



PATIENT PRESENTING CLINICAL SIGNS

Bella Delany
Presented a month ago due to a cystic like structure on her neck. At the time it had a fibrotic feel and had a small amount of fluid present. It was assumed it was an injury at first. Presented earlier this week as the lump was getting bigger. Owners were considering removal. In house bloods showed a regenerative anaemia. Remaining biochemistry was normal. Manual in house PCV was 20%. Afast at the time showed potentially a neoplastic mass involving the GIT tract. O described possible melena over a period of time. Rectsl revealed dark coloured faeces. Suspected this as the cause of the anaemia. CT scan performed - pre and post IV contrast.
Abnormal PE/Chem/CBC/UA Results: Regenerative Anaemia Manual PCV = 20%

BREED COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX, & ABDOMEN

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

Female
Neck

A large spindle shaped mass of 8 x 3.5 cm is seen in the subcutis of the right lower neck. Lesion margins are ill-defined. Nonuniform enhancement with multiple cavitations is noted on the post-contrast study.

AGE
12
A 9mm sized round subcutaneous nodule is seen to the left of the midline in the dorsum of the neck.

INTERPRETED BY
The cervical and axillary lymph nodes present within normal limits.

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

The mediastinal lymph nodes present within normal limits.

HOSPITAL NAME
No evidence of pulmonary masses or nodules is seen.

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Moderate dilation of the pericardium with fluid attenuating material is noted. There is no evidence of a soft tissue mass at the heart base.

REFERRING VET Abdomen

Chris Papantonio
No evidence of ascites is noted.

INVOICE
Mild generalized enlargement of the liver with rounded lobar margins is seen. The caudal vena cava, hepatic veins, and portal vein are moderately dilated.

53157
There is moderate generalized enlargement of the spleen.

DATE
A 3.0 cm sized soft tissue attenuating small intestinal mass with transmural loss of wall layering is seen in the left mid abdomen. No evidence of ileus is noted at this point.

7-28-22
Mineral attenuating foci are seen in the renal diverticuli of both kidneys. Multiple renal cysts up to 15mm diameter are seen in both kidneys.



PATIENT

Bella Delany

There is no evidence of mesenteric lymphadenomegaly.

A moderate amount of mineral attenuating material is seen in the nondilated stomach.

SPECIES

Canine

The pancreas presents within normal limits.

Multiple cystic bodies are seen on both ovaries.

BREED

Greyhound

- Moderate pericardial effusion.
- Small intestinal mass.
- Subcutaneous mass in the right upper neck meeting neoplastic criteria.
- Subcutaneous nodule in the left dorsal neck.
- Bilateral hypercalcemic nephropathy with multiple renal cysts.
- Hepatomegaly and splenomegaly: suspect congestion; differential diagnosis diffuse infiltrative disease thought less likely.

SEX

Female

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals moderate pericardial effusion. No evidence of a cardiac mass is seen. Consider neoplastic, idiopathic, effusion, and pericarditis as potential differential diagnoses. Further definition will require a cardiac echo and pericardial centesis.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The enlargement of the liver, spleen, hepatic veins, caudal vena cava, and portal vein may be due to congestion only. Diffuse infiltrative disease cannot be ruled out and fine needle aspiration could be considered for further definition.

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The small intestinal mass carries potential for neoplasia. Granuloma is a potential but less likely differential diagnosis. At this time there is no evidence of ileus. Further definition by means of ultrasound guided fine needle aspiration could be considered versus surgical excision. At this time, there is no evidence of mesenteric lymphadenomegaly.

REFERRING VET

Chris Papantonio

The mass in the right upper neck carries potential for neoplasia such as soft tissue sarcoma. Further definition by means of fine needle aspiration could be considered if not performed already. Consider FNA of the smaller nodule in the left dorsal neck as well.

INVOICE

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REFERRING VET

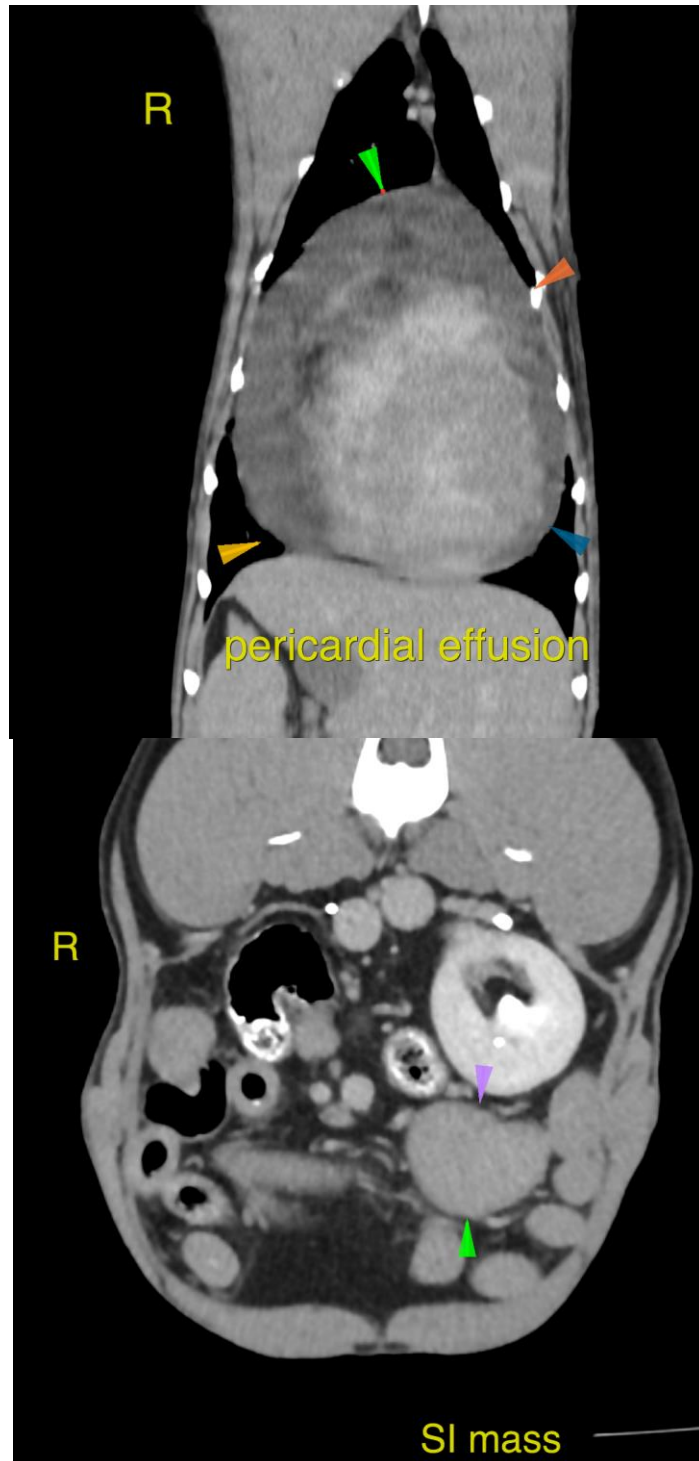
Chris Papantonio

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PATIENT

Bella Delany

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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