



PATIENT PRESENTING CLINICAL SIGNS

Floyd Burton A liposarcoma was removed from the right antebrachium 2 months ago. Punch biopsy on 3/7/22 was inconclusive. The mass was surgically excised on 3/15/22. Histopathology the second time was reported as a liposarcoma. Surgical margins are incomplete. Chest radiographs are negative for metastasis. Stitches in incision persist. There is no evidence of mass recurrence. Previous diagnosis: Heart murmur, cataracts, histiocytoma removed on right shoulder Purpose of CT scan: Staging Location of CT scan: Legs, Chest, Abdomen Mass (behaviors): No recurrence yet Limping: A little bit on hard surfaces Therapies tried and response: None Current medication: Ketorolac eye drops Current signs: Just a little limping Appetite and activity level: Both are good Abnormal PE/Chem/CBC/UA Results: PE: There is no palpable recurrent mass at the surgery site on the right antebrachium Lab: Blood work is dated 4/25/22. CBC - PCV = 44.7%, WBC = 60, neutrophils = 50, lymphocytes = 10, monocytes = 0. Platelets = 134,000. Chemistry - Glc = 60, all else normal. Urinalysis - not provided.

SPECIES

Canine

BREED

Brussels Griffon

SEX

CM

COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS, THORAX, & ABDOMEN

Plain and post contrast studies of the thorax and abdomen and post contrast study of the front limbs available for review.

AGE

6 Years

COMPUTED TOMOGRAPHIC FINDINGS

Front Limbs

Patient has a history of removal of a right thoracic limb liposarcoma and histiocytoma.

The CT study reveals no macromorphological evidence of tumor recurrence. The bones and soft tissues of the right and left front limb present within the expected limits.

Thorax

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

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.

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.

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.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Liz Ambrosius

INVOICE

52056

DATE

5-10-22



PATIENT

or peritonitis.

Floyd Burton

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.

SPECIES

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

Canine

A 5mm sized enhancing nodule is seen within the splenic tail.

BREED

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Brussels Griffon

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

SEX

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

CM

The bony and surrounding soft tissue structures reveal no abnormalities.

AGE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structurally normal CT study of the front limbs after removal of a liposarcoma from the right thoracic limb.
- No evidence of pulmonary metastatic disease.
- Enhancing splenic nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no macromorphological evidence of a soft tissue mass in the right thoracic limb. The soft tissues and bones of the right thoracic limb present within the expected limits.

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No evidence of pulmonary nodules or masses is seen.

The right axillary and cervical lymph nodes present within normal limits.

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Differential diagnosis for the splenic nodule includes benign nodular hyperplasia, extramedullary hematopoiesis, and metastatic disease. Consider further ultrasonographic monitoring versus ultrasound guided fine needle aspiration or splenectomy.

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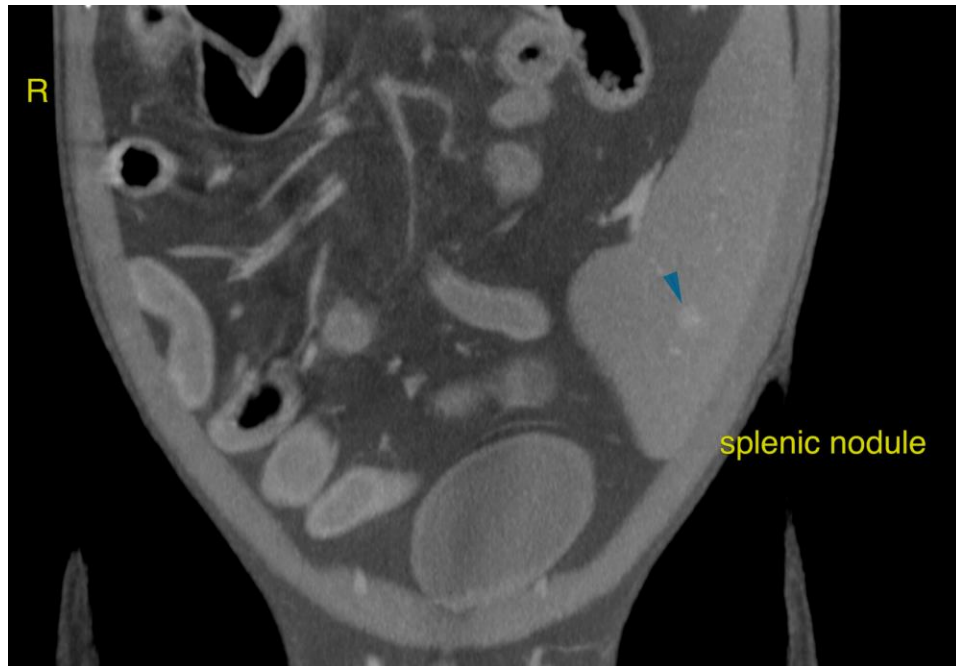
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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