



PATIENT

Angus Thompson

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

12

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathy

HOSPITAL NAME

Northstar Veterinary
Surgery

REFERRING VET

Dr. Davies

INVOICE

75023

DATE

5-18-26

PRESENTING CLINICAL SIGNS

Poss IVDD vs Brachial Plexus Tumor

History & Clinical Signs:

Abnormal: Angus is painful on cervical palpation and on bending his neck to the right. He has marked muscle atrophy of the right forelimb musculature and knuckles the right front paw over. The withdrawal reflex is intact. Motor and pain sensation in the right front is intact. The remainder of the exam is normal.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

Plain myelogram and IV contrast study are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large, elongated, tubular soft tissue mass is present along the course of the right brachial plexus measuring approximately 9 cm in length and 1 cm in maximum diameter. The lesion demonstrates heterogeneous predominantly peripheral contrast enhancement. The mass extends through the right T1/2 intervertebral foramen into the vertebral canal resulting in mild neuroforaminal widening and mild extradural spinal canal occupation at this level.

Severe muscle atrophy of the right thoracic limb musculature is present.

Mild enlargement of the right axillary lymph node is noted.

The remaining cervical spine structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right brachial plexus mass with extension through the right T1/2 intervertebral foramen into the vertebral canal.
- Severe chronic neurogenic muscle atrophy of the right thoracic limb.
- Mild right axillary lymphadenopathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are highly characteristic of a right brachial plexus peripheral nerve sheath tumor. The foraminal and mild intraspinal extension explain the neurologic deficits and severe chronic muscle atrophy of the right thoracic limb. Other neoplastic etiology such as infiltrative sarcoma or less likely lymphoma is considered less probable based on morphology and distribution of the lesion. Neuritis is considered highly unlikely as well. There is no evidence of cervical intervertebral disc disease or alternative compressive cervical lesion identified.

The mild right axillary lymph node enlargement may represent reactive change or less likely metastatic involvement.

Histopathology can be considered for definitive diagnosis if clinically indicated.

Prognosis should be considered guarded given the extent of plexus involvement and vertebral canal extension.



PATIENT

Angus Thompson

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

12

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathy

HOSPITAL NAME

Northstar Veterinary
Surgery

REFERRING VET

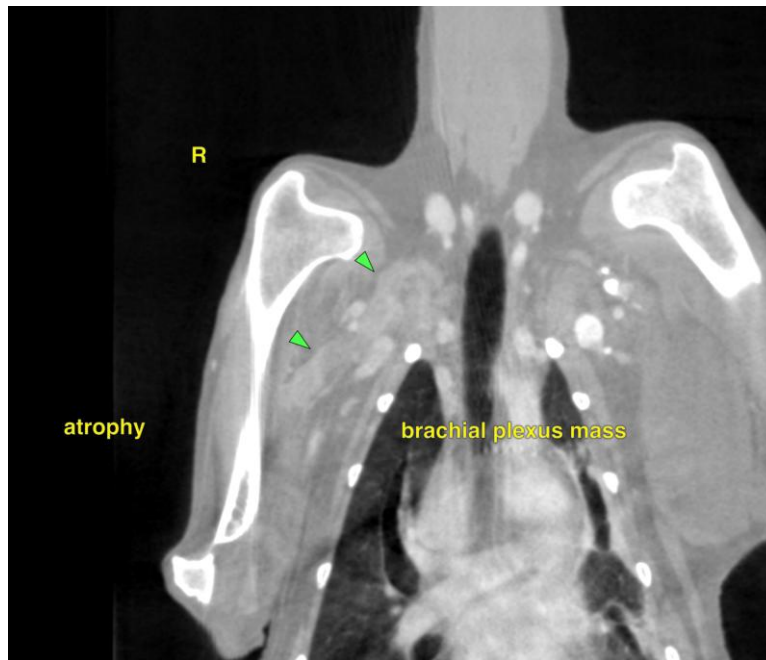
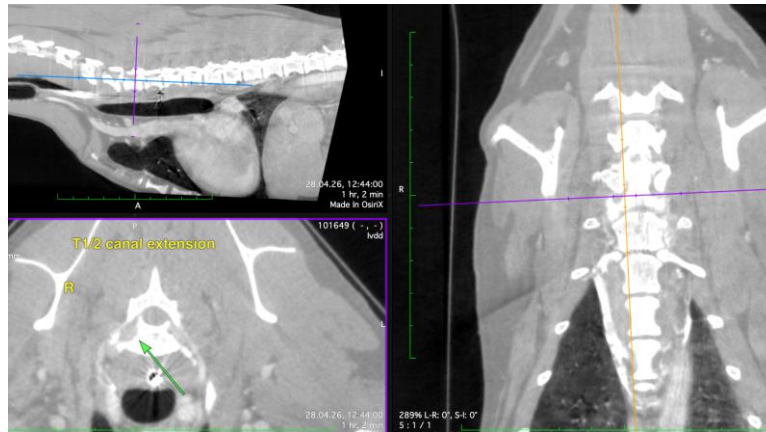
Dr. Davies

INVOICE

75023

DATE

5-18-26



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,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com