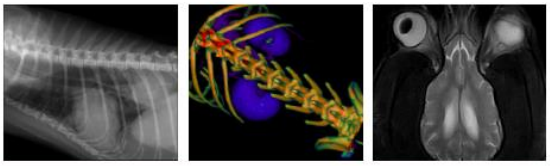
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper Bakstad

SPECIES

K9

BREED

Retriever Mix

SEX

FS

AGE

6 Years, 8 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

51368

DATE

4-6-22

PRESENTING CLINICAL SIGNS

Chronic limping front left leg, non responsive to NSAID/ steroids

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS, ELBOWS, CERVICAL SPINE, & BRACHIAL PLEXUS

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Number, alignment, and general anatomy of the cervical vertebrae present within normal limits.

A tubular soft tissue attenuating mass with peripheral rim enhancement is seen in the left axillary plexus. Maximum diameter of the mass is 1.5 cm. The mass is not fully included in the collimated field of view of the studies of the cervical spine and front limbs. However, the distal part of the mass can be seen in the studies of the front limbs and the most proximal extent of the mass can be seen in the studies of the cervical spine. The most proximal extent of the mass is seen medial to the 1st left rib midway between the rib head and sternum. No evidence of extension into the neuroforaminal vertebral canal is seen.

The left thoracic limb musculature presents moderate to severe atrophy.

The axillary lymph nodes are not included in the study.

The elbow and shoulder joints present within age related normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left brachial plexus mass meeting neoplastic criteria with extension into the cranial mediastinum.
- Neurogenic atrophy of the left thoracic limb musculature.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an irregular tubular shaped soft tissue mass within the left axillary plexus which extends into the cranial mediastinum medial to the 1st left rib. No evidence of extension into the left cervical neuroforamina or vertebral canal is seen. The CT findings are compatible with peripheral nerve sheath tumor such as neurofibrosarcoma. Sampling could be considered for further verification. However, neuritis is thought highly unlikely as a differential diagnosis based on the CT features. Resection of the mass with or without limb amputation could be discussed. The resulting neurologic dysfunction of the left front limb can typically not be predicted, however, many patients cope well and the mass appears to be still resectable based on the CT findings.

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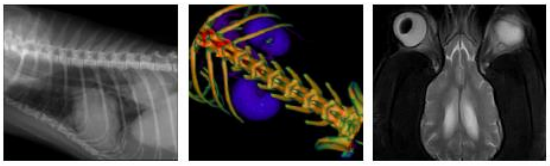

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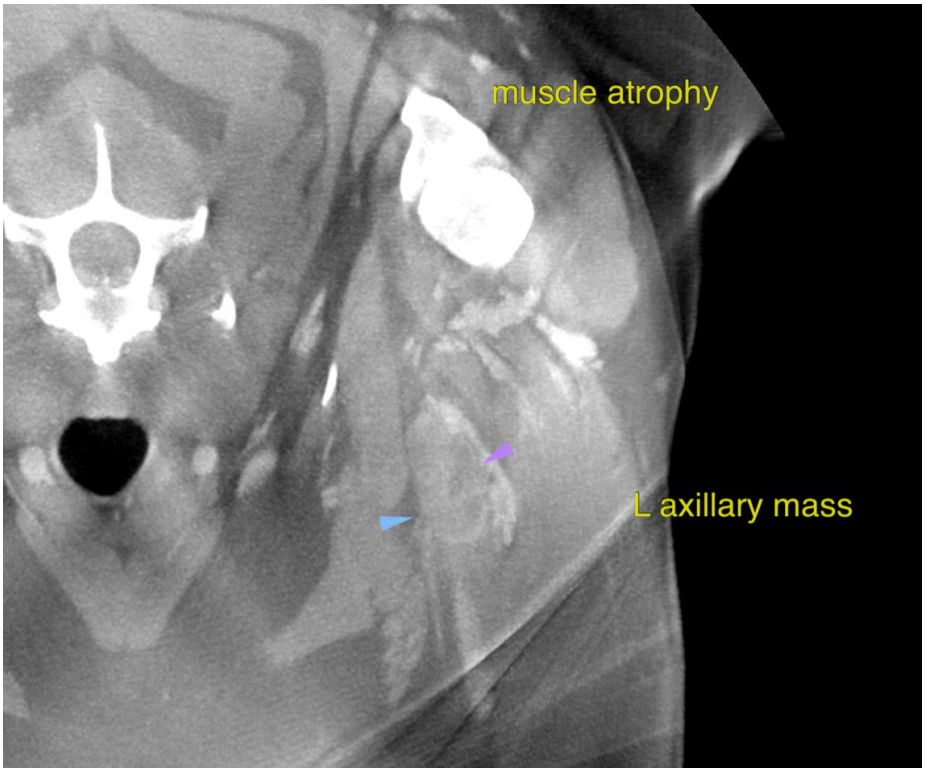

