



PATIENT

Patches Afentakis

SPECIES

Canine

BREED

American Pitbull
Terrier

SEX

F

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Ravi Seshadri

INVOICE

57577

DATE

4-1-23

PRESENTING CLINICAL SIGNS

Ravi Seshadri DVM, DipACVECC Patches presents with a mass over the right hip, that was previously aspirated as a sarcoma. Her physical exam was unremarkable except for being a geriatric patient, overweight, with arthritis. She also has brachycephalic airway syndrome. Her rDVM is concerned about Cushing's disease. Her in hospital lab parameters were within normal limits except for a thrombocytosis. She was sedated uneventfully, intubated and maintained on isoflurane and oxygen. A CT scan was completed to include the mass, the abdomen to assess the adrenal glands, and the chest to assess for metastatic disease. Breath-hold was used as needed. Contrast was used as indicated. All images were submitted a Sonopath for radiology review. A punch biopsy of the mass was also obtained to try and grade the mass. Recovery was uneventful, and patient was discharged pending lab results and radiology report. Will call the owners with the reports when available and make a long-term treatment plan.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN, & PELVIS

Plain and post contrast studies available for review. Motion related streak artifacts are seen accentuating the caudal thorax and cranial abdomen.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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.

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.

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.

Abdomen

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

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.

Moderate bilaterally symmetric enlargement of the adrenal glands with caudal pole diameter of 11mm of the left and right adrenal gland each are seen. There is no evidence of nodular lesions or adrenal mass.

Mild generalized enlargement of the spleen with occasional hyperenhancing nodules is noted.



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Moderate generalized enlargement of the liver with slightly heterogeneous contrast enhancement is seen.

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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.

The superficial inguinal and medial iliac lymph nodes present within normal limits.

The patient's body condition score appears to be excessive.

Pelvis

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Moderate degenerative lumbosacral stenosis with lumbosacral intervertebral disc protrusion, vertebral endplate sclerosis, and severe spondylosis deformans is seen.

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There is a subcutaneous soft tissue mass lateral, cranial, and dorsal to the right coxofemoral joint measuring 5.4 cm in length, 4.0 cm in width, and 3.4 cm in height. The lesion margins are ill-defined. The mass is soft tissue attenuating with moderate nonuniform contrast enhancement. No evidence of involvement of the underlying musculature or bones is seen.

Mild spondylosis deformans is noted between L4 and L5.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous soft tissue mass in the region of the right hip joint meeting neoplastic criteria.
- No evidence of metastatic disease to the regional lymph nodes or lung.
- Moderate bilaterally symmetric adrenomegaly.
- Hepatomegaly with diffuse heterogeneous enhancement.
- Mild splenomegaly with hyperenhancing nodules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a soft tissue mass lateral and dorsal to the right coxofemoral joint meeting neoplastic criteria. Soft tissue sarcoma is a primary differential diagnosis which correlates with the clinical history of the patient.

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No evidence of regional metastatic disease is found. There is no evidence of pulmonary metastases. The regional lymph nodes present within normal limits.

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The splenic nodules are more likely to represent benign nodular hyperplasia or extramedullary hematopoiesis rather than metastatic disease. The findings of the adrenal glands suggest bilaterally symmetric adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. Pituitary adenoma should be considered and further workup by means of laboratory testing of the pituitary adrenal gland axis could be considered if not performed already.

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The changes of the liver are most likely to represent steroid induced hepatopathy. Other diffuse



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parenchymal disease such as vacuolar hepatopathy, hepatitis, and diffuse neoplastic infiltrate cannot be ruled out entirely but are thought by far less likely.

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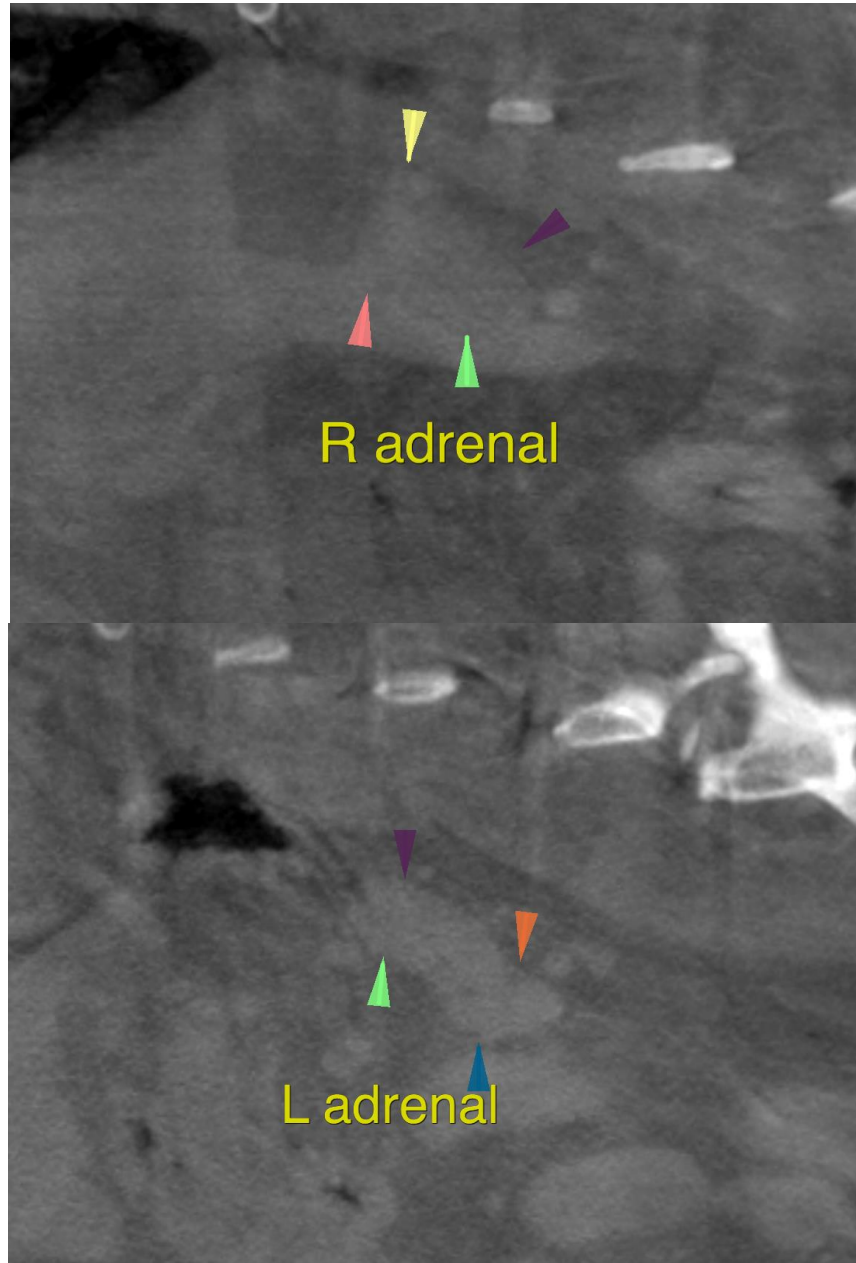
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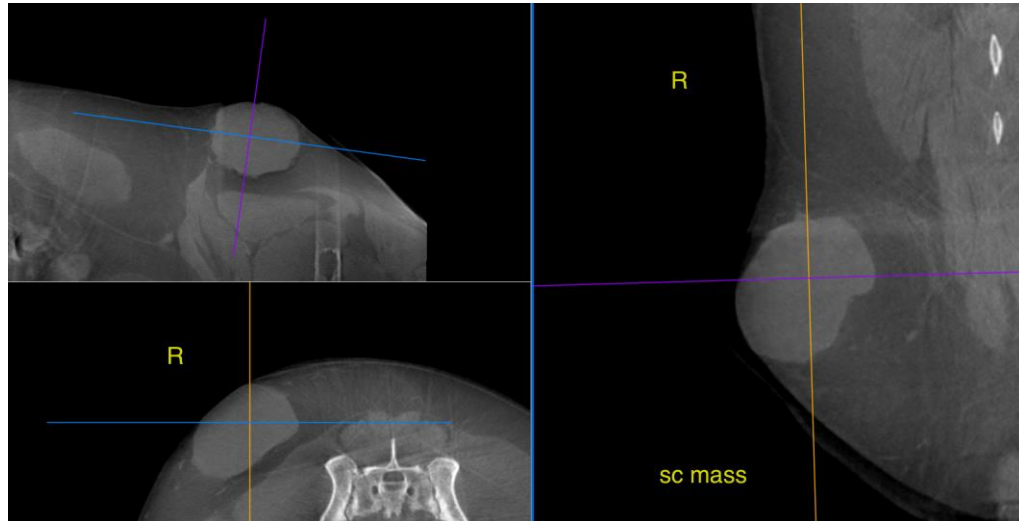
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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