



**PATIENT PRESENTING CLINICAL SIGNS**

**Juffy Koscielniak** Progressive LF leg lameness over 6 weeks. Dog had an apocrine gland adenocarcinoma removed from LF elbow in August 2022. Initially removed with narrow but clean margins. Surgery done again (more aggressively) with clean margins. Chest rads have been done q 3-4 months - clean. Bloodwork done q 3-4 months - WNLs. Leg and cervical spine rads appear normal, some mild boney changes on left carpus. Dog will not put weight on leg without pain medications . A second cutaneous mass was removed from left axillary region 10 days ago and histopathology revealed adenocarcinoma. Ortho consult with Dr J Gorostiza - he advised CT.

**SPECIES**

Canine

**BREED**

Labrador

**COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS, SHOULDERS, CARPI & THORAX**

Plain and post contrast studies of the thorax and shoulders and post contrast studies of the elbows available for review.

**SEX**

FS

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

**AGE**

6 Years

A large, ill-defined, ovoid cavitated mass of approximately 7 cm height, 5 cm length, and 3.5 cm width is seen in the left axillary plexus region. Lesion margins are ill-defined. The lesion cannot be delineated from the surrounding musculature nor from the vessels and nerves of the left brachial plexus. No evidence of intrathoracic extension is seen and there is no evidence of nerve root involvement. The contrast enhancement is nonuniform with large contrast sparing fluid attenuating areas and moderate heterogeneous enhancement in the remainder of the mass.

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

The cervical and sternal lymph nodes present within normal limits.

No evidence of interstitial pulmonary nodules or masses are seen.

The cranial mediastinal and tracheobronchial lymph nodes present within normal limits.

Mild flattening of the cranial thoracic trachea is seen dorsally.

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No significant cardiovascular changes are noted.

There is a small 1 cm sized subcutaneous soft tissue attenuating nodule cranial and ventral of the sternum to the right of the midline.

**REFERRING VET**

Seraydar

**Shoulders, Elbows, & Carpi**

The osseous anatomy of the bilateral shoulders, elbows, and carpi present within normal age related limits.

**INVOICE**

59578

Mild osseous remodeling of the left elbow's periarticular bone is seen with no evidence of medial coronoid pathology or subchondral bone defects.

No joint enlargement is noted.

**DATE**

7-31-23

The musculature of the left thoracic limb is mildly reduced in volume.

**PATIENT**

Juffy Koscielniak

The shoulder and carpal joints present within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****SPECIES**

Canine

- Large cavitated left axillary mass with ill-defined margins.
- No evidence of pulmonary metastases.
- No evidence of mediastinal lymphadenomegaly.
- Disuse atrophy of the left thoracic limb musculature.
- No evidence of joint pathology in the shoulders, elbows, or carpi.
- No evidence of aggressive bone lesions.
- Small subcutaneous nodule cranial and to the right of the sternum.

**BREED**

Labrador

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS****SEX**

FS

The CT study reveals a large ill-defined cavitated mass in the left axillary region. Neoplasia such as axillary lymph node metastases or primary neoplasia such as round cell neoplasia, neurofibrosarcoma, additional manifestation of the historically known adenocarcinoma are potential differential diagnoses. Organizing hematoma and abscess cannot be ruled out entirely but are thought by far less likely. Consider sampling for further definition. The lesion margins are ill-defined. Peripheral tissue infiltration appears to be a potential.

**AGE**

6 Years

At this time, there is no evidence of metastatic disease to the cervical, mediastinal, and sternal lymph nodes, or lung.

**INTERPRETED BY**Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

The subcutaneous nodule may be unrelated to the history of adenocarcinoma, however, FNA of the nodule is recommended in order to rule out additional manifestation of the adenocarcinoma.

At this time, there is no evidence of osseous or articular involvement in the thoracic limbs.

**HOSPITAL NAME**

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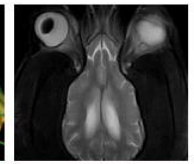
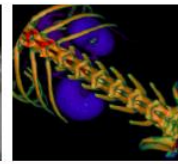
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Juffy Koscielniak

**SPECIES**

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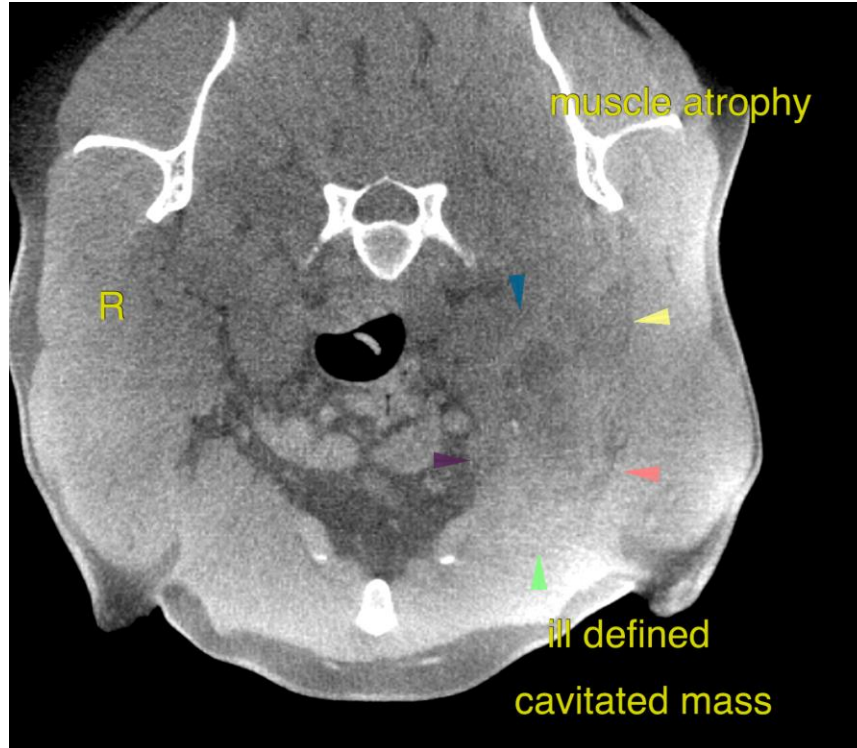
Labrador

**SEX**

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**AGE**

6 Years



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DVM Dr. med. vet.,  
DipECVDI

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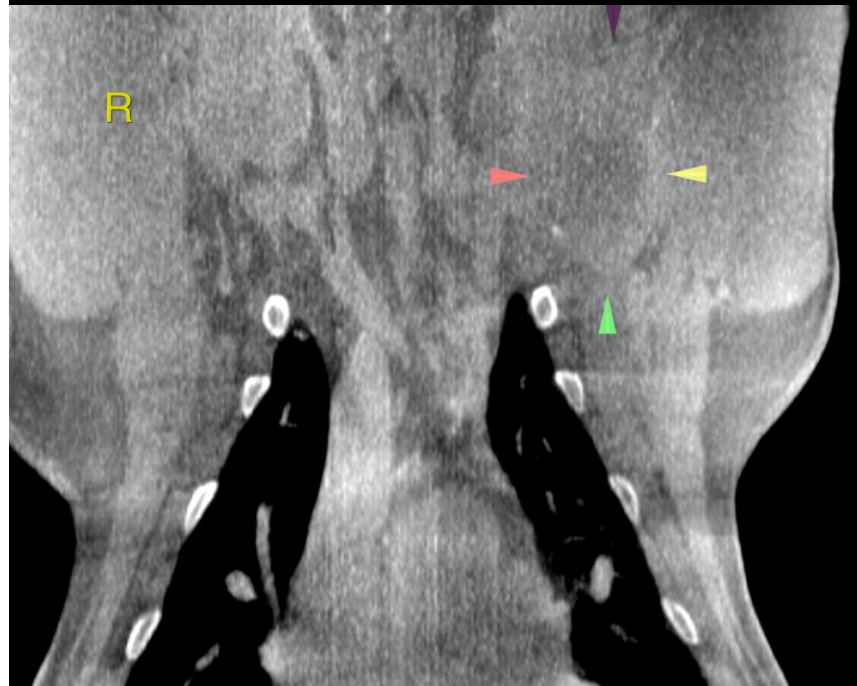
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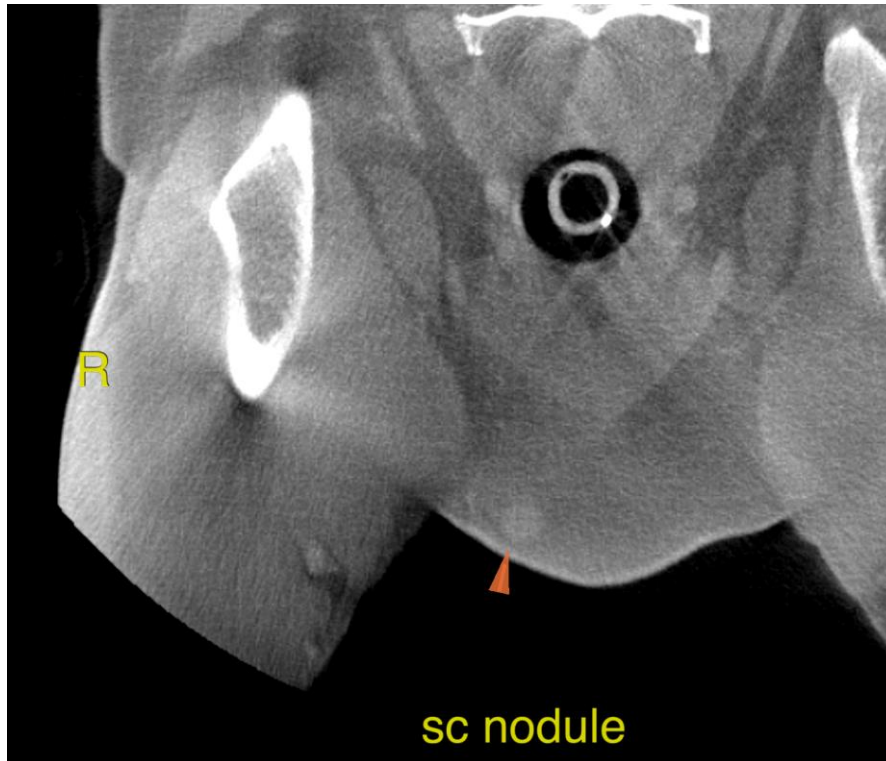
Labrador

**SEX**

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**AGE**

6 Years



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DVM Dr. med. vet.,  
DipECVDI

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**HOSPITAL NAME**

Mobile Pet Imaging

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)

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