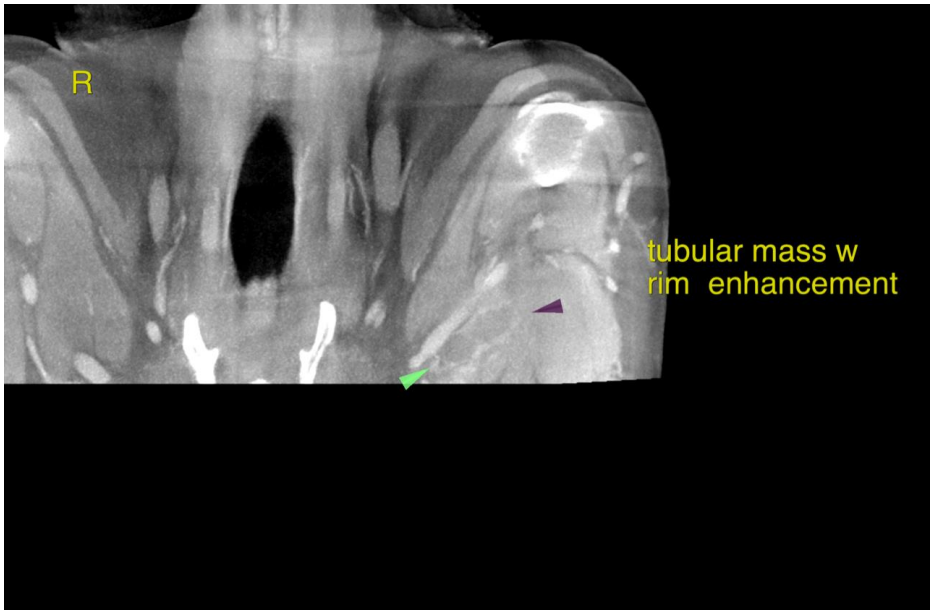

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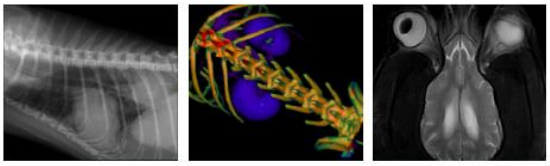

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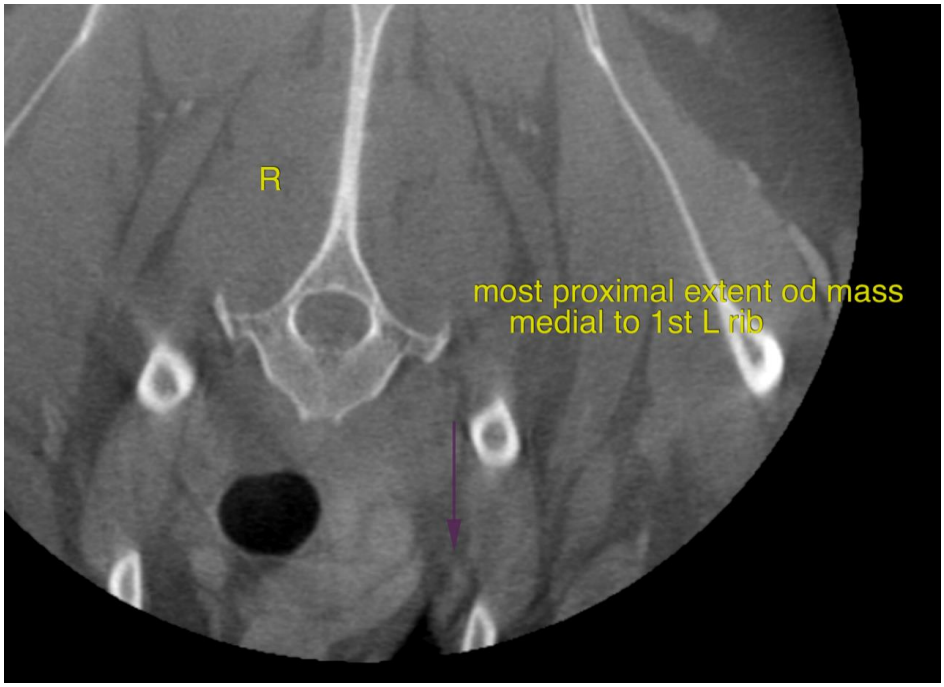

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com