



PATIENT

Holly Sugar Cottier

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10.5 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

PRESENTING CLINICAL SIGNS

Holly has been lethargic over the last few days, that has progressively gotten worse. She was hit by another dog a few days ago on the right side and the left side of her body hit the door of the car. She was limping afterwards and developed swelling under the skin on the left thorax a few hours after the hit occurred. Holly was seen at the rDVM yesterday for left front limb lameness. Edema was noted on the left side of the chest at that time. She was started on pain management of carprofen and gabapentin. Her lethargy has progressed and today is not eating or drinking. She was seen for a recheck today and was noted to have pale MM with a PCV of 19%. Ultrasound was performed of the abdomen and no fluid was identified. A coombs test was reportedly normal, and PT/PTT were within normal limits. She was transferred to SOVSC for further evaluation and treatment. U/S findings: Abdominal ultrasound: Liver: Homogenous parenchyma with normal size and echotexture. Gall Bladder and Biliary Tree: Normal gall bladder with no evidence of biliary tree pathology. Spleen: Normal in size and echotexture with homogenous parenchyma. Lymph Nodes: No pathology noted. Bladder: No calculi, polyps, masses noted. Normal wall thickness. Kidneys: Both smooth and symmetric with normal corticomedullary junctions and pelvises. Adrenals: Normal in size and shape Pancreas: No sonographic evidence of pancreatitis. Gastrointestinal System: GI loops measure normal thickness. Notes/Comments: There is a very large area of intramuscular bleeding associated with the left axilla and body wall. There are 3 distinct small nodes and a possible mass effect versus a blood clot in the region along with bright streaking suggestive in cellulitis. CT to rule out neoplasia - axillary hemangiosarcoma for cause of ecchymosis.

Abnormal PE/Chem/CBC/UA Results: 2/21 am PCV=27%, TS=4.6 Blood pressure: 74 mmHg, 72, 90 (post transfusion) CBC: non regenerative normochromic normocytic anemia (HCT 15.6), decrease hgb (5.7), thrombocytopenia (138) Chemistry/lytes: azotemia (crea 1.9, BUN 38), hypoproteinemia (4.7), elevated ALT (129) Agglutination test: negative PCV/TS: 19/4.6, clear serum; post transfusion 25/4.8 USG: 1.036 Blood type: DEA 1.1+ TFAST/AFAST: no free fluid on presentation, no free fluid on recheck after transfusion

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review. Stack stitching artifact on the plain study in the caudal thorax and cranial abdomen is seen.

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COMPUTED TOMOGRAPHIC FINDINGS

Thorax

A 14.0 x 4.0 cm sized ovoid ill-defined soft tissue attenuating mass with heterogeneous contrast enhancement is seen within the left axillary region and extends along the left lateral thoracic wall. Extensive perilesional fat stranding and fluid accumulation is seen from the ventral neck throughout the entire left and ventral thoracic as well as the left and ventral abdominal wall.

REFERRING VET

Ravi Seshadri

INVOICE

A 3.0 cm sized subcutaneous lipoma is seen in the left armpit as well.

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Multiple soft tissue attenuating interstitial pulmonary nodules of up to 5mm size are scattered throughout all lung lobes.

DATE

Medullary sclerosis of the left proximal humerus is seen.

2-21-22



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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multiple moderate to severe spondyloses are seen throughout the lumbar spine.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue neoplasia within the left axillary region and left thoracic wall with extensive perilesional hemorrhage and/or edema.
- Multiple interstitial pulmonary nodules compatible with metastatic disease.
- Multiple lumbar spondyloses.
- Medullary sclerosis - left proximal humerus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a solid enhancing soft tissue mass within the left axillary region and left thoracic wall meeting neoplastic criteria. The CT findings do parallel the tentative diagnosis of a hemangiosarcoma, however, other soft tissue sarcoma cannot be ruled out.

The findings of the lung suggest presence of metastatic disease and should be considered compatible with metastases until proven otherwise.

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REFERRING VET

Ravi Seshadri

The abdominal structures present within age related normal limits.

Multiple lumbar spondyloses and one subcutaneous lipoma in the left axillary region are seen and considered unrelated to the reason of presentation.

INVOICE

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The medullary sclerosis of the left proximal humerus is likely to represent a bone infarct and may be an incidental finding. However, bone infarcts can occur with cancerous bone disease including metastasizing neoplasia as well.

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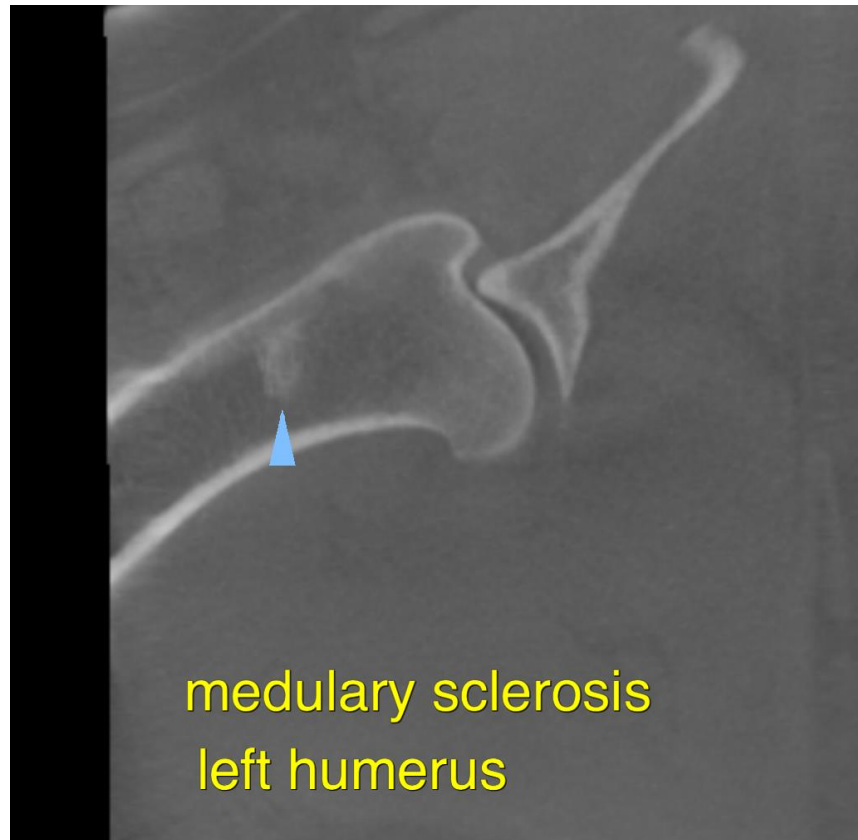
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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