



PATIENT

Tanner Mandt

PRESENTING CLINICAL SIGNS

Tanner is presented to the surgery service at BVS+AE today for a consultation to discuss diagnostic and therapeutic options to address a left axillary mass that is suspected to be a peripheral nerve sheath tumor. In early 2021 Tanner started dragging his left front leg occasionally which progressively got worse. He was taken to MedVet Cincinnati and at that time there were no orthopedic abnormalities, however pain was noted on palpation of the axillary region. Tanner was tentatively diagnosed with a left brachial peripheral nerve sheath tumor. Advanced imaging was recommended but not performed at that time. When Tanner was taken to MedVet he still had some use of the left thoracic limb so Mr. Mandt elected to forego amputation at that time. In November 2021 Mr. Mandt noted that a mass/thickened cord was palpable in the left axilla and ever since it was discovered, the mass has been rapidly growing. At this point Tanner has no function of the leg. Mr. Mandt notes that the mass seems to be slowing Tanner down and is cumbersome. Tanner was then taken to see Dr. Dabney who performed thoracic x-rays on 1/12 and there was an area that was concerning for a lung nodule on one of the lateral thoracic views. The radiographs were subsequently submitted for interpretation and the radiologist agreed that there was a soft tissue opacity in the pulmonary fields, however it was not possible to differentiate the tissue from an abscess or granuloma. Tanner is relatively happy, but recently he seems to get tired more easily and the left front limb is non-functional.

SPECIES

Canine

BREED

Lab Mix

SEX

M

AGE

12 Years

COMPUTED TOMOGRAPHY OF THE THORAX

Pre/post contrast studies provided for review.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

COMPUTED TOMOGRAPHIC FINDINGS

The left axillar region presents a very large soft tissue-dense mass elevating the scapula and deviating the plexus vessels. Estimated maximum diameters measure at least 21 x 17 cm.

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At the level of the right middle lobe adjacent to the hilar region, a soft tissue-dense nodule of 1.79 x 1.60 cm is recognized being clearly marginated with an inconspicuous periphery. The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides apart from that. There is no evidence of pleural thickening, fluid accumulation or free pleural gas.

REFERRING VET

Jose Guevara

The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected.

There is a questionable filling defect of the left atrium and the terminal pulmonary veins detected. The diaphragm appears normal.

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The thoracic spine as well as ribs and sternum and the cranial abdomen are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

DATE

1-21-22



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Very large left axillar mass
- Pulmonary nodule right middle lobe
- Suspected mass left atrium/pulmonary veins

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings most likely present malignant neoplasia of the left brachial plexus. The pulmonary nodule is suspicious for a metastasis. Differentials include but are not limited to a pulmonary cyst, granuloma and small abscess. Final assessment will be a matter of the temporal evolution. I do favor a neoplastic nodule. The filling defect of the left atrium and the pulmonary veins may be artificial due to inflow phenomena; however, another mass is possible as well and should be confirmed/excluded with ultrasound.

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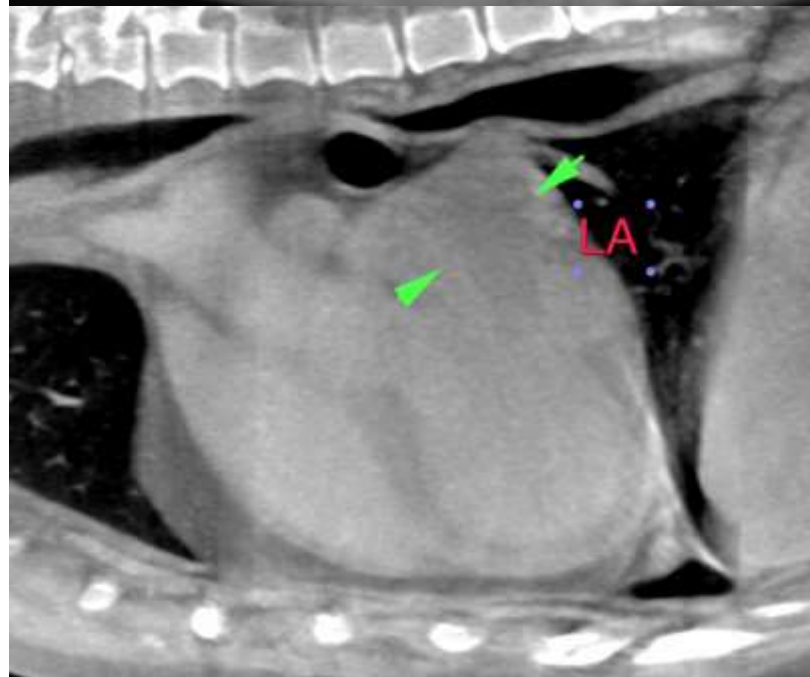
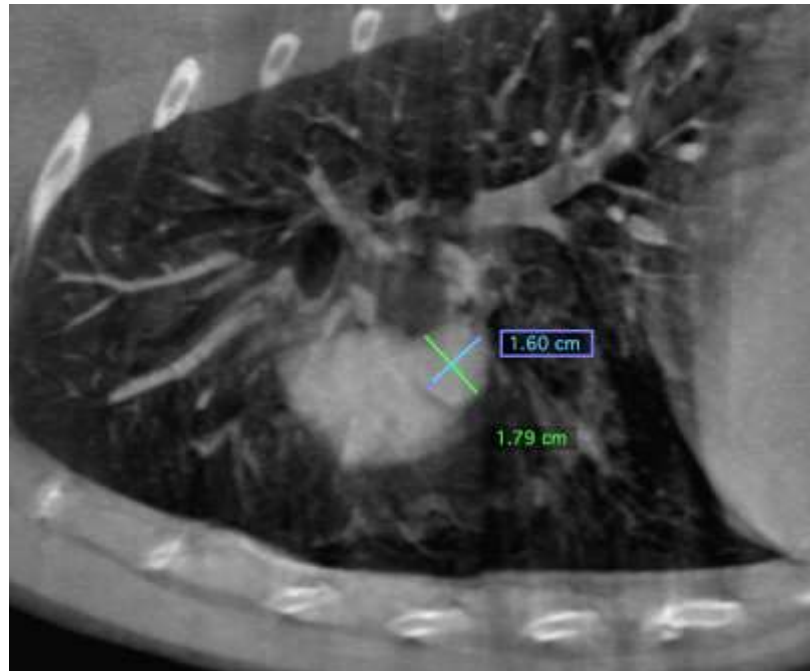
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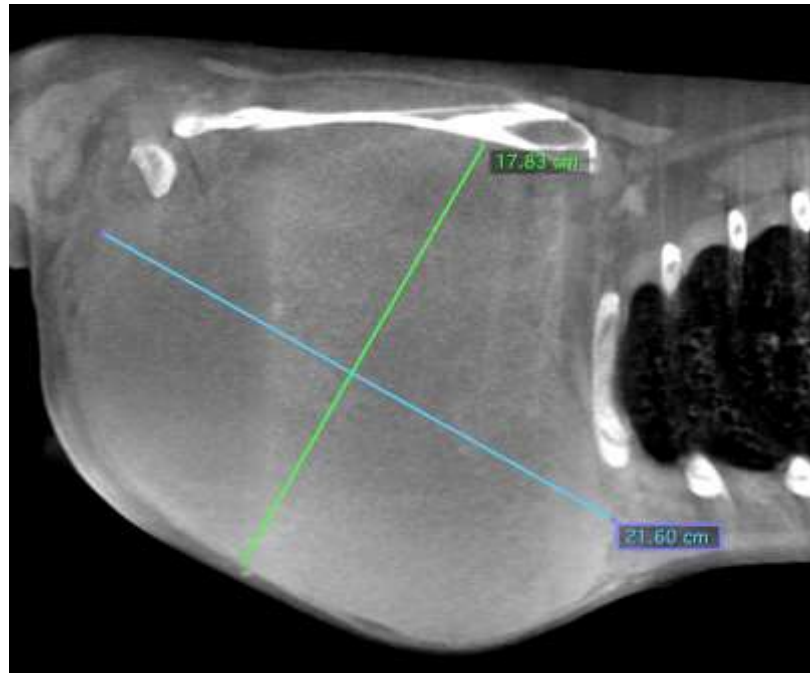
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com

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