



PATIENT PRESENTING CLINICAL SIGNS

Rocky Lund Hx of resection and anastomosis for Leiomyosarcoma May 2021. Hx of MCT removed from scrotum May 2022. Well-controlled ARVC with mitral and tricuspid regurgitation
 Abnormal PE/Chem/CBC/UA Results: CV: grade II/VI murmur, intermittent arrhythmia w/o pulse deficits Abdomen: Soft and non-painful, large cranial abdominal mass- smooth, firm, immobile Skin: Clean, thin haricoat, black raised mass 5x8 mm in left inguinal region
 Hyperkalemia- resolved Hyperphosphatemia- resolved Elevated Liver enzymes Elevated White blood cell count Anemia

SPECIES

Canine

BREED

Boxer

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

Abdomen

A large approximately 20 x 10 x 15 cm sized mass is seen occupying and expanding the cranial and mid abdomen. The mass appears to be in a mesenteric position. Dorsal and cranial deviation of the stomach is seen. The liver is pushed cranially. There is caudal and dorsal displacement of the bowel. Mild regional fat stranding and mild free peritoneal fluid are noted. The mass is of uniform soft tissue attenuation with mild heterogeneous contrast enhancement.

AGE

12 Years

The kidneys and adrenal glands present within normal limits.

The spleen is volume contracted.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Thorax

Multiple thoracic and lumbar spondyloses and spondylarthroses are seen.

HOSPITAL NAME

CARE Surgery Center

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.

REFERRING VET

Matthew Keats DVM,
 DACVS-SA

The cardiovascular structures including the pulmonary vasculature are within normal limits.

There are multiple age related incidental pulmonary osteomas. No evidence of interstitial pulmonary nodules or masses is seen.

INVOICE

55717

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

12-16-22

- Large mesenteric soft tissue mass occupying and expanding the abdomen with regional fat stranding and mild peritoneal effusion.
- No evidence of pulmonary metastatic disease.
- Multiple spondyloses and spondylarthroses.



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INVOICE

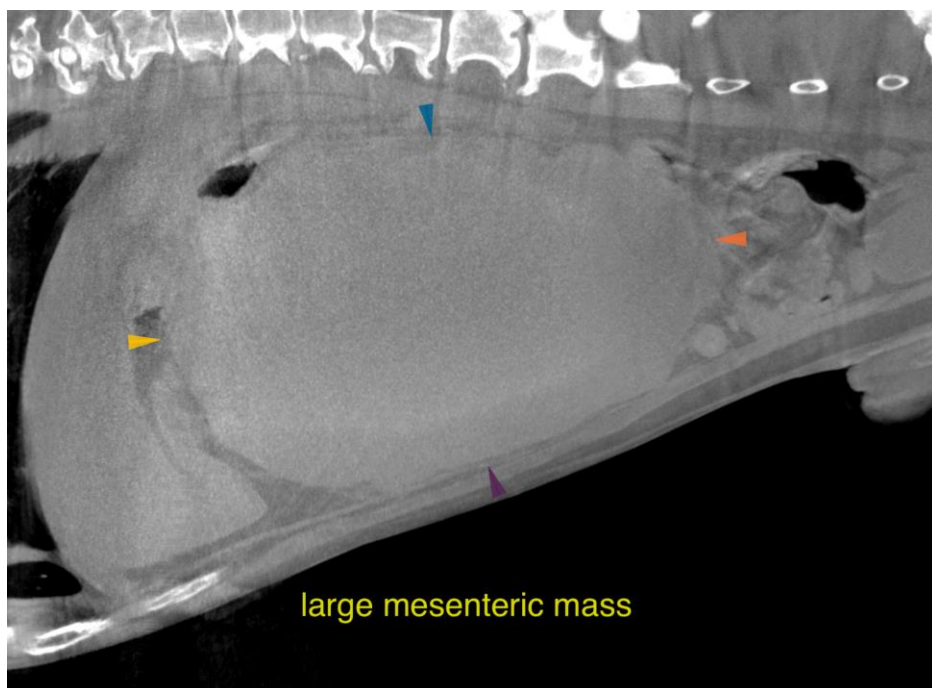
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DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a large mesenteric mass occupying and expanding the abdomen. The mesenteric position suggests either intestinal lymph node or general mesenteric origin. Final diagnosis of the type of tumor and tissue of origin however would require histology. The presence of mild free peritoneal fluid suggests presence of paraneoplastic effusion or carcinomatosis. Peritonitis cannot be ruled out entirely but is thought by far less likely.



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.

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