



PATIENT

Roscoe Fransen

PRESENTING CLINICAL SIGNS

8/8/23: Reason for today's visit: O took him to primary vet took xray didn't see anything. He has been on antibiotics, goes away while on antibiotics then swells up within a couple days after stopping meds. O said it's larger today than it was yesterday. He has had it for about 2 and a half months. O didn't think it was a tumor popped up within a couple. O said nothing happened prior, he was outside in a fenced yard but O isn't aware of anything that could have happened. Not hot, no drainage. O said he will get a fluid pocket on his chest when the lump on his neck comes back. When it first started he was choking while eating dry food, has been doing good since switching to wet. The second visit was when he got an xray then got sent home with a steroid and antibiotics, keeps coming back so primary recommended coming here. Roscoe presented today for a mass under his neck that has been present for 2.5 months. Your routine veterinarian has treated Roscoe with steroids and antibiotics, but the mass quickly returns after treatment. Abnormal PE/Chem/CBC/UA Results: Lymphocytes 0.9, Eosinophils 0.01, Chloride 107, ALT 137

SPECIES

Canine

BREED

Pitbull Mix

SEX

NM

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies available for review.

AGE

13

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Moderate thickening of the epithelial lining of the bilateral external auditory meatuses is seen with increased contrast enhancement. Multiple tympanoliths are seen within the bilateral tympanic bullae.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

Moderate spondylosis deformans is seen between C2 and C3 as well as between C3 and C4.

The left cervical lymph node presents mild symmetric enlargement.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Deepan Kishore,
DVM,MS,DABVP

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DATE

8-15-23



PATIENT Both lobes of the thyroid gland present within normal limits.

Roscoe Fransen **Thorax**

SPECIES Canine
An expansile aggressive osteolytic and osteoproliferative mass is arising from the left 1st rib. The mass has a large soft tissue component which extends beyond the limits of the rib and into the left and right hemithorax as well as into the cranial mediastinum. Lesion margins are ill-defined. The size of the mass is approximately 8.5 x 7.5 x 5.5 cm. Multifocal intralesional ossification is seen. The left 1st through 3rd ribs present permeative aggressive osteolytic changes as well as amorphous periosteal new bone formation. The cranial lung lobes are deviated caudally.

BREED Pitbull Mix
The sternal lymph nodes present mild symmetric enlargement.

SEX NM
The lung and bronchial tree present within age related normal limits. Multiple pulmonary osteomas are seen. There is no evidence of interstitial pulmonary nodules or masses.
The cranial mediastinal and tracheobronchial lymph nodes present within normal limits.
No obvious cardiovascular pathology is seen.

AGE **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- 13
- Large expansile mass of the left 1st through 3rd ribs with intra- and extra-thoracic extension.
 - Left cervical lymphadenomegaly.
 - Sternal lymphadenomegaly.
 - No evidence of pulmonary metastases.
 - Bilateral otitis externa.
 - Incidental tympanoliths in both tympanic bullae.
 - Spondyloses.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large mass with aggressive biological behavior and expansion of the 1st left rib. Osteolytic changes of the 2nd and 3rd left ribs are seen as well. Chondrosarcoma and osteosarcoma are primary differential diagnoses. Other mesenchymal neoplasia and round cell neoplasia cannot be ruled out entirely. Note the extensive extra- and intra-thoracic extension of the mass.

REFERRING VET

Deepan Kishore,
DVM,MS, DABVP

The lymph nodes changes of the left cervical and sternal lymph nodes are equivocal for reactive hyperplasia versus metastatic disease.

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Further definition by means of sampling of the mass for histology and the lymph nodes for cytology could be considered if not performed already.

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At this time, there is no evidence of pulmonary metastases.



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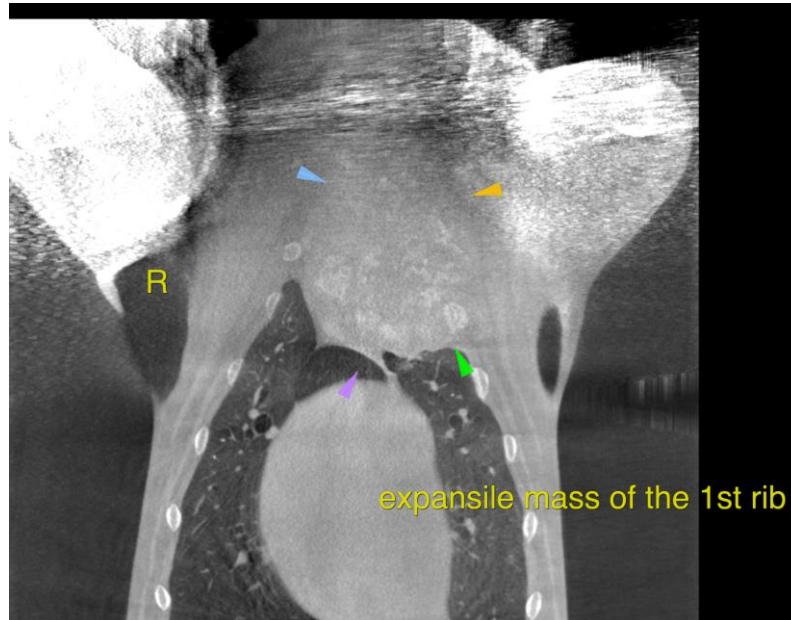
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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