



**PATIENT**

Gunner Hutton

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

9 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Jeffery Biskup

**INVOICE**

52887

**DATE**

7-14-22

**PRESENTING CLINICAL SIGNS**

right tarsal mass medial aspect and right popliteal lymph node enlargement. The mass was initially noticed several months ago. The mass was initially golf ball sized but appears to have increased in size slowly . Mass does not cause discomfort. Gunner was seen by Snelgrove Veterinary Services and a fine needle aspirate was performed May 2022. Cytology revealed fresh blood only - equally compatible with hemangiosarcoma or accidental bleeding.

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

Plain and post contrast studies of the tarsi, thorax, and abdomen in lung and soft tissue windows available for review. Soft tissue only for the tarsal region.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Tarsi**

A 5.8 x 2.7 x 4.5 cm sized mass is seen medial to the right tarsal joint. The mass is broadly attached to the medial aspect of the right tarsus however no articular involvement is seen and no aggressive bone lesions are noted. The mass is soft tissue attenuating with multiple cavitations and heterogeneous contrast enhancement predominating in the peripheral parts of the mass.

The right popliteal lymph node is mildly enlarged. No other lymphadenomegaly is noted.

**Abdomen**

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 uniform contrast enhancement.

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

A small subcutaneous lipoma is seen in the left caudal and lateral abdominal wall.

Severe degenerative lumbosacral stenosis with partially mineralized disc protrusion of the lumbosacral disc is noted.

**Thorax**

The bony and surrounding soft tissue structures are within normal limits.



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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is  $< 0.5$ , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

### SEX

MN

### COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitating vascularized soft tissue mass medial to the right tarsus.
- Mild right popliteal lymphadenomegaly.
- Subcutaneous lipoma abdominal wall.
- Severe degenerative lumbosacral stenosis.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are suggestive of soft tissue neoplasia medial to the right tarsus. Soft tissue sarcoma is considered most likely. The possibility of organizing hematoma, granuloma, cyst, and abscess cannot be ruled out entirely but are thought less likely. Consider incisional or excisional biopsies versus surgical resection with safety margins.

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The popliteal lymph node enlargement may well be due to reactive hyperplasia. Metastatic disease should be ruled out by means of fine needle aspiration prior to potential surgery.

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The CT screening of the thorax and abdomen was benign. No changes suggesting metastatic disease were found.

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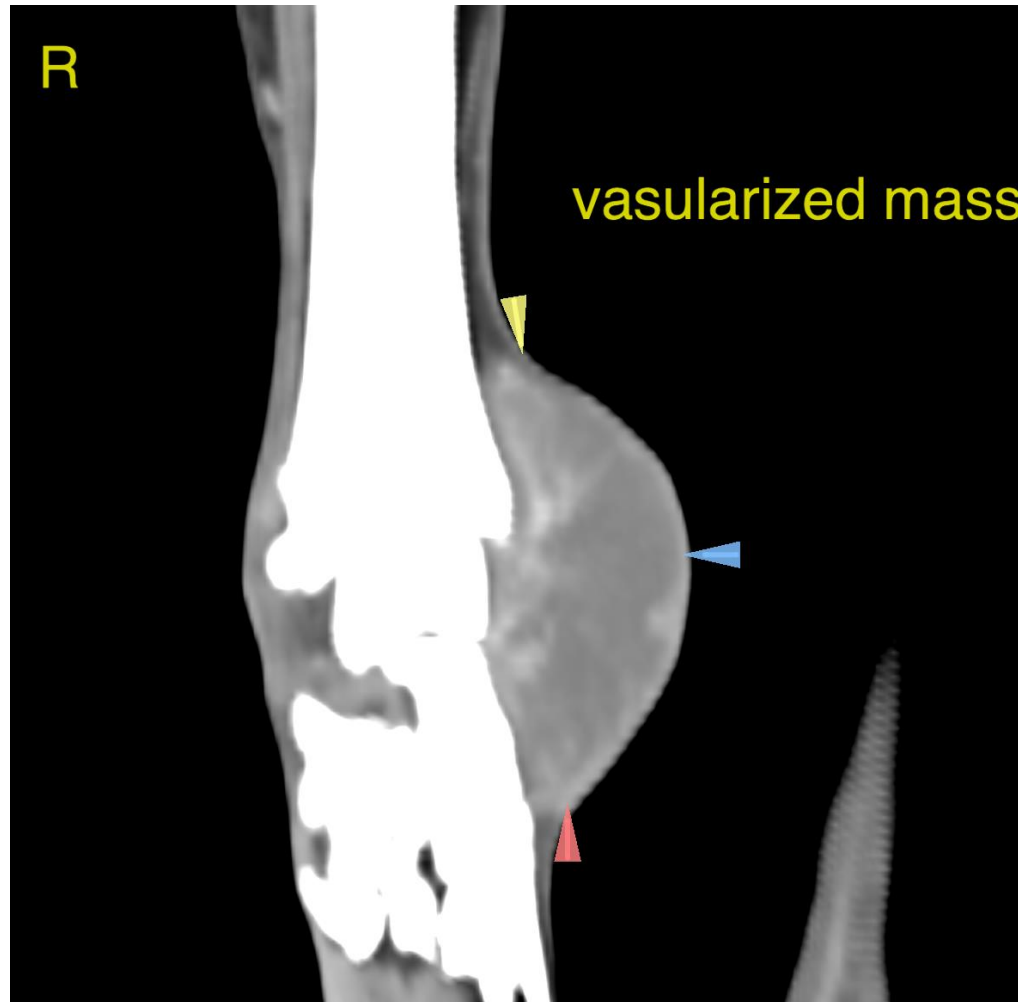
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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