



**PATIENT**

Piggy Furrow

**PRESENTING CLINICAL SIGNS**

3-4 cm adhered mass on left lateral thorax. Cytology revealed few fungal hyphae.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

Plain and post contrast studies in soft tissue and bone windows available for review.

**BREED**

Pug

The patient is obese.

**SEX**

Male

An irregular shaped expansile mass is arising from the costochondral junction of the 11<sup>th</sup> left rib. The mass measures approximately 5.5 cm in height, 3.4 cm in width, and 4 cm in length. Medial deviation of the adjacent peritoneum and splenic tail is seen. The mass presents permeative aggressive bone lysis with a large amount of spiculated new bone formation and a large soft tissue component that presents strong heterogeneous contrast enhancement. Mild periosteal new bone formation at the caudal margin of the 10<sup>th</sup> left rib is seen; however, no overt aggressive osteolytic changes are noted.

**AGE**

11 Years

**Abdomen**

Slightly hyperenhancing and slightly expansile nodules of up to 1 cm size are seen within the splenic parenchyma.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The left kidney presents multiple cortical renal infarcts with surface retractions.

Mild generalized enlargement of the pancreas and mild generalized dilation of the pancreatic duct is seen. There is no evidence of regional peritonitis.

**HOSPITAL NAME**

Green Dog Dental and  
Wellness

The adrenal glands, liver, and gallbladder present within age related normal limits.

The gastrointestinal tract and mesenteric lymph nodes present within normal limits as well.

**REFERRING VET**

Ren Garcia, DVM

**Thorax**

The lung presents within age related normal limits. There is no evidence of interstitial pulmonary nodules or masses.

Mild generalized tracheal hypoplasia within breed related limits is noted.

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There is no evidence of mediastinal lymphadenomegaly.

No obvious signs of cardiovascular pathology are seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

6-1-22

- Monostotic expansile aggressive osteolytic and osteoproliferative mass of the 11<sup>th</sup> left rib.
- Multiple splenic nodules.
- No evidence of pulmonary metastatic disease.
- Chronic renal infarcts.



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- Tracheal hypoplasia.
- Obesity.

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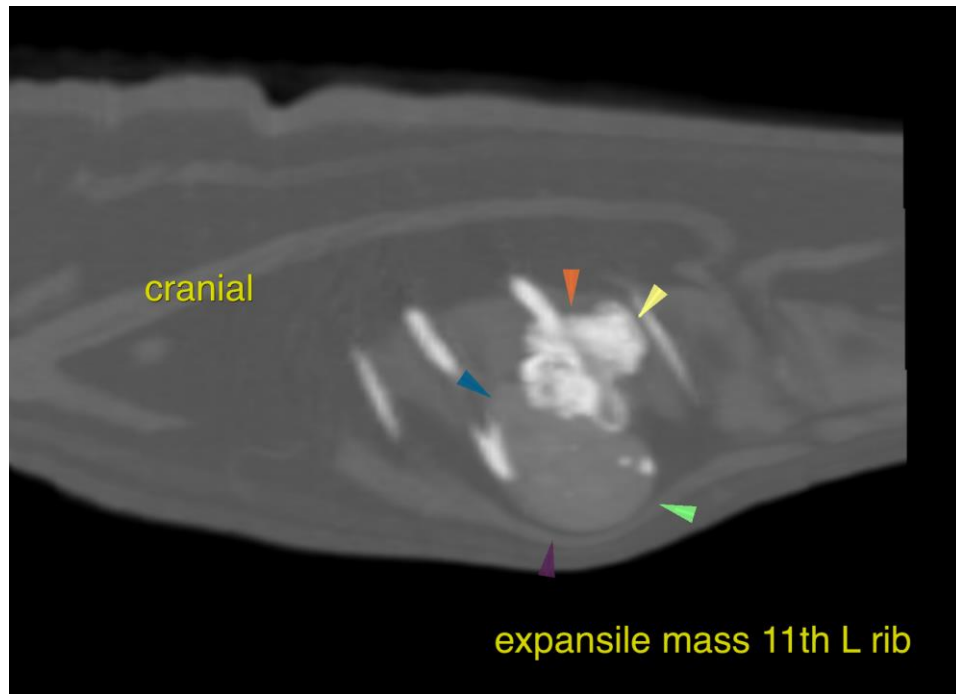
**DATE**

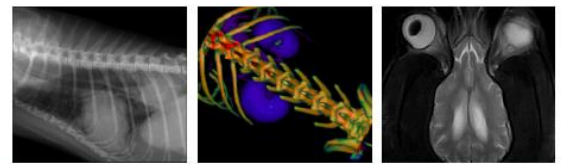
6-1-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Integrating the findings of the CT study and the results of the fine needle aspiration, fungal osteomyelitis is one potential differential diagnosis. However, primary neoplasia of bone such as chondrosarcoma, osteosarcoma, or other mesenchymal neoplasia is by far more common and should be considered a potential until proven otherwise. Consider sampling for histology in order to plan the treatment accordingly. The peritoneum appears to be medially deviated. There is no macromorphological evidence of peritoneal invasion or infiltration.

