



**PATIENT**

Fred Connelly

**PRESENTING CLINICAL SIGNS**

Soft tissue sarcoma gr III removed from right hind limb on 6/1/23. Electrochemotherapy performed by Dr. Impellizeri. Wound dehiscence occurred post ECT treatment. Owners have been bandaging every 4-6 hours at home. Owner also reports that Fred has been leaking urine and would like to check for infection. Skin/Coat: ABNORMAL Two foul smelling open exudative wounds with necrotic tissue (~1cm on top and ~4cm distal) on right lateral tarsus, both wounds connect and have pocketing between muscles. Limb moderately swollen from toes to stifle. - Manually debrided wound with gauze -Culture collected from both wounds and in between muscle bellies; submitted to laboratory -Soft padded bandage placed with calcium alginate as first layer 7/6/23 morning update: Bandage change this pm 12, pending assessment once or twice per day bandage Bandage Change 7/9. 2"X2" defect w/ granulation tissue present, no bone visible. Abnormal PE/Chem/CBC/UA Results: 4/11/23- cbc/chem- WNL

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Male Neutered

Post contrast studies available for review.

**AGE**

8 Years

**COMPUTED TOMOGRAPHIC FINDINGS**

Limited study due to presence of multiple streak artifacts.

**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.

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

**HOSPITAL NAME**

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Center - Oceanside

A 6mm sized soft tissue attenuating smoothly delineated nodule is seen in the left caudal lung lobe. Multiple age related pulmonary osteomas are seen in the remainder of the lung.

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

**REFERRING VET**

VCA Westbury/  
Banfield Levittown

**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.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**DATE**

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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

Spondyloses are seen between L2 and L3 as well as between L3 and L4.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Single soft tissue nodule in the left caudal lung lobe.
- Normal abdomen.
- Spondyloses.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is a limited study due to presence of artifacts. The CT study, however, shows a soft tissue nodule in the left caudal lung lobe. Metastases is a primary differential diagnosis. Pneumonic nodule/abscess and fibrotic nodule as well as granuloma cannot be ruled out entirely as potential differential diagnoses but are thought by far less likely, especially in the context of the patient history.

**SEX**

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**REFERRING VET**

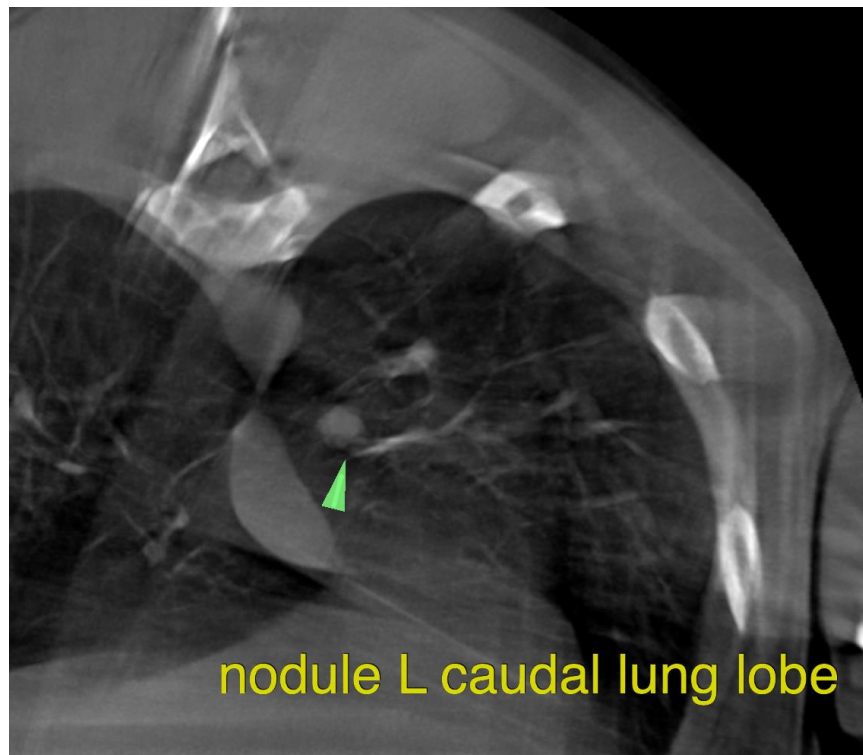
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

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