



PATIENT

Jax Parker

SPECIES

Canine

BREED

Hound Mix

SEX

MN

AGE

13

WEIGHT

39

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Inferuso

INVOICE

73856

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- ulcerated mass right thoracic inlet actively bleeding
- right pre-scapular LN enlargement

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Post-contrast study only available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals a large, very ill-defined, subcutaneous soft tissue mass in the right axillary region measuring approximately 9 x 4 cm. Associated extensive fat stranding is seen throughout the right ventral thoracic wall with local subcutaneous swelling and regional fluid accumulation being present. No evidence of intrathoracic extension or mediastinal involvement is seen. The underlying ribs present within normal limits. Nonuniform enhancement is present within the mass. No significant cavitation is seen.

The right prescapular and axillary lymph nodes are moderately enlarged measuring approximately 3.5 cm in diameter.

The visible lungs, pleura, heart, and mediastinum present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right axillary subcutaneous soft tissue mass with ulceration, extensive fat stranding, and regional fluid accumulation.
- Regional lymphadenopathy including the prescapular and axillary lymph nodes.
- No evidence of thoracic invasion.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large right axillary subcutaneous soft tissue mass with ill-defined delineation to the surrounding soft tissues and no evidence of thoracic invasion. Most likely differential considerations include soft tissue sarcoma such as hemangiosarcoma. Fibrosarcoma or other carcinoma such as metastatic or cutaneous and severe inflammatory/infectious mass are both considered less likely given the chronicity and size. Histopathology and biopsy of the mass is required to confirm tissue diagnosis.

FNA of the regional lymph nodes should be performed to assess for metastatic spread. The CT changes are equivocal for reactive vs metastatic disease.

Surgical consultation for findings and navigating the potential resection is recommended.



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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 (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.
info@sonopath.com