



PATIENT

Rosie Mannella

SPECIES

Canine

BREED

Schipperke

SEX

Female

AGE

7Y, 10M

WEIGHT

8.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

REFERRING VET

Dr E Klopp

INVOICE

72736

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Chief complaint/Reason: not herself/lethargic History: For a week or so has been not herself. Yelped when picked up, hiding away. Still EDUD all ok. No Known traumas or injuries. no limping. Exam: M/S: WNL, gait normal. No neck pain noted. BUT on LEFT side rib subtle ~10cm thickening/mass on body wall. Smooth, tender when palpated. Noticed in March 2025 Assessment/DDx: 1) Left rib area subtle swelling - mass vs other... trauma less likely if has been there for 6 months. 2) other cause. CT Thorax

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

No discrete soft tissue mass, mineralized lesion, or abnormal contrast enhancing structure is identified along the left thoracic wall in the region of clinical concern. There is no evidence of rib fractures, periosteal reaction, cortical disruption, or expansile rib lesions detected. Subcutaneous tissue appears normal without edema, mass effect, or fluid accumulation.

Mild asymmetry of the musculature with slightly increased bulk of the left latissimus dorsi muscle appears to be present compared with the contralateral side. The muscle is smoothly delineated, uniform with normal attenuation. No focal lesions and normal fascial planes are seen.

There is a small well delineated lipoma in the region of the right brachiocephalic muscle measuring approximately 2 x 1 cm.

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.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild asymmetry of the left latissimus dorsi muscle.
- Small right brachiocephalic muscle lipoma.
- No CT evidence of a thoracic body wall mass, rib lesion, or other structural abnormality.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT thorax does not demonstrate a mass, rib abnormality, or soft tissue lesion to explain the palpable thickening over the left lateral ribcage.

The latissimus dorsi asymmetry may reflect normal variation or postural adaptation. There is no edema, contrast enhancement, or architectural distortion to suggest neoplasia, inflammation, or traumatic injury.



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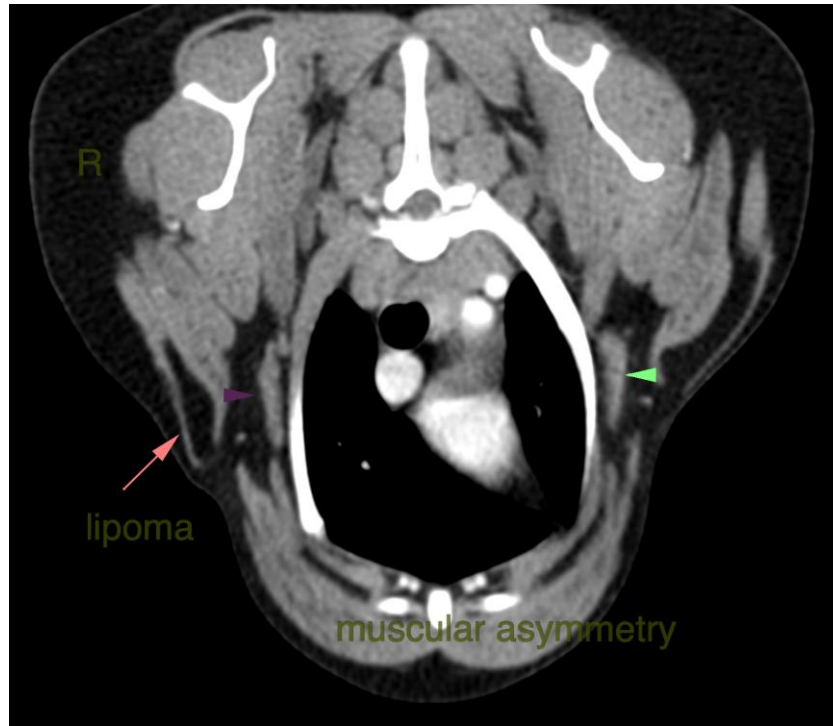
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Given the history of chronicity, the palpable thickening may represent benign hypertrophy, fibrous tissue, or superficial conformation asymmetry. CT is highly sensitive for rib or body wall masses; thus, a clinically significant lesion is deemed unlikely at this point. Consider further clinical monitoring.



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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