The splenic nodules may well represent age related benign nodular hyperplasia or extramedullary hematopoiesis as well as organizing hematomas. Metastatic disease cannot be ruled out entirely but is thought less likely.





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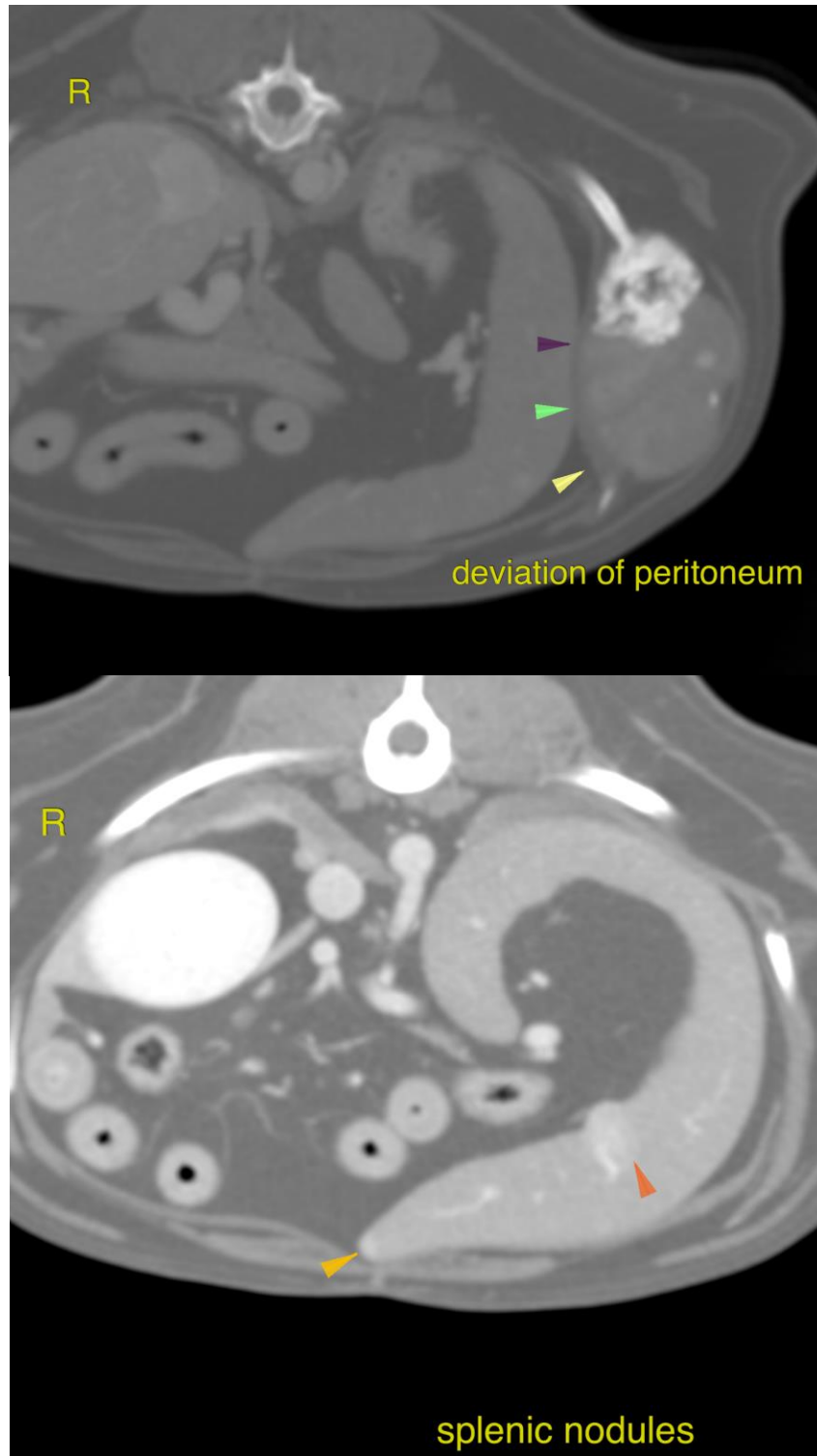
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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