



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bronx Downing

SPECIES
Canine

BREED
American Bully

SEX
FS

AGE
12 Years

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Animal Health Partners

REFERRING VET
Jerome Gagnon

INVOICE
57388

DATE
3-22-23

Lung mass - differential includes primary lung tumor, metastatic cancer (from the previous sarcoma removed Aug 29,22 or another cancer), or granuloma. Pulmonary lesions noted on radiographs on Feb 14,23. Recommended CT scan thorax and abdomen for staging and surgical planning. Looking for a primary tumor that may have spread to the lungs. Determine if only one mass is present in the lungs or if multiple nodules are present. Abnormal PE/Chem/CBC/UA Results: On PE there is a 9.2 x 8.4 cm sq mass left shoulder, and 1.6 cm sq mass left hindlimb. Blood gases and lytes: high normal Na

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

Plain and post contrast studies in soft tissue, lung, and bone windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

Moderate generalized enlargement of the liver with multiple small hypo- and iso-enhancing nodules is seen.

Both kidneys present multiple cortical infarcts rendering the renal shape irregular with surface retractions and the nephrogram slightly heterogeneous.

Multiple small faintly hyperenhancing splenic nodules are seen.

One mesenteric lymph node at the mesenteric root is enlarge and measures 3.5 x 2 x 2.5 cm. See image below. The remainder of the abdominal lymph nodes present within normal limits.

The adrenal glands and pancreas present within normal limits.

Severe bilateral stifle osteoarthritis is noted.

Thorax

No evidence of a pulmonary mass or pulmonary nodules is seen.

The mediastinal lymph nodes present within normal limits.

There is no direct evidence of cardiovascular pathology.

A large lipoma is seen ventral to the scapula in the left thoracic wall.

A small pendulous dermal nodule is seen in the area of the right armpit.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single mesenteric lymphadenomegaly
- Hepatopathy and multiple nodules.
- Splenic nodules
- Degenerative changes of the kidneys versus chronic nephritis



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- No evidence of a pulmonary soft tissue mass or pulmonary nodules.
- Thoracic wall lipoma
- Dermal nodule
- Bilateral stifle osteoarthritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not confirm presence of a mass or soft tissue nodules within the lung.

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Moderate single mesenteric lymphadenomegaly is noted. Differential diagnosis includes reactive lymphadenitis versus neoplasia such as lymphomatous or metastatic. Fine needle aspiration under ultrasonographic guidance can be considered for further definition.

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The hepatic nodules are likely to represent benign nodular hyperplasia or regenerative nodules. Secondary neoplasia of the lung including metastatic disease cannot be ruled out entirely. Ultrasound guided fine needle aspiration could be considered for further definition.

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The splenic nodules are likely to represent nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease cannot be ruled out entirely. Fine needle aspiration could be considered for further definition.

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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.

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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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