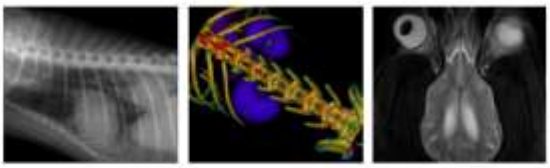
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Katie Wasowicz

SPECIES

Canine

BREED

Shepherd X

SEX

FS

AGE

6 Years, 1 Month

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr C. Hagen/Dr. C Hickling

INVOICE

47597

DATE

9-29-21

PRESENTING CLINICAL SIGNS

Developed a lump in her right exillary regiaon approximately 1 hear ago. Jan 5/21 - mass under right axilla w/focal dermatitis. FNA results showed fat/blood. Tx with Deramaxx & clindamycin. In July mass found to be rapidly growing. Jul 13/21 - limping, large mass, tender & warm. Tx with clindamycin & gabapentin. Jul 16/21 - RF/thoracic mass. Large firm poorly circumscribed mass - caudomedial brachia/right thorax extending to cranial thoracic nipple. Increased bruising. RF increased edema /swelling extending to paw. Venral thorax & abdomen SQ edema & bruising. Chest rads-normal-massvisible, increased density at deep portion of axilla. Possibly mildly hypovolemic - heart a bit small. Abdominal rads normal. FNA - deep portion of mass - indication of necrosis - neoplasia or ischemic damage suspected. Mass consistent with mesenchymal neoplasm. Aug 2021 Katie acutely worsened and the mass started to bleed. Mass was drained & started antibiotics. Since then mass has decreased in size significantly and Katie's demeanour has improved. Mass is approximately 7 cm x 5 cm. Mass is freely mobile in the subcutaneous space with a close association to the thoracic wall and medial aspect of the humerous. Mass is scheduled for excision/debulking surgery. Amputation discussed but O declined. Abnormal PE/Chem/CBC/UA Results: Decreased HCT 35.3%, HGB 12.3 g/dL, platelets 104 K/uL

COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT AXILLARY REGION & THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Right Axillary Region

A large ovoid and ill-defined soft tissue mass of approximately 10.0 cm length and 7.5 cm diameter is seen within the right axilla. Lateral deviation of the scapula is seen. Lesion margins are ill-defined. The mass presents layered fatty soft tissue and fluid attenuating components. Moderate nonuniform contrast enhancement is seen on the post-contrast study. The mass is embedded in the soft tissues of the axilla with 2.0 cm distance from the humerus and 2.5 cm distance from the cranial thoracic spine as well as 1.0 cm distance from the ribs. No aggressive osteolytic changes of the surrounding bones are seen.

The right axillary lymph node presents moderate symmetric enlargement.

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.

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.

Occasional age related incidental pulmonary osteomas are seen. There is no evidence of pulmonary masses or interstitial nodules.

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

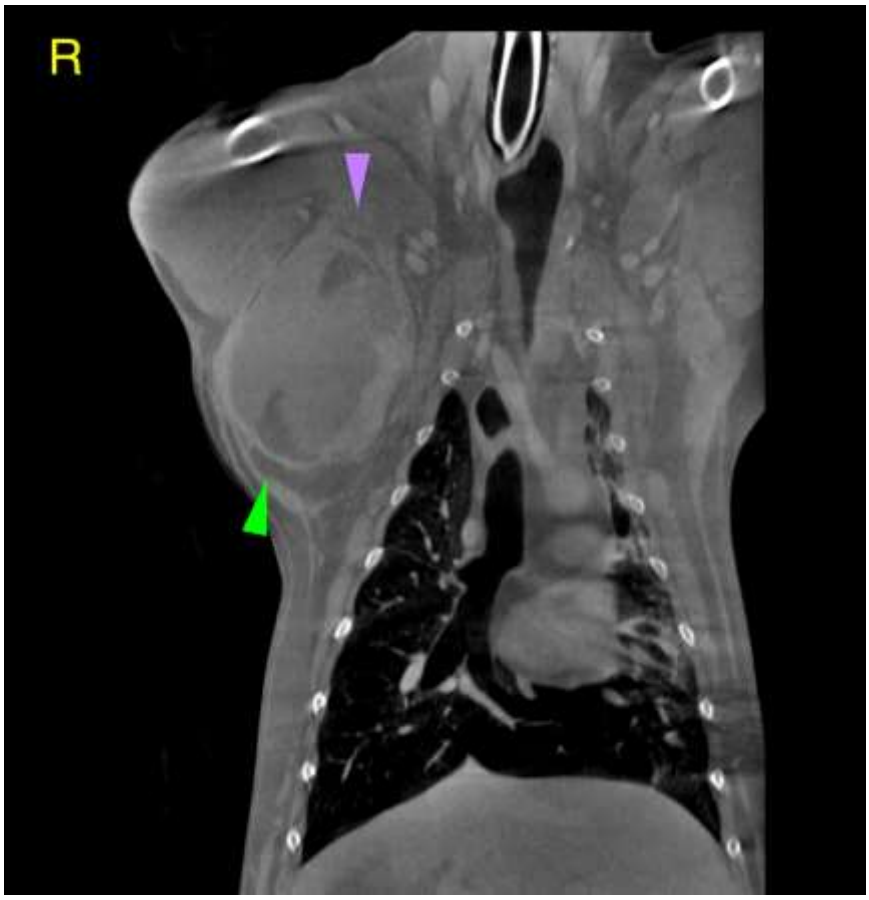
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue neoplasia within the right axillary region with fatty soft tissue and fluid compartmentalization.
- Mild to moderate regional lymphadenomegaly.
- No evidence of pulmonary metastatic disease.
- Normal age related lung.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main differential diagnosis for the mass is intermuscular lipoma with central infarction / necrosis versus liposarcoma. Final diagnosis will require histology.

The lymph node changes are compatible with reactive hyperplasia. Early metastatic disease is thought unlikely but cannot be ruled out entirely. Consider fine needle aspiration or excisional biopsy of the lymph node.



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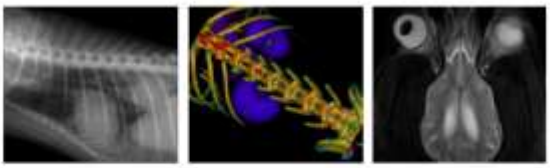

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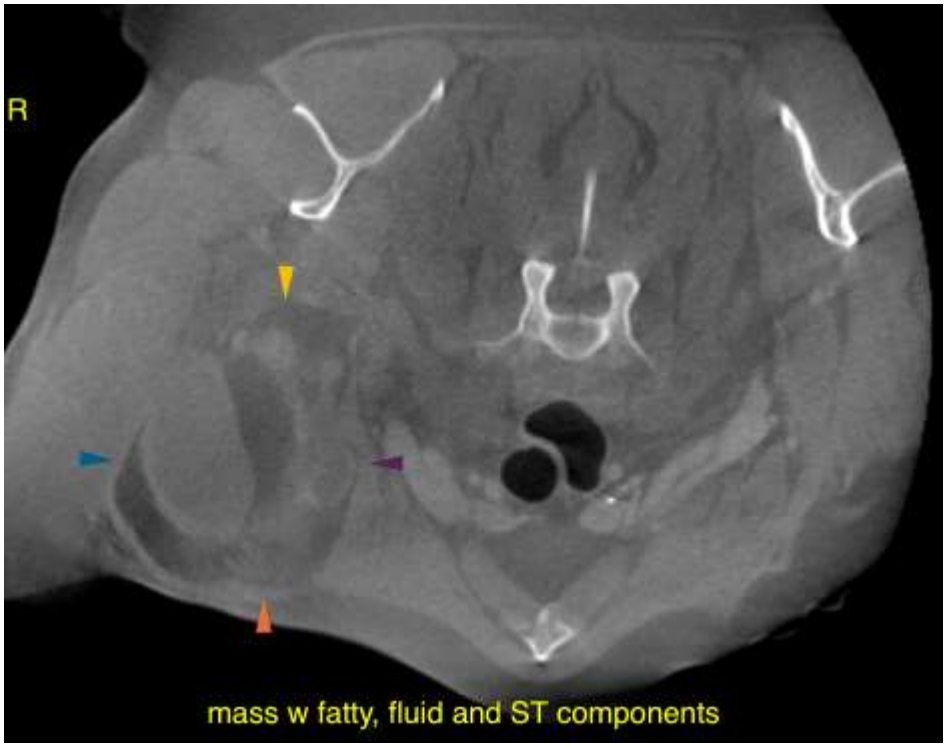

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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