
PATIENT PRESENTING CLINICAL SIGNS

Ginger Thorp Decrease in energy since mass removal. MCT grade 2/ low grade removed 3/29/22 from the perineum (1-2 o'clock position). Incomplete margins. Concern for possible residual cells. Need to r/o metastatic spread.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN & PELVIS

Canine Plain and post-contrast studies of the abdomen and pelvis. Post-contrast only of the thorax.

BREED COMPUTED TOMOGRAPHIC FINDINGS

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

SEX 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.

Spayed Female

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

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

5 Years

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

INTERPRETED BY

Nele Eley (Ondreka),
 DVM Dr. med. vet.,
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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony structures reveal no abnormalities.

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Linear soft tissue thickening is seen in the 1-2 o'clock position in the perineal subcutaneous fat and is considered compatible with the prior surgical site. No macromorphological evidence of tumor recurrence is seen.

REFERRING VET

Dr. Meaux

One of the right sacral lymph nodes is mildly enlarged and measures 12 mm x 5 mm. The remainder of the sacral lymph nodes range between 2-3 mm diameter. The medial iliac and hypogastric lymph nodes present within normal limits.

Thorax
 The bony and surrounding soft tissue structures are within normal limits.

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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 is uniform and considered within normal limits.

DATE

4/21/22

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.



PATIENT

Ginger Thorp

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.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of surgical excision of a perineal mast cell tumor without macromorphological evidence of tumor recurrence.

BREED

Dachshund X

- Single right sacral lymphadenomegaly, mild
- Otherwise normal CT findings of the thorax and abdomen

SEX

Spayed Female

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No macromorphological evidence of tumor recurrence at the original surgical site is identified in the CT study. The mild right sacral lymphadenomegaly may represent uncomplicated reactive hyperplasia. However, a mast cell infiltrate cannot be ruled out entirely, and ultrasound guided fine needle aspiration could be attempted. However, the enlarged lymph node is ventral of the sacrum (see green arrow image below), and may be difficult to reach with ultrasound.

AGE

5 Years

The liver and spleen present no evidence of nodules or masses. However, it is known that a mast cell infiltrate can be occult on CT and ultrasound, and fine needle aspiration could be considered despite the negative CT findings for further definition.

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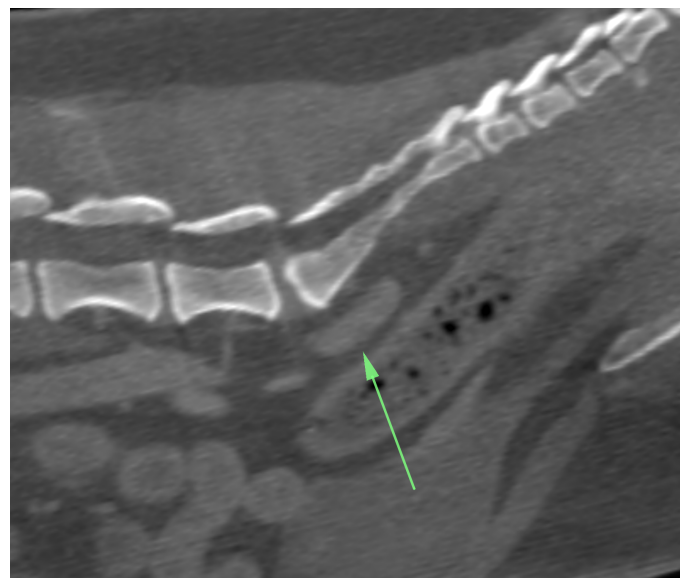
Dr. Meaux

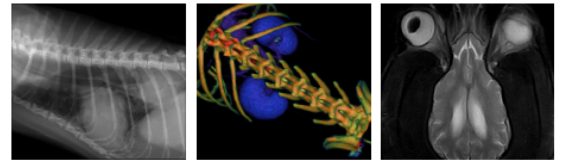
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DATE

4/21/22





PATIENT

Ginger Thorp

SPECIES

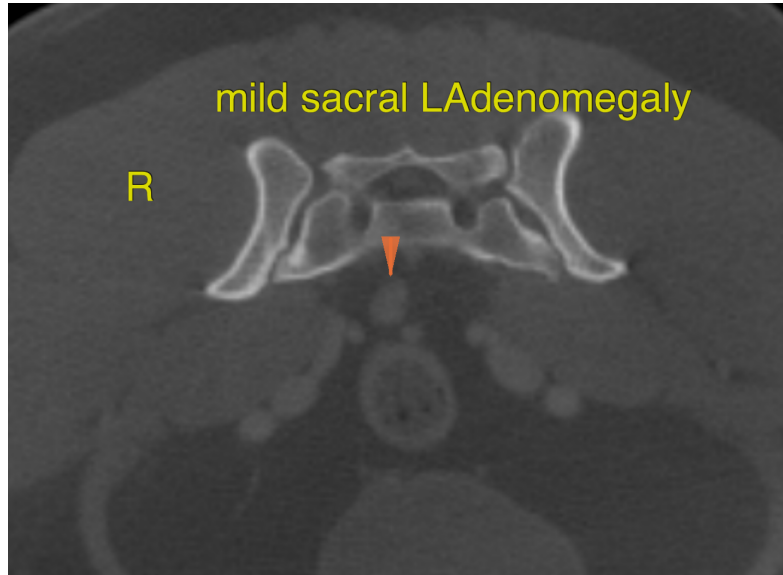
Canine

BREED

Dachshund X

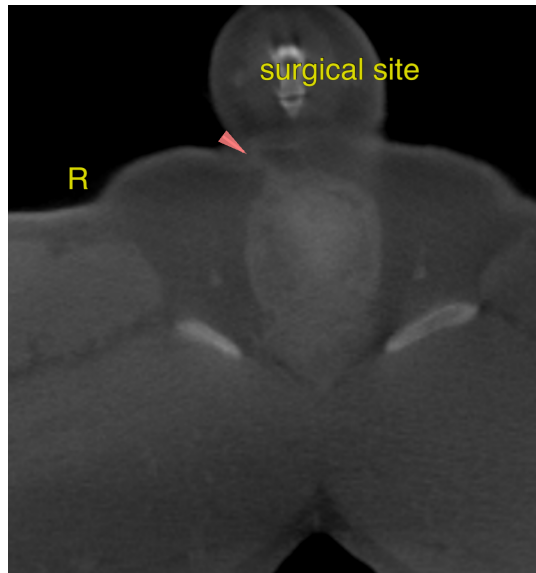
SEX

Spayed Female



AGE

5 Years



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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.

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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.

DATE

4/21/22

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