



PATIENT PRESENTING CLINICAL SIGNS

Hank Kakela Exam at referring vet on September 21, 2022 for mass on left hip area-O had just noticed mass. PE: T-102.9, Lump on left hip - Large (3.5 inches in diameter), firm, unmoveable, round, deep in SQ/muscle X-rays taken that day:Radiographs - cortical lysis on wing of ilium (left), and mass appears fluid filled US - pocket of fluid seen in mass Aspirate - serosanguineous fluid. Started him on Clavamox & Previcox. Biopsy of mass by punch biopsy on October 20, 2022 came back from histopath as a chondrosarcoma. November 8, 2022 mass still large and firm. Patient has been on Carprofen and Enrofloxacin. Abnormal PE/Chem/CBC/UA Results: CBC & Chemistry on October 4, 2022 and today were both within normal limits.

SPECIES

Canine

BREED

Boxer

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS & THORAX

Plain and post contrast studies available for review.

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

Pelvis

AGE

7.5 Years

An approximately 12 x 8 x 6.5 cm sized ill-defined mass is seen lateral and medial to the left hemipelvis. Lesion margins are ill-defined. The soft tissue component of the mass is situated within the axial and pelvic muscles and aggressive osteolytic changes of the left hemipelvis, left wing of the sacrum, and caudal lumbar vertebrae are seen and do allow for extension of the mass into the right sacroiliac joint and caudal lumbar vertebral canal. Severe heterogeneous contrast enhancement accentuating the periphery of the mass is seen. Multiple contrast sparing fluid attenuating cavitations are seen within the mass.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The left medial iliac lymph node presents mild symmetric enlargement.

HOSPITAL NAME

Casselton Vet Service

Multiple lumbar and lumbosacral spondyloses are seen.

Evidence of hyperattenuating nodules is seen in the visible spleen.

REFERRING VET

Dr. Laurie Huckle

Thorax

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.

DATE

11-9-22

The lung parenchyma presents the expected architecture and attenuation behavior. Age related incidental pulmonary osteomas are seen.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Expansile soft tissue mass circumferential to the left hemipelvis with extension into the lumbosacral vertebral canal and polyostotic aggressive bone lysis.
- Mild medial iliac lymphadenomegaly.
- Splenic nodules.
- Multiple spondyloses.

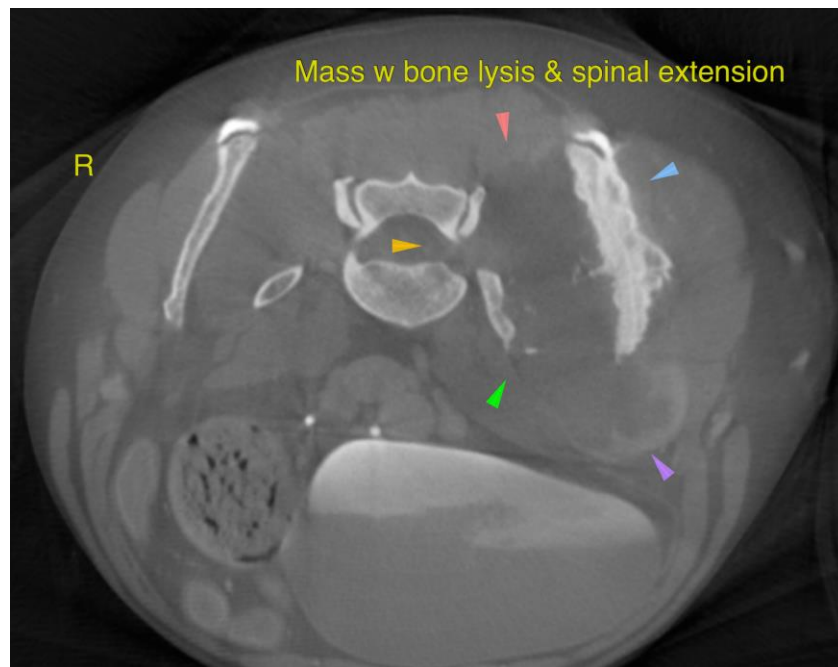
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a malignant soft tissue neoplasia with secondary polyostotic aggressive bone lysis. The mass invades both the pelvic canal as well as the vertebral canal. The mass is nonresectable. The long term prognosis is poor. Differential diagnosis includes soft tissue sarcoma and less likely primary neoplasia of bone such as parosteal osteosarcoma and chondrosarcoma. Final diagnosis would require tissue sampling for histology.

The medial iliac lymph node changes are mild and suggest presence of reactive hyperplasia. Early metastatic disease could be ruled out by means of fine needle aspiration.

There was no evidence of pulmonary metastatic disease at this point.

The splenic nodules are more likely to represent benign nodular hyperplasia or extramedullary hematopoiesis rather than metastatic disease even though this cannot be ruled out entirely.





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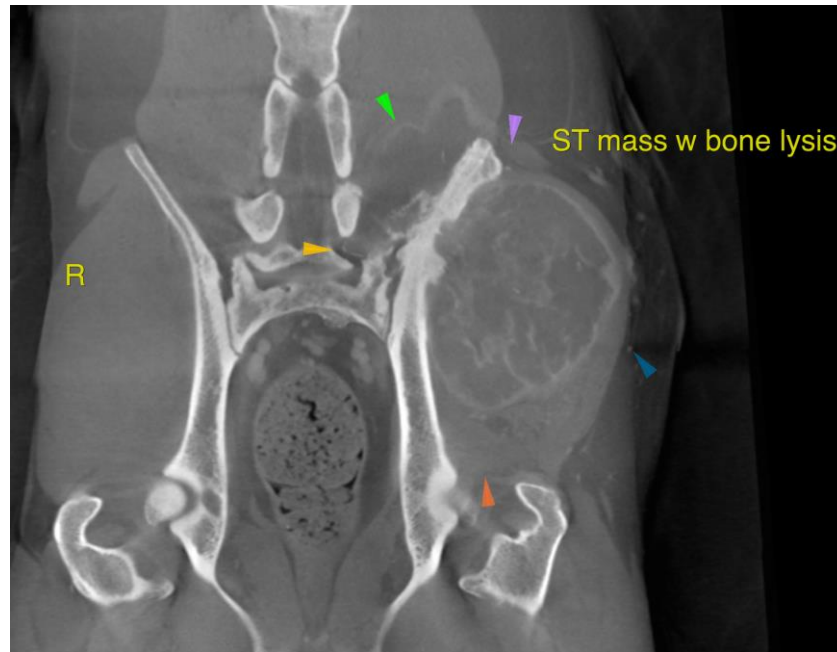
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Casselton Vet Service

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