SonoPath Teleradiology
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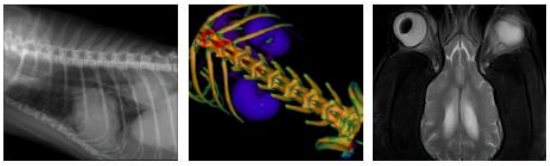

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dobbie Armijo

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

15 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE

59345

DATE

7-12-23

PRESENTING CLINICAL SIGNS

P presents for met chick prior to possible excisional biopsy of a large SQ mass
Abnormal PE/Chem/CBC/UA Results: Mild ALKP increase, NSF on rest

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Part of a large subcutaneous heterogeneous mass of mixed soft tissue and fat opacity is seen ventral to the caudal sternum. There is no evidence of intrathoracic extension.

The degree of pulmonary inflation is moderate. Two small nodular opacities are seen in the left caudal lung field level with the 7th intercostal space on the orthogonal view. The more cranial and smaller one is more polygonal in shape and the caudal one is more rounded. No additional nodules or masses are seen throughout the remainder of the lung.

No evidence of cardiovascular pathology is noted.

There is an extra-pleural sign level with the 2nd sternebra indicating sternal lymphadenomegaly.

T6/7 spondylosis deformans is noted.

The bilateral shoulders present osteoarthritic changes and an isolated ossicle of the glenoid cavity is seen in one of the shoulders.

RADIOGRAPHIC DIAGNOSIS

- Large subcutaneous mass in the cranioventral abdominal wall.
- Small nodular lung changes in the left caudal lung lobe.
- Multiple age related incidental pulmonary osteomas.
- Suspect sternal lymphadenomegaly.
- Spondylosis.
- Bilateral shoulder osteoarthritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large soft tissue mass of mixed opacity is seen ventral to the caudal sternum and ventral to the cranial abdominal wall. The mass appears to be situated within the subcutaneous tissues. No evidence of intrathoracic extension is seen. The composition with a mix of soft tissue and fat opacity suggests potential for fat derived mass such as infiltrative lipoma, liposarcoma, or infarcted lipoma. Other soft tissue sarcoma, however, cannot be ruled out entirely.

The small nodular opacities in the left caudal lung lobe are more likely to represent summation artifacts with end on vessels or bronchi, fibrotic nodules, or osteomas rather than metastases even though this cannot be ruled out entirely.

A CT could be considered for further definition since this offers greater sensitivity to detect small pulmonary nodules.

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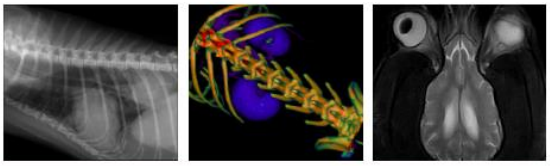

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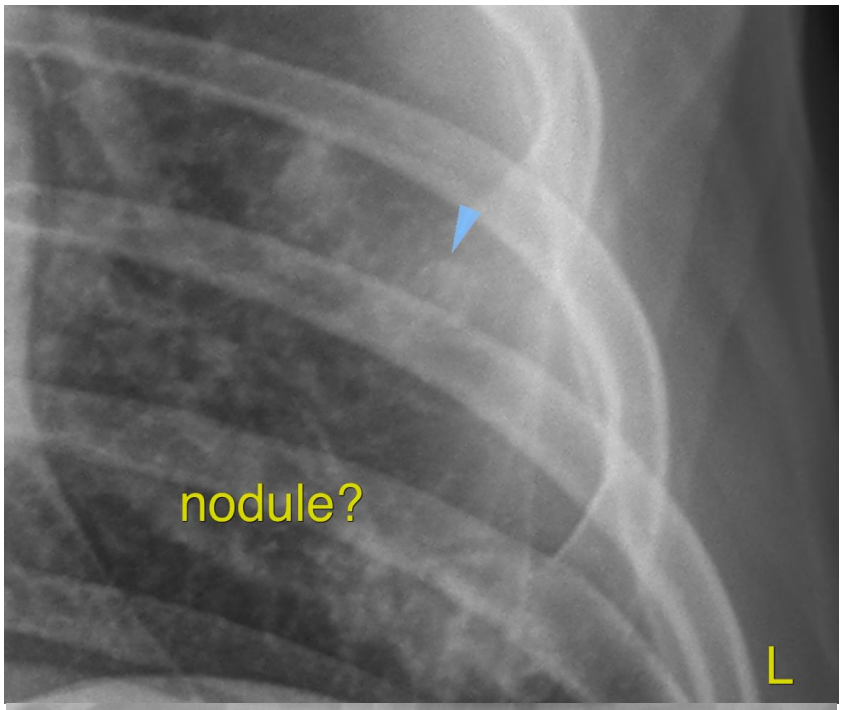
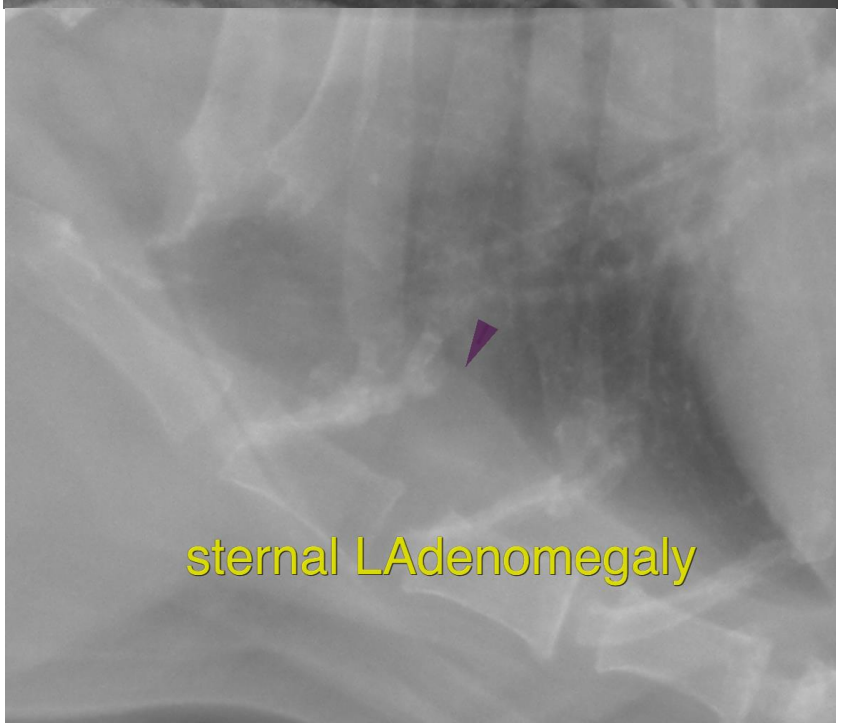
Note the sternal lymphadenomegaly. The sternal lymph nodes drain part of the thoracic wall. Differential diagnosis includes reactive hyperplasia as well as metastatic disease. Ultrasound guided FNA could be considered for further definition.





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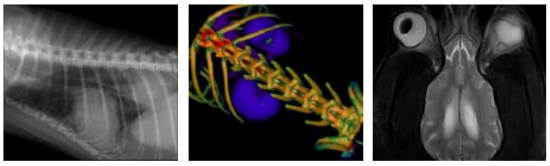

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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