



PATIENT

Baretta Bagonis

PRESENTING CLINICAL SIGNS

Mass Removal- Spindle Cell Tumor O first noticed back in October at first it was dismissed as a fatty tissue O was recommended to monitor O had a second opinion based on the fact that the tumor was growing rapidly. As per O tumor is about quadruple its original size.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Contrast enhanced CT studies of the thorax and abdomen available for review.

BREED

Retriever Mix

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

An ovoid soft tissue attenuating mass with ill-defined margins is seen in the right and dorsocaudal thoracic wall adjacent to the 13th right rib. The mass measures approximately 4.5 cm in length, 3.7 cm in height, and 3.7 cm in width. The margins to the subcutaneous tissues are ill-defined. The mass, however, appears to be confined to the subcutaneous tissue. No evidence of thoracic or abdominal involvement is seen. The adjacent 13th right rib presents no evidence of aggressive osteolytic changes. Nonuniform attenuation is noted on the post-contrast study.

SEX

FS

AGE

10 Years

A 5 x 2 cm sized intermuscular lipoma is noted in the right pectoralis region.

Mild multifocal spondylosis deformans of the thoracic spine is noted.

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Nele Eley, DVM
Dr. med. Vet. DipECVDI

Mild bilateral shoulder osteoarthritis is seen.

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.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

Multiple age related and incidental pulmonary osteomas are scattered throughout the pulmonary interstitium of all lung lobes. There is no evidence of pulmonary masses or nodules.

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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.

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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.

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

Occasional hyperenhancing splenic nodules are seen. The spleen presents mild generalized enlargement.



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The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. A mild amount of mineral attenuating gallbladder sediment is seen.

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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Retriever Mix

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous soft tissue mass in the right caudal and dorsal thoracic wall with evidence of aggressive biological behavior.
- No evidence of pulmonary metastatic disease.
- Splenic nodules.
- Intermuscular lipoma - right pectoralis region.
- Mild biliary microlithiasis.

SEX

FS

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a large subcutaneous soft tissue neoplasia within the right caudal and dorsal thoracic wall adjacent to the 13th rib. No evidence of thoracic or abdominal extension is noted. Differential diagnosis includes soft tissue sarcoma, mast cell tumor, and other soft tissue neoplasia. The findings are not typical for granuloma or abscess, neither for lipoma. Consider further definition and plan surgery with safety margins.

At this time, there is no evidence of metastatic disease to the lung.

The splenic nodules may well represent benign nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease is thought unlikely but cannot be ruled out entirely.

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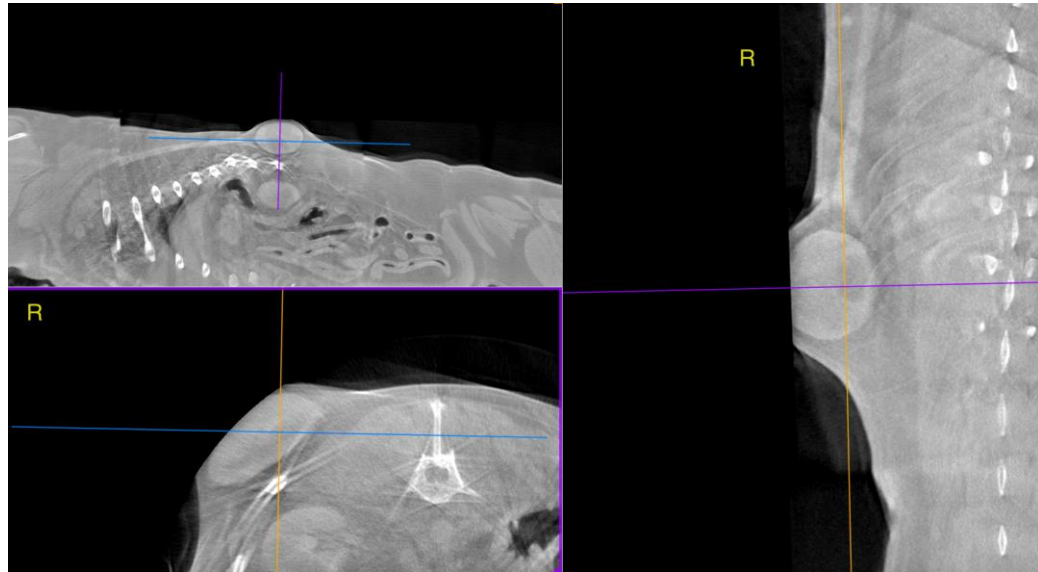
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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