



PATIENT PRESENTING CLINICAL SIGNS

Taylor Leroy History: Presented for evaluation of a left hock soft tissue sarcoma. The mass was initially noticed 6 weeks ago. The mass hasn't grown much in size. Left hock cutaneous mass -- 2.5 cm in diameter, soft, mobile. Left inguinal mass 5 cm in diameter, firm, hard to evaluate adhesion or attachment, possible intermuscular lipoma. CT performed of thorax/abdomen and left hindlimb

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST, ABDOMEN & HIND EXTREMITIES

BREED

Chest

Shetland Sheepdog

The lungs show an increased interstitial density throughout due to respiratory phase and mild atelectasis. There is no evidence of pleural thickening, fluid accumulation or free pleural gas.

SEX

There is no evidence of focal or nodular pulmonary lesions.

Female

The cranial mediastinum presents mildly enlarged lymph nodes. The mediastinal fat is mildly fuzzy.

AGE

9 Years

Tracheal and bronchial lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected. Diaphragm is normal.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

INTERPRETED BY

Abdomen

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

The liver presents a rounded nodule in the left lateral lobe with diameters of 2.5 x 2.3 cm, protruding the surface and showing an inhomogeneous uptake of contrast. Multifocal mild parenchymal irregularities are recognized. Gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

HOSPITAL NAME

Animal Health
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The spleen presents a markedly inhomogeneous, patchy contrast uptake. Focal or nodular lesions are not detected. Splenic surface and periphery are inconspicuous.

Pancreas is normal in size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

REFERRING VET

Dr. Lea Mehrkens

Unremarkable presentation of the bilaterally symmetrical kidneys.
Adrenal glands are in normal limits.

INVOICE

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As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass.

Ureters, urinary bladder, trigonum and urethra are presented as expected.

DATE

10/5/21



PATIENT

Taylor Leroy The uterus is mildly enlarged without fluid filling, both ovaries reveal small cysts more prominent on the right.

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Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

Canine

Left Hind Extremities

BREED

Shetland Sheepdog

The left gracilis muscle shows an intramuscular oval shaped mass. The mass is highly heterogenous and presents marked peripheral pronounced perfusion with mild hypertrophic, tortuous vessels in the proximal and distal periphery. Maximum diameter measure approximately 3.8 x 2.8 cm.

SEX

Female

Another cutaneous mass Of 2.4 cm is detected lateral to the stifle adjacent to the popliteal lymph node. The latter is amorphous in shape and shows a more homogenous and strong enhancement. Margins to the subcutaneous/fascial region are clearly defined.

AGE

9 Years

The subcutaneous fat tissue of the cranial aspect of the tail presents multiple, small soft tissue dense nodules.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramuscular neoplasia of the left gracilis muscle
- Cutaneous neoplasia lateral and caudal to the left stifle
- Mild lymphadenomegaly cranial mediastinum
- Nodule left lateral liver lobe
- Mild parenchymal irregularities liver
- Inhomogeneous spleen
- Mild splenic/portal lymphadenomegaly
- Subcutaneous soft tissue nodules cranial tail
- Bilateral ovary cysts, incidental finding

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German Board
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Lea Mehrkens

The CT findings most likely present a malignant neoplasia of the left gracilis muscle. Size, alternations of density and vessel supply would go along with that. Differentials include but are not limited to rhabdomyosarcoma and fibrosarcoma. I would rule out an inflammatory lesion. Currently overt signs of a local or regional metastatic spread are missing.

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The cutaneous lump lateral to the left stifle shows a strong and homogeneous enhancement which indicates again a neoplastic process. Biopsy (already performed) is needed for further evaluation. Borders to the subcutaneous region and the underlying fascia currently are respected from a CT perspective.

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Cranial mediastinal lymphadenomegaly still is compatible with reactive-inflammatory lymphadenitis. Neoplasia cannot be fully ruled excluded but seems unlikely.

Taylor Leroy

SPECIES

The hepatic nodule should be evaluated for possible metastasis (ultrasound guided FNA). Differentials include benign lesions such as nodular hyperplasia and adenoma but malignant nodules and metastasis as well.

Canine

The splenic findings are likely due to differential perfusion of the red and white pulp of the spleen under general anesthesia. Metastatic or other infiltrative pathology is thought very unlikely. Portal and splenic lymphadenomegaly again may represent a mild reactive-inflammatory process.

BREED

Shetland Sheepdog

FNA of the small nodules of the cranial tail is recommended. Differentials include small atheroma but mast cell tumor and other neoplasia as well.

SEX

Female

AGE

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Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

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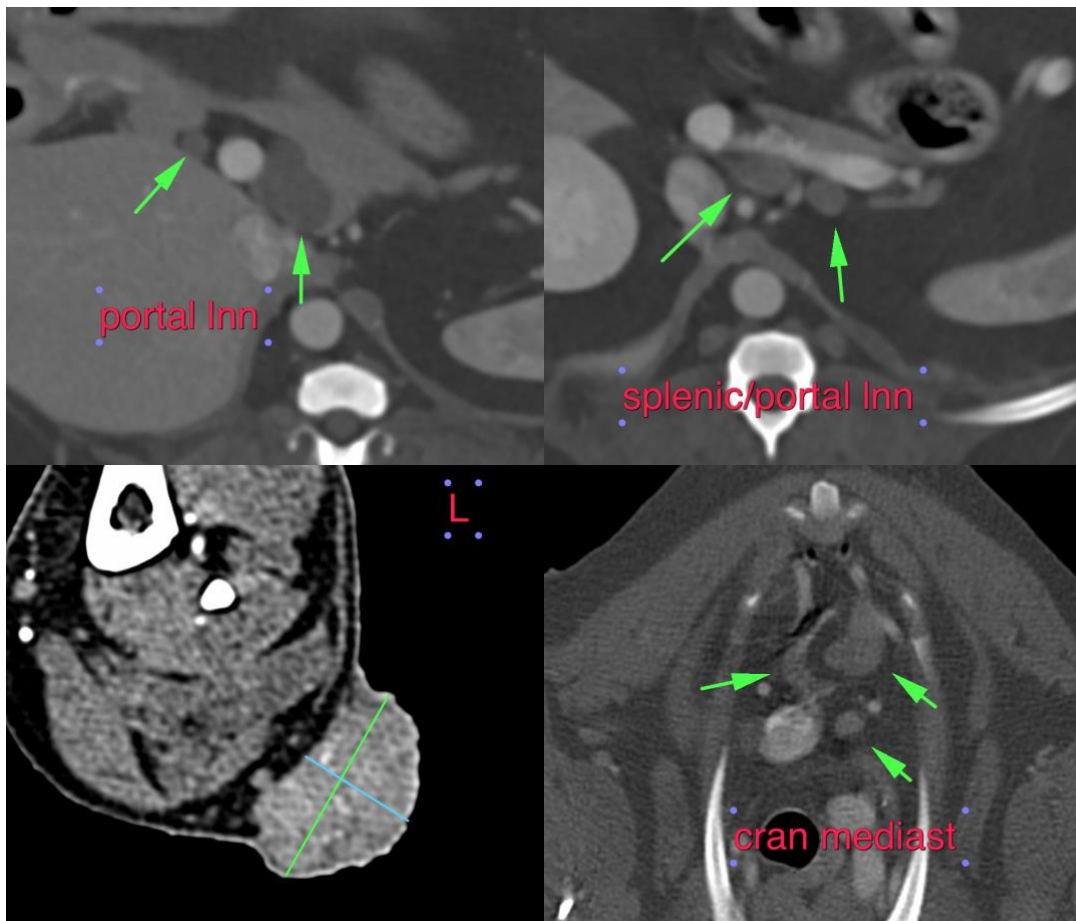
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SPECIES

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Shetland Sheepdog

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