



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Benny Darrin

**SPECIES**  
Canine

**BREED**  
Vizsla

**SEX**  
MN

**AGE**  
10 Years

**INTERPRETED BY**  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**  
Scottsdale Veterinary  
Clinic

**REFERRING VET**  
Malerie Mendez

**INVOICE**  
52847

**DATE**  
7-12-22

Presented 7/4/22 for left forelimb lameness. Historical Valley Fever. ALT 207, ALP 412, K+ 3.8, CBC WNL, Total T4 2.1, IgG and IgM Valley Fever titer Negative. Radiographs in hospital showed: Mild sclerosis of the ulnohumeral joint. Chest showed mild age-related changes, mild bronchiole interstitial pattern. Multiple soft Sq masses left shoulder, ventral abdomen. Started Gabapentin and Cetyl-M. Presented 7/6/22 for worsening of clinical signs. Lethargy, hyporexia, progressive left forelimb lameness. Ecchymosis noted in left axillary region at this time. 4Dx test Negative. Added in Galliprant. Presented again 7/10 for generalized edema of left forelimb and progression of ecchymosis in left axillary region. Added in Clavamox and Tramadol and started HBOT session. Presented 7/12/22 for CT scan. Severe generalized edema of left forelimb with severe ecchymosis in left and right axillary and inguinal regions. Febrile on presentation (104.7F).

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

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

A large 12 x 12 x 5 cm sized cavitory lesion with multiple septations is seen in the left cranial thoracic wall with extension into the armpit. Severe peripheral fat stranding is noted as well as moderate generalized edema of the left front limb. The cavitory lesion presents predominance of peripheral enhancement with large fluid attenuating cavities which are contrast negative. Foreign material is not overtly seen. The mass effect causes medial deviation of the left cranial thoracic wall. No evidence of intrathoracic extension is seen and there is no evidence of aggressive bone lesions in the surrounding bones.

The lung and bronchial tree present within normal limits.

The left axillary lymph nodes are mildly enlarged.

The mediastinal lymph nodes present within normal limits.

**Abdomen**

Presence of multiple small subcutaneous abdominal wall lipomas are noted.

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

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.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents



**PATIENT** uniform contrast enhancement.

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

**SPECIES** **Front Limbs**

Canine The shoulder, elbow, and carpal joints present within age related normal limits.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large cavitory lesion in the left cranial thoracic wall with extensive peripheral cellulitis and edema of the left front limb.
- Left axillary lymphadenomegaly.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings suggest presence of an abscess in the left cranial thoracic wall. Foreign material is not directly seen however presence of small pieces of organic foreign material cannot be ruled out. Tumor with central tumoral necrosis is a potential but less likely differential diagnosis. The edema is likely secondary to the extensive peripheral cellulitis and inflammation or vascular compromise. Consider aspiration and analysis of the presumably fluid filled center of the lesion for further definition. Consider timely drainage should an abscess be confirmed.

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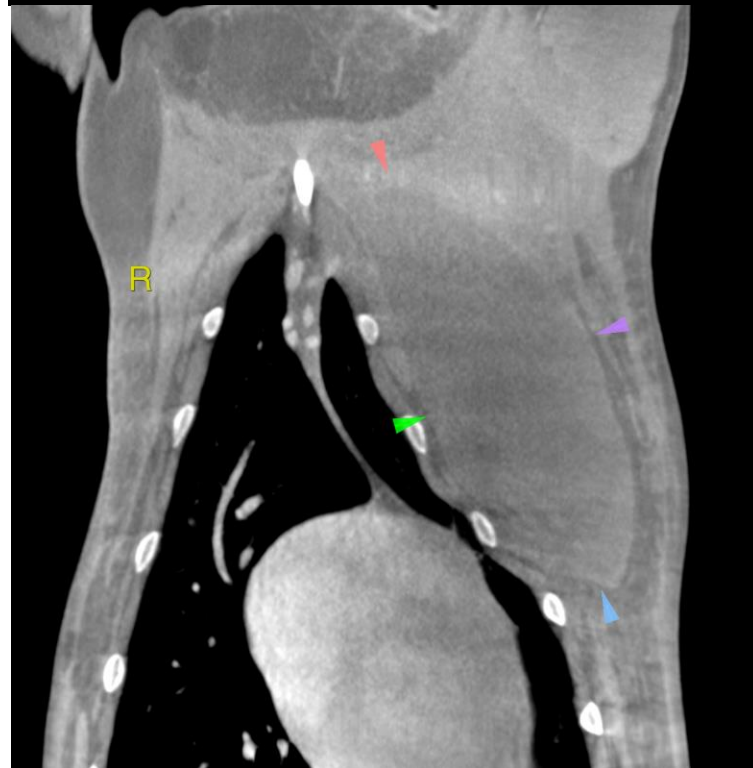
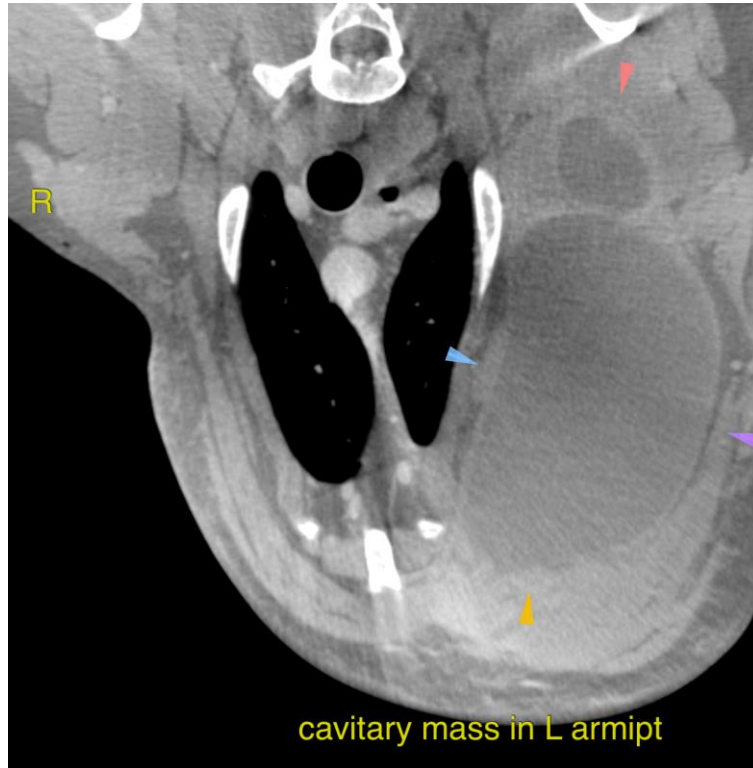
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Vizsla

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