



**PATIENT**

Kaya Lan

**SPECIES**

Canine

**BREED**

German Shepard

**SEX**

FS

**AGE**

11 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Kim Winters

**INVOICE**

51633

**DATE**

4-19-22

**PRESENTING CLINICAL SIGNS**

Kaya looks good on exam and her preanesthetic labwork was unremarkable. so we went forward with the pre and post contrast CT scan of her thorax. Both the rib mass and the lung mass are very far forward and dorsal and hard to access through the skin. I did aspirate the rib mass 3 times and have sent samples out for pathology review. I could not visualize the lung mass with ultrasound due to its location. Kaya gagged and had nasal congestion upon recovery. I think she refluxed. We took an xray of her lungs to make sure no complications occurred from the rib mass aspiration procedure. No free fluid or free air was seen within her chest cavity. There was perhaps a little congestion near the lung mass (vasculitis), so we gave her a single dose of furosemide to reduce any congestion within her lungs.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

An irregular shaped expansile soft tissue mass is emerging from the proximal third of the right 4<sup>th</sup> rib. The mass measures approximately 5 cm in height, 4 cm in length, and 4 cm in width. Moth eaten osteolysis of the proximal third of the 4<sup>th</sup> rib is seen with spiculated periosteal new bone formation. The mass presents predominantly intrathoracic extension with a mass effect onto the dorsal aspect of the right cranial lung lobe. No direct involvement of the right cranial lung lobe is seen. There is no evidence of pleural effusion. The 3<sup>rd</sup> and 5<sup>th</sup> ribs present no evidence of aggressive osteolytic changes.

A single caudodorsal soft tissue attenuating mass of 5 cm diameter with multilobulated appearance is seen within the left caudal lung lobe. The mass causes bronchial compression and presents heterogeneous contrast enhancement as well as faint multifocal mineralizations. The remainder of the lung presents within age related normal limits.

There is no evidence of axillary or mediastinal lymphadenomegaly.

The esophagus presents mild dilation with fluid within its caudal third immediately cranial to the cardia.

Mild to moderate spondyloses are seen in the mid and caudal thoracic spine.

The stomach is post-prandial.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Paravertebral mass of the right 4<sup>th</sup> rib with aggressive biological behavior.
- Single left caudal lobe pulmonary mass.
- Gastroesophageal reflux.
- Multiple spondyloses.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a paravertebral mass of the right 4<sup>th</sup> rib. Differential diagnosis includes chondrosarcoma, osteosarcoma, and other mesenchymal neoplasia. Final diagnosis will require



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sampling for histology. The minimum distance between the mass and the thoracic vertebrae is 2 cm. The neighboring vertebrae and ribs do not reveal aggressive osteolytic changes at this point.

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Differential diagnosis for the pulmonary mass includes metastatic disease of the rib tumor; however, vice versa primary pulmonary carcinoma with metastases to the rib and presence of separate entities cannot be ruled out. Final diagnosis would require histology for the lung mass as well. The mass is in a resectable position and the remainder of the lung presents no evidence of nodules or masses at this point.

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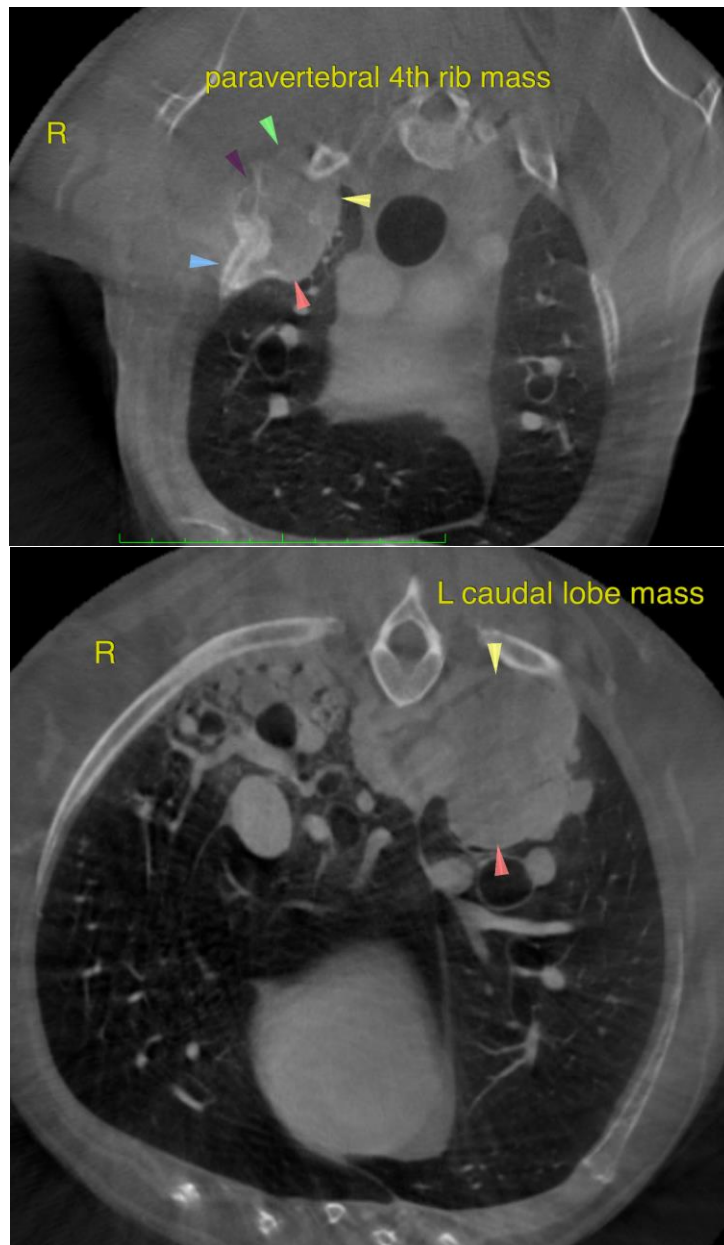
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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