



PATIENT

Gracie Lou Sturwold

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

7

WEIGHT

25.4

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Hector B.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

75013

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Presenting today for a CT for metastatic screening and mass removal of a mass located on the left thorax. Previous testing indicates a MCT. Abdominal ultrasound was unremarkable. ~6x7cm firm mass involving left lateral body wall, deep to SQ layer; mild abrasion right lateral canthus; mild periodontal disease; all other systems normal.

Diagnostic results: US Abdominal: Spleen shows a small number of centrally hyperechoic and peripherally hypoechoic nodules (<1 cm); assessment is that nodules may represent lymphoid hyperplasia, extramedullary hematopoiesis, or metastatic neoplasia. Cytology (Spleen): Mild to moderate lymphocyte hyperplasia; no evidence of metastatic mast cell tumors seen

Abnormal PE/Chem/CBC/UA Results: CBC (Heska): HCT 60.1 % (35-60); all other values within normal limits. Comprehensive Plus Panel (Heska): Sodium 153 mEq/L (141-152); all other values within normal limits.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A heterogeneously contrast enhancing soft tissue mass is present within the left ventral lateral caudal thoracic wall at the level of the ribs 10-12. The mass measures approximately 42 x 22 x 30mm. The lesion is predominantly subcutaneous but cannot be clearly separated from the adjacent intercostal musculature between the chondral ribs 10-11 and 11-12. The mass is elongated with irregular dendritic like soft tissue extensions into the surrounding tissues. Mild adjacent contact with the chondral portions of the left ribs 10-12 is present without definitive osseous or chondral involvement identified on this study.

No pulmonary nodules or masses are seen.

A well-defined soft tissue attenuating nodule measuring approximately 25 x 20mm is present at the heart base adjacent to the origin of the main pulmonary artery and aorta.

No pleural effusion, pneumothorax, or pericardial effusion is identified.

The heart size is within expected limits.

The mediastinal lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left caudoventral thoracic wall subcutaneous soft tissue mass with infiltrative characteristics compatible with the history of mast cell tumor, involvement of adjacent intercostal musculature cannot be excluded.
- Solitary heart base nodule adjacent to the main pulmonary artery and aortic root.
- No CT evidence of pulmonary metastatic disease.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The left thoracic wall mass demonstrates locally infiltrative imaging features. Although predominantly centered within the subcutaneous tissue, invasion or close association with the adjacent intercostal musculature is suspected and complete surgical margins may therefore be challenging.



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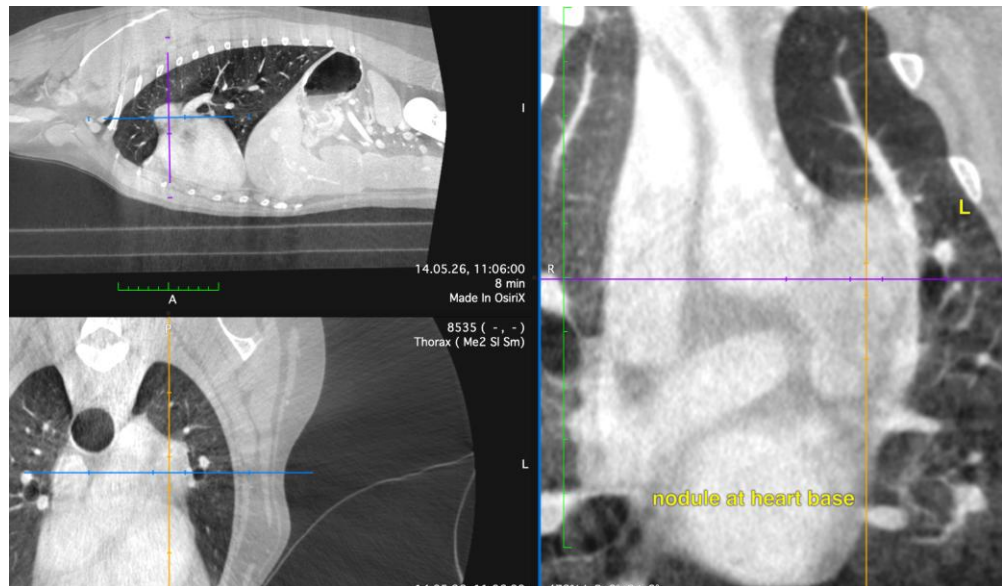
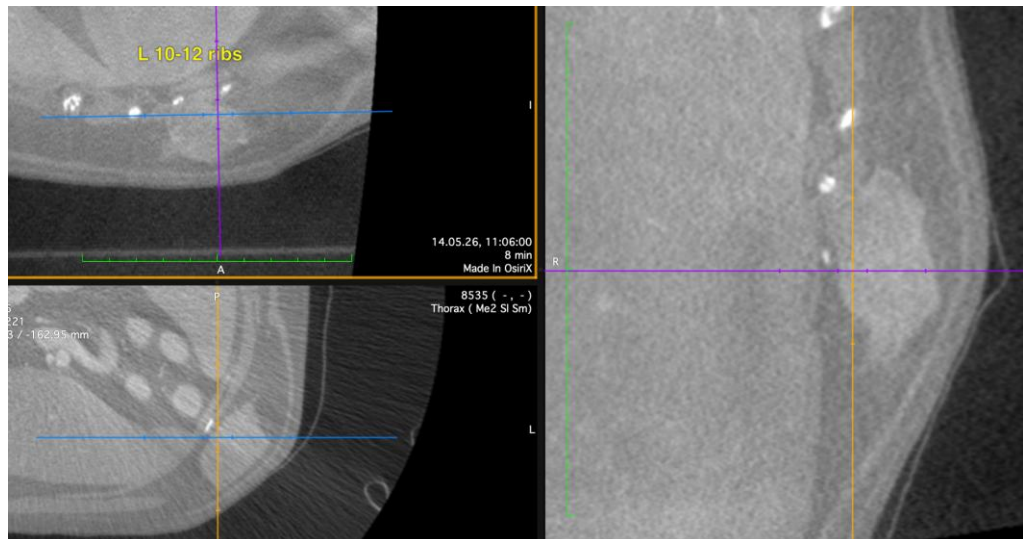
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No pulmonary metastatic nodules are identified.

The heart base nodule is nonspecific in appearance. In the context of known mast cell neoplasia, this may represent metastatic lymphadenopathy. However, primary heart base neoplasia such as chemodectoma and ectopic thyroid/parathyroid tissue remain additional differential diagnoses.

Histopathology of the thoracic wall mass following excision is recommended. Surgical planning should consider possible intercostal muscle involvement and infiltrative margins. Continued oncologic staging and monitoring are recommended including the presence of the heart base nodule.





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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.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

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