



PATIENT

Chet Evequoz

PRESENTING CLINICAL SIGNS

Chet presented for evaluation of a mass over his right eye that appeared around 2 months ago. Since then it has grown. It is not painful and Chet does not seem bothered by it and is otherwise acting normally. The mass was palpated and noted to be firm and immobile. He had iris cysts and injected sclerae. The remainder of his exam was unremarkable. General blood work was unremarkable. Thyroid panel showed mildly elevated TSH but both free and total T4 are normal at this time. Chet was sedated and fine needle aspirates of the mass were collected. Cytology results were consistent with menenchymal neoplasia

SPECIES

Canine

BREED

American Bulldog

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

Head

The CT study reveals an ovoid ill-defined and heterogeneously enhancing soft tissue mass caudodorsal to the right eyelid. The mass measures approximately 15 x 7 x 7mm. No direct involvement of the eye or orbita is seen.

AGE

10 Years

The regional lymph nodes present within normal limits.

The brain, bullae, external auditory meatus, and salivary glands all present within the expected limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

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.

REFERRING VET

Dr. Shannon Westgarth

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.

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Abdomen

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

DATE

8-1-22

Both kidneys present within normal limits for size, shape and organ architecture. After contrast



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administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Chet Evequoz

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

Occasional small faintly hyperenhancing nodules are seen within the spleen.

SPECIES

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The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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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.

SEX

Moderate signs of hip dysplasia and osteoarthritis are noted in both coxofemoral joints.

MN

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

10 Years

- Small soft tissue mass meeting neoplastic criteria in the region of the right upper eyelid.
- No evidence of regional lymphadenomegaly.
- Normal age related CT findings of the thorax.
- Splenic nodules.
- Bilateral hip dysplasia and coxofemoral joint osteoarthritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with the history of mesenchymal neoplasia in the region of the right upper eyelid. Soft tissue sarcoma appears to be a primary differential diagnosis. Mast cell tumor and round cell neoplasia are theoretical but overall, less likely differential diagnoses.

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At this time, no structural evidence of metastatic disease to the regional lymph nodes or lung is found.

The splenic nodules are likely to represent benign nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease cannot be ruled out entirely but appears less likely.

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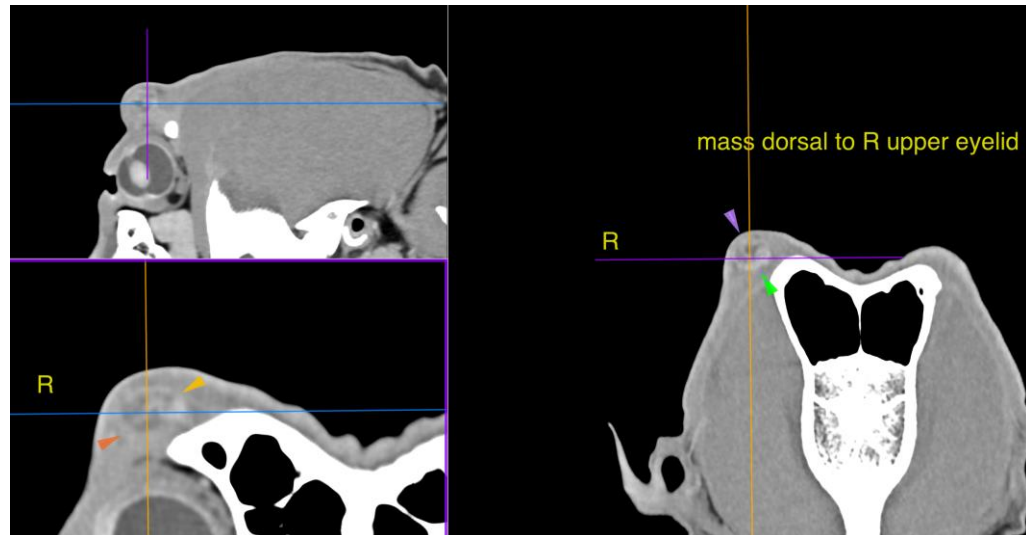
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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