



PATIENT

Miley DeMayo

PRESENTING CLINICAL SIGNS

Miley presented for mass on right side rib area. This was first noted about 1 year ago and grew over 1 year period. Mass effect right dorsal rib region, semi-affixed: R/O lipoma, sarcoma, etc
 Abnormal PE/Chem/CBC/UA Results: Increased liver enzymes is only issue on bloodwork - dog is on Galliprant

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review. Plain scan is right/left flipped. Multiple streak photon starvation and stair stacked stitching artifacts noted.

BREED

Labrador

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

SEX

FS

The right dorsal and cranial abdominal wall mass is not completely included in the field of view; however, an approximately 10.0 x 7.0 x 3.5 cm sized soft tissue attenuating mass is seen in the subcutis of the right cranial and dorsal abdominal wall. The mass is to the right of the midline and spans the length from the last two thoracic to the first three lumbar vertebrae. Lesion margins are well delineated; however, superficial tumor feeding vessels are seen. There is no evidence of involvement of the ribs, thoracic, abdominal wall, or vertebrae. Minimum distance from the last right ribs is 1.3 cm. Minimum distance from the neighboring vertebrae is 1.5 cm.

AGE

11 Years

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

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

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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 Center

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

Multiple fat attenuating and hypoenhancing nodules of varying size are seen throughout the splenic parenchyma.

A small central divisional liver cyst is seen.

REFERRING VET

Dr. R. Lombardi

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.

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47626

Moderate L2/3 and L3/4 spondyloses are seen.

Thorax

DATE

9-30-21

A small intramuscular lipoma is seen in the left brachycephalic muscle which measures approximately 1.5 cm in diameter.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a

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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.

SPECIES

Canine

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

BREED

Labrador

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

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

FS

- Large soft tissue mass meeting neoplastic criteria in the right craniodorsal abdominal wall without evidence of osseous, abdominal, or thoracic involvement.
- Presumed multiple splenic myelolipomas.
- Small intramuscular lipoma within the left brachycephalic muscle.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Limited study. Based on the CT findings, mesenchymal neoplasia / sarcoma is considered most likely. Round cell neoplasia would a potential differential diagnosis. The findings are not compatible with lipomatous masses. Final diagnosis will require sampling for histology. The mass is in a resectable position; however, the close anatomic relationships to the thoracic and abdominal cavities as well as the spine need to be considered.

The findings of the spleen are highly suggestive for splenic myelolipomas. However, atypical presentation of metastatic disease cannot be ruled out and fine needle aspiration is recommended for further definition.

The findings of the liver are compatible a small uncomplicated liver cyst.

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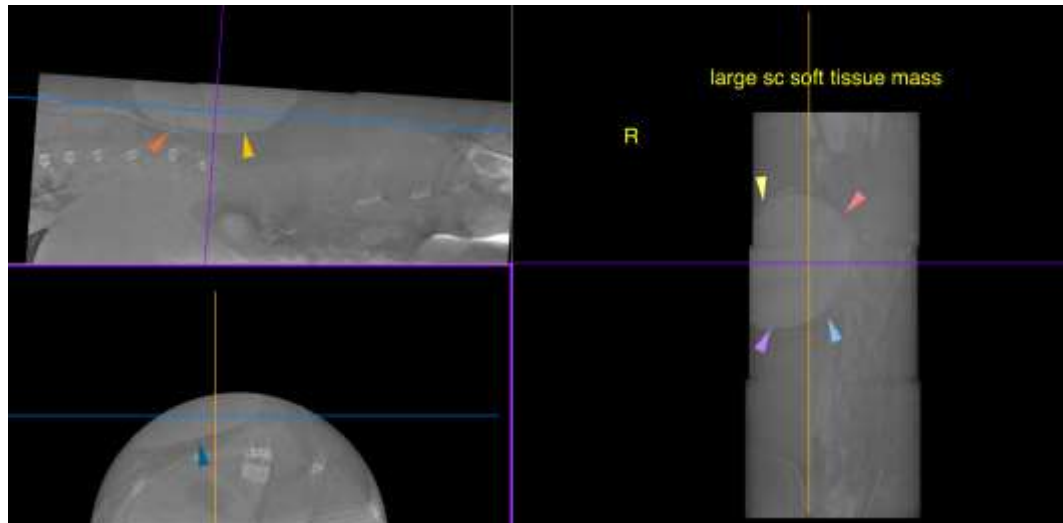
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Nele.Eley@sonopath.com