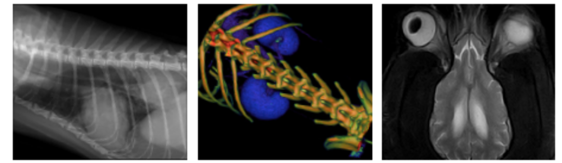

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Toby Bassett

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

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

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Meaux

INVOICE

33555

DATE

12/17/21

PRESENTING CLINICAL SIGNS

Suspected Hx of sliding on the tile floor and right hind limb swelled up. Medical Tx resolved the swelling but now for the last 3-4 weeks the right hind limb is very swollen.
Abnormal PE/Chem/CBC/UA Results: Ambulatory x 4, swollen right hind limb

COMPUTED TOMOGRAPHIC STUDY OF THE HIND LIMBS & THORAX

Plain and post-contrast studies of the hind limb, post-contrast study only of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Hind Limbs
A large, ill-defined, heterogeneously enhancing mass of approximately 12 cm diameter and 14 cm in length is seen in the caudomedial and cranial right thigh. The mass is situated in the musculature, accentuating the caudal and medial thigh, but also extends into the cranial musculature and essentially encompasses the mid and distal femur of the right hind limb. Lesion margins are ill-defined. Moderate non-uniform contrast enhancement is seen. There is a severe mass effect with multilobulated and cavitated appearance.

Spiculated periosteal new bone, endosteal new bone and cortical thinning is seen in the caudal and lateral aspect of the right distal femur.

The right popliteal lymph node is mildly enlarged with maintained hilus fat sign and maintained contrast enhancement.

Thorax
T4/5 and T5/6 spondyloses are seen. There is mineralization of the dorsal longitudinal ligament and mild chronic intervertebral disc protrusion between T9 and T10.

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 is 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.

Mild dorsal flattening of the trachea is seen cranial of the tracheal bifurcation.

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

- Large, ill-defined and multilobulated muscular mass of the right thigh with aggressive osteolytic lesions of the distal right femur meeting neoplastic criteria.

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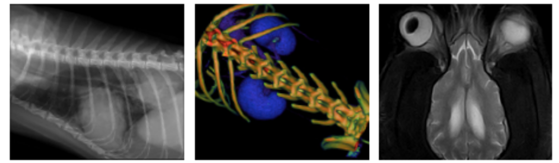

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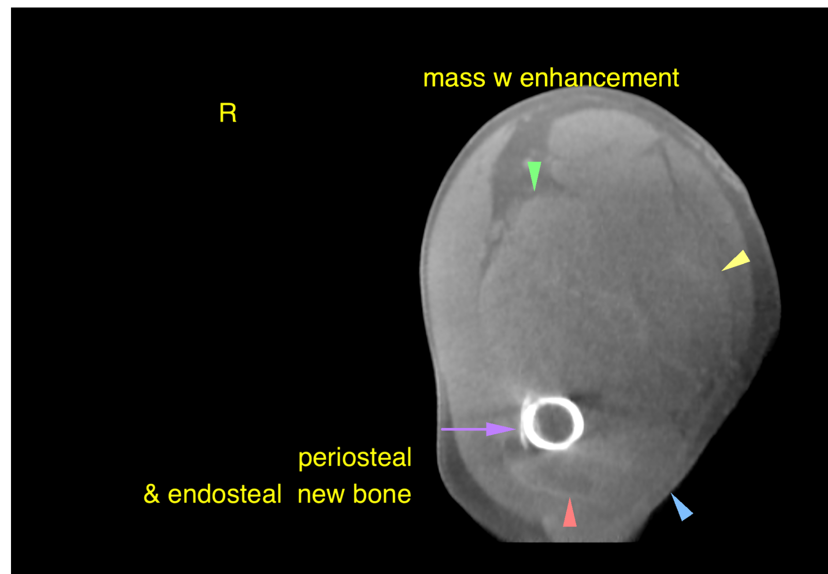
- Mild regional lymphadenomegaly
- No evidence of pulmonary metastatic disease
- Spondyloses

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for soft tissue neoplasia with early secondary aggressive osteolysis of the right femur. Soft tissue sarcoma is considered most likely. Organizing hematoma with traumatic periostitis and osteitis cannot be ruled out entirely as a differential diagnosis. However, is considered far less likely based on the CT findings. The regional lymph node changes are equivocal for reactive hyperplasia versus early metastatic disease. Sampling is required for further definition of both the mass and the lymph node changes.



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 (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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