



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Willow Adler
SPECIES
Canine
BREED
Small Mixed Breed

Willow was adopted at middle age from a rescue - previously lived in China, was mistreated. Had previous litters likely, spayed later in life. Has firm irregular mammary nodules and masses on caudal mammary glands, with firm tissue extending cranially up mammary chains. Pitting edema noted in both pelvic limbs as well (and mild amount in right forelimb). Concern for mammary carcinoma

Abnormal PE/Chem/CBC/UA Results: Firm irregular caudal mammary gland masses, with firm tissue extending cranially up mammary chain. Pitting edema in pelvic limbs and right forelimb. Cachexia. Bloodwork: -QuATs: pH 7.146 (L), Na 145, K 4.3, Cl 122 (H), Lac 1.8 -CBC: Hct 24.9 (L), Retic 28,100 (L), WNC 31,520 (H), Neut 28,820 (H), Lymph 1170, Mono 1220 (H), Baso 110 (H), Plt 699 (H) -Chem: Phos 2.41 (H), rest WNL [BUN 7.0, Creat 107, Glu 5.50, TP 63, Alb 25, Glob 39, ALT 73, ALP 133, Tbili 7, Chol 5.32] -FNA cytology (mammary masses): PENDING

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

SEX
FS
Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Rear Limbs

AGE
10 Years
Extensive subcutaneous fluid accumulation is seen throughout the bilateral rear limbs and can be traced into the perineal area, inguinal area, as well as throughout the ventral body wall. There is no evidence of a soft tissue mass in the perineal area or hind limbs.

The coxofemoral and stifle joints present within age related normal limits.

No evidence of lymphadenomegaly is noted in the rear limbs, inguinal area, or the hypogastrium.

Abdomen

Mild generalized thickening of the urinary bladder wall is noted.

There is an expansile mass of 2 x 1.3 cm emerging from the left adrenal gland. Heterogeneous contrast enhancement is noted. No evidence of vascular invasion is seen.

The spleen is volume contracted.

The liver and gallbladder present within normal limits.

There is an asymmetric lumbosacral transitional vertebra with an exostosis of the right iliac body.

Mild L3/4 and L4/5 disc extrusions are seen.

Thorax

Mild bilaterally symmetric pleural effusion is noted.

The lung lobe margins are retracted from the thoracic wall and mildly collapsed.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Ashley Gold

INVOICE

58828

DATE

6-14-23



PATIENT Multiple up to 2 cm sized interstitial soft tissue nodules are seen throughout all lung lobes.

Willow Adler The mediastinal lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

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- Bilaterally symmetric rear limb and body wall edema.
- Mild bilaterally symmetric pleural effusion.
- Multiple pulmonary interstitial nodules.
- Left adrenal gland mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study strongly supports the presence of multicentric neoplastic pathology.

SEX

FS

Differential diagnosis for the pulmonary nodules includes metastatic disease and secondary neoplasia of the lung such as round cell neoplasia primarily. Granulomatous lung disease such as eosinophilic granuloma, mycobacterial, or fungal granuloma can never be ruled out entirely but is by far less common. The effusion may represent transudate, modified transudate, exudate, and chylous as well as less likely hemorrhage.

AGE

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Direct vascular compression is not seen as a cause of the rear limb edema. However, reduced lymphatic drainage due to infiltrative disease, inflammation/infection, or vasculitis are potential differential diagnoses.

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Differential diagnosis for the left adrenal gland mass includes metastatic disease, pheochromocytoma, adenocarcinoma/adenoma, or incidentaloma. Correlate with the laboratory values. At this time there is no evidence of vascular invasion.

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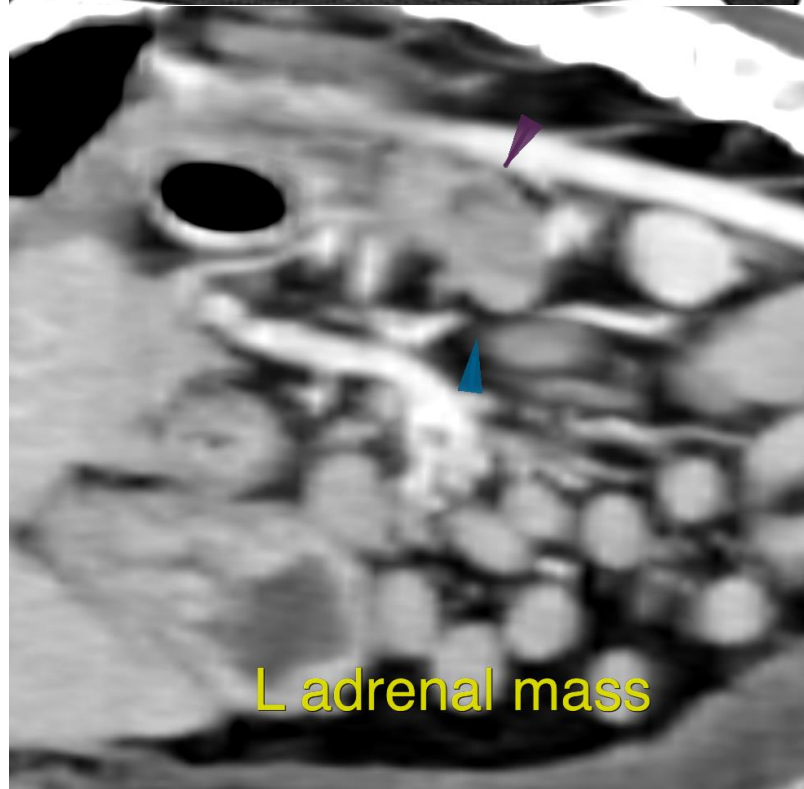
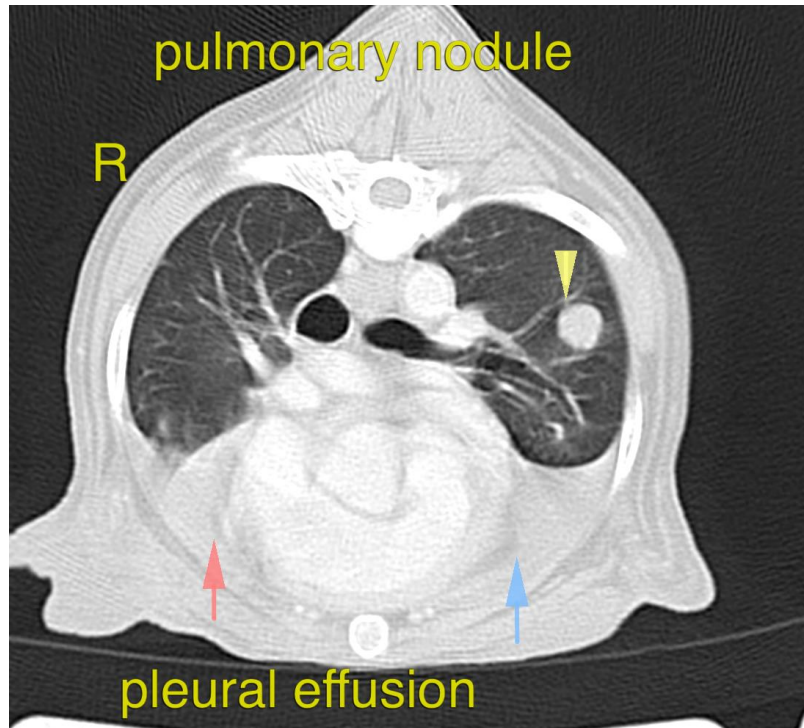
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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