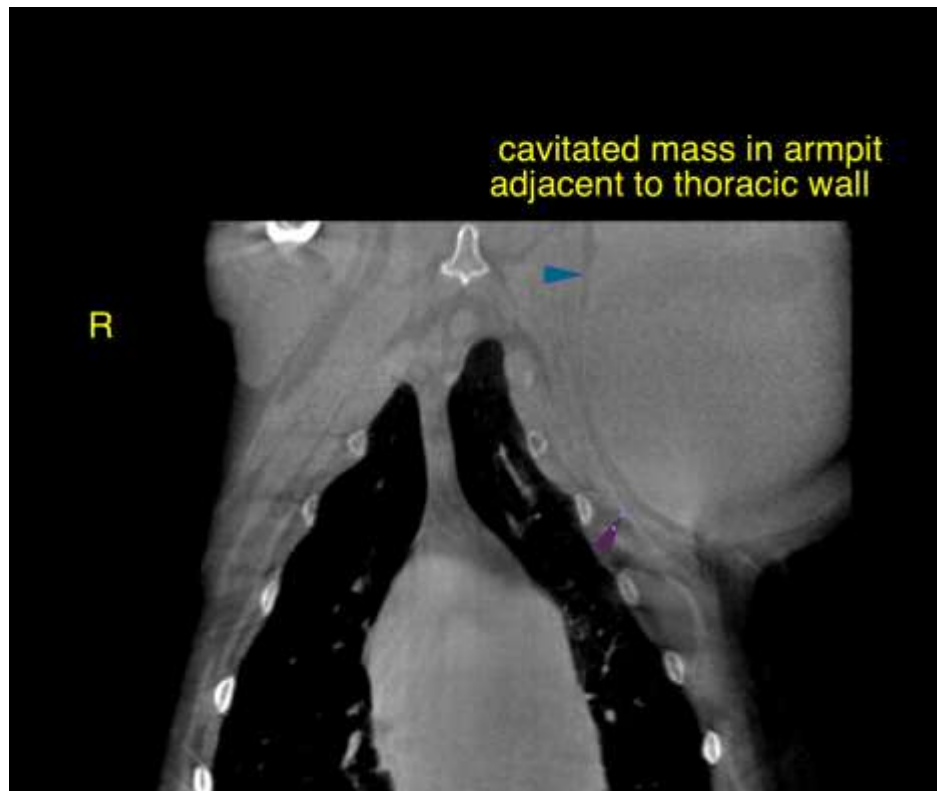
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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