



PATIENT PRESENTING CLINICAL SIGNS

Dash Flores

February 18th, 2022 had a laceration repair at regular vet on right hip. Was seen here 4 days later for getting to his sutures - laceration revised and Penrose drain was placed. 3 days after that the drain was removed with no issues reported at that time. April 11th - pt returns for right hind limb being swollen, along with limping on right hind. Per O pt was not bearing weight on hind right, and the limb felt warm to the touch. (DVM notes: non wt bearing at times on the right rear leg - from hip to toes swollen, the quad region very firm - no draining tracts or wounds / from the stifle to hock feels like pitting edema (had prior cut on the leg) --- sedated with domitor IM / reversed IV - xrays look ok, no bone involvement - on palpation no notice able areas of punctures / /trauma / prior wound site appears to have healed. Will start on clavamox 375mg BID and carprofen - would like to see improvement in 48 hours) April 23rd - O states swelling seems to of gone down, but now has stopped using the rear right limb. O states they noticed pt not weight bearing on the limb last night. O noticed that a lump has formed near the hip area. O states effected area appears to be painful to pt. O states pt has been crying out, and painful when touched. O states pt is E/D/U/D normal. O reports carprofen and gabapentin did help with discomfort but is out of them at home. (DVM note: occasional non-weight bearing on right hind with hard musculature around hip and thigh but no apparent swelling or pitting edema. - Recommended CT scan)

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years, 2 Months

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS & HIND LIMBS

Plain and post contrast studies available for review.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Severe enlargement and cavitation of the right quadriceps femoris muscle is seen with extensive mass effect onto the surrounding musculature. The enlarged muscle measures approximately 17 cm in length and 6 cm in diameter. Cavitation with heterogeneous contrast enhancement and multiple elongated fluid attenuating contrast negative areas are seen within the muscle. The changes appear to be contained within the limits of the fascial planes of the quadriceps femoris muscle. However, the right popliteal lymph node is moderately enlarged and multiple muscles within the right thigh reveal multifocal nodules with variable contrast enhancement.

HOSPITAL NAME

Neel Veterinary
Hospital

Increased contrast enhancement in the origin of the lateral head of the gastrocnemius is noted in both hind limbs.

REFERRING VET

Dr. Deepan Kishore

Both coxofemoral joints reveal signs of moderate dysplasia and osteoarthritis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

51798

DATE

4-26-22

- Polymyopathy in the right hind limb with large cavitating mass within the right quadriceps femoris muscle and multiple nodules in the remainder of the muscles of the proximal right hind limb.
- Moderate right popliteal lymphadenomegaly.
- Bilateral canine hip dysplasia with mild secondary osteoarthritis.
- Bilateral gastrocnemius musculotendinopathy - likely unrelated to the remainder of the findings.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Soft tissue neoplasia with central tumoral necrosis such as rhabdomyosarcoma, hemangiosarcoma, or other soft tissue sarcoma is thought most likely; however, inflammatory or necrotizing polymyopathy and polymyopathy with abscessation cannot be ruled out entirely as a differential diagnosis. Final diagnosis should be established by means of tissue sampling.

The lymph node changes are equivocal for reactive hyperplasia versus early metastatic disease. Consider fine needle aspiration for further definition.





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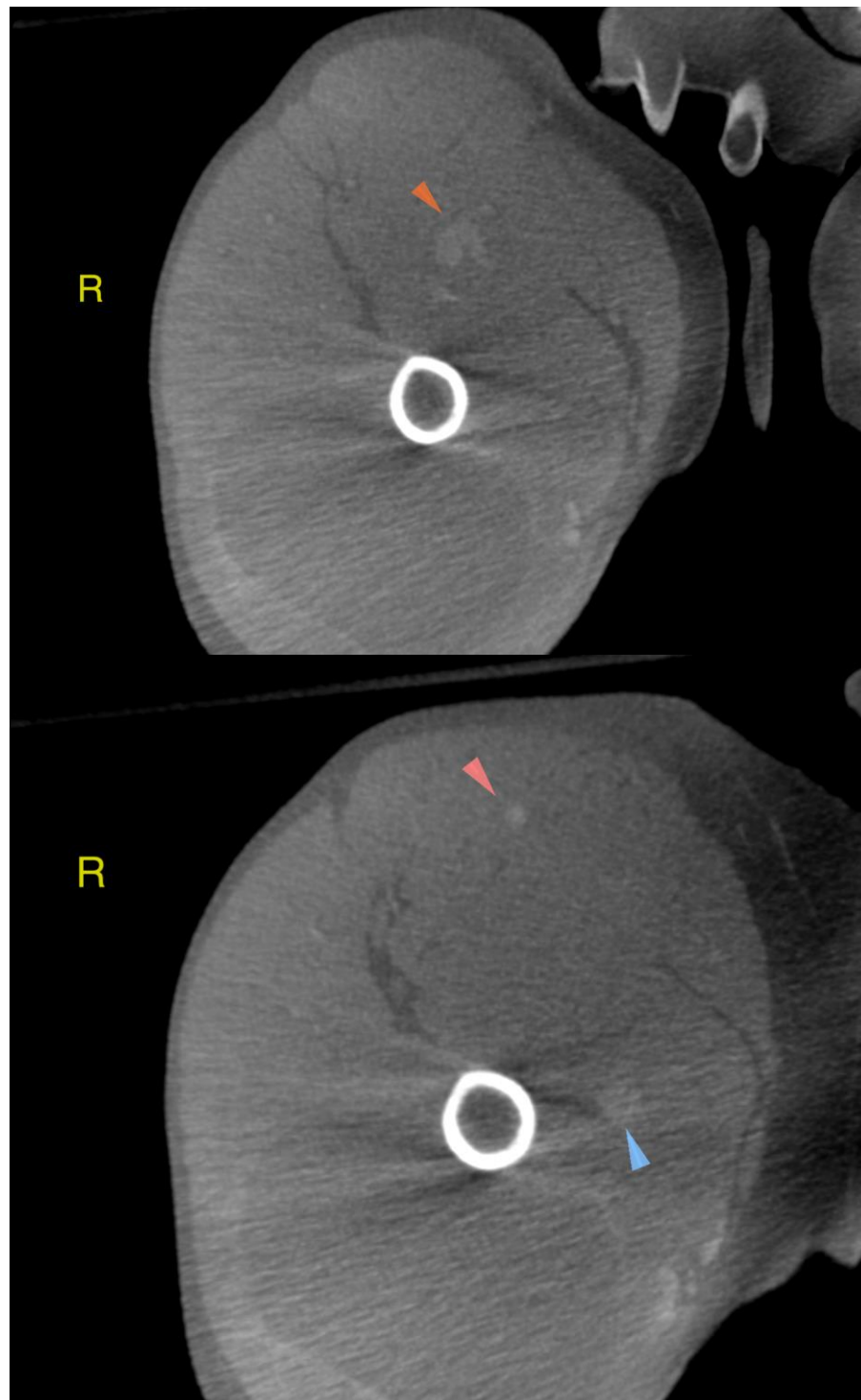
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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