



**PATIENT**

Baylee Lannone

**PRESENTING CLINICAL SIGNS**

acute left root signature. R/O nerve entrapment vs IVDD vs Tumor

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL SPINE**

Post contrast study available for review.

**BREED**

Retriever mix

**COMPUTED TOMOGRAPHIC FINDINGS**

Number, alignment, and anatomy of the cervical vertebrae present within normal limits. No evidence of neuroforaminal stenosis is seen. The intervertebral discs appears to be in situ.

**SEX**

F?Ste

No evidence of brachial plexus abnormality is seen as far as included.

There is an approximately 2.5 cm sized hypoattenuating lesion in the medial aspect of the left triceps muscle which appears to be contrast negative compared with the surrounding musculature. The lesion is completely surrounded by musculature.

**AGE**

9 Years

A 4.0 x 5.0 cm sized lipoma is seen in the caudal right axillary region.

A 3.0 cm sized cavitory lesion with peripheral enhancement and fat stranding is seen in the fat tissue ventral of the cranial sternum.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Moderate left shoulder intertubercular groove exostosis is seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Hypoattenuating lesion within the left triceps muscle.
- Cavitory lesion with peripheral cellulitis in the sternal fat tissue.
- Subcutaneous lipoma in the right axillary region.
- Structurally normal CT study of the cervical spine.
- Potential for chronic left biceps tenosynovitis.

**HOSPITAL NAME**

Animal Surgical  
Center

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Differential diagnosis for the hypoattenuating lesion in the left triceps includes hematoma, partial muscle rupture, and early neoplasia. Further definition by means of ultrasound and sampling could be considered.

**REFERRING VET**

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Ground

The findings furthermore suggest infarction or necrosis of the fat tissue ventral of the cranial sternum with liquification. Abscessation is a potential differential diagnosis. Consider further definition by means of sampling.

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The possibility of chronic left biceps tenosynovitis should be considered and further workup may require ultrasound or an MRI.

**DATE**

12-13-21



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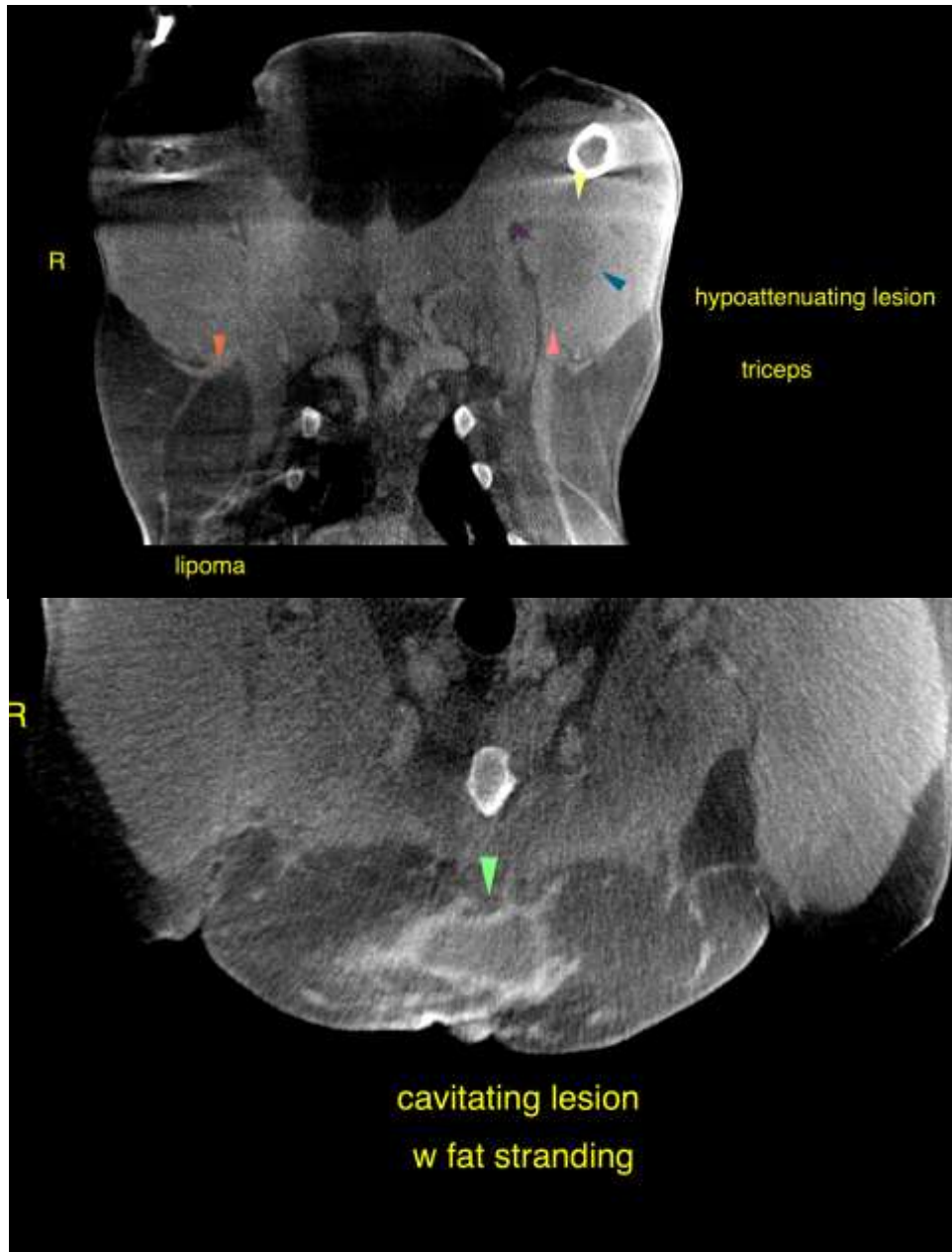
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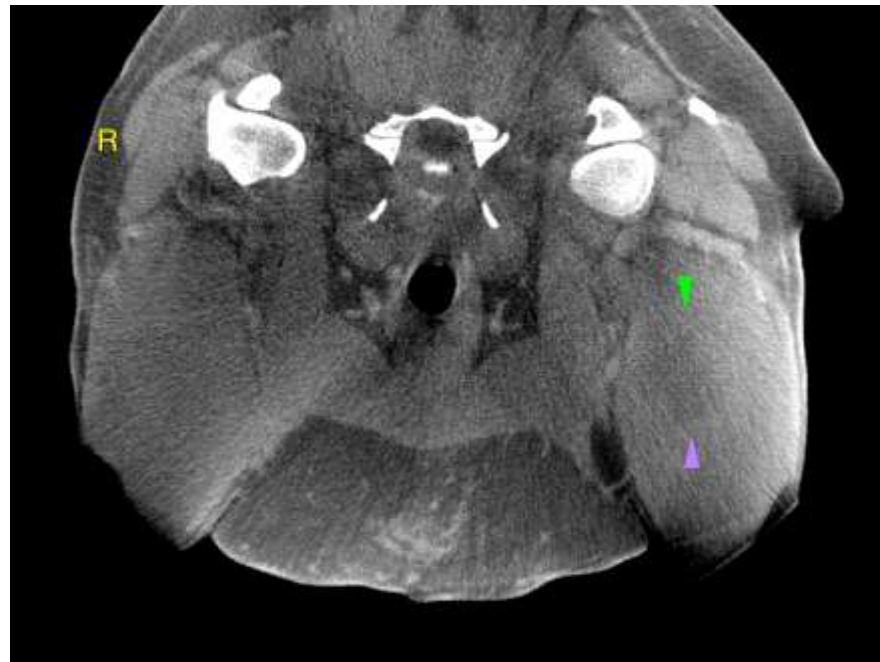
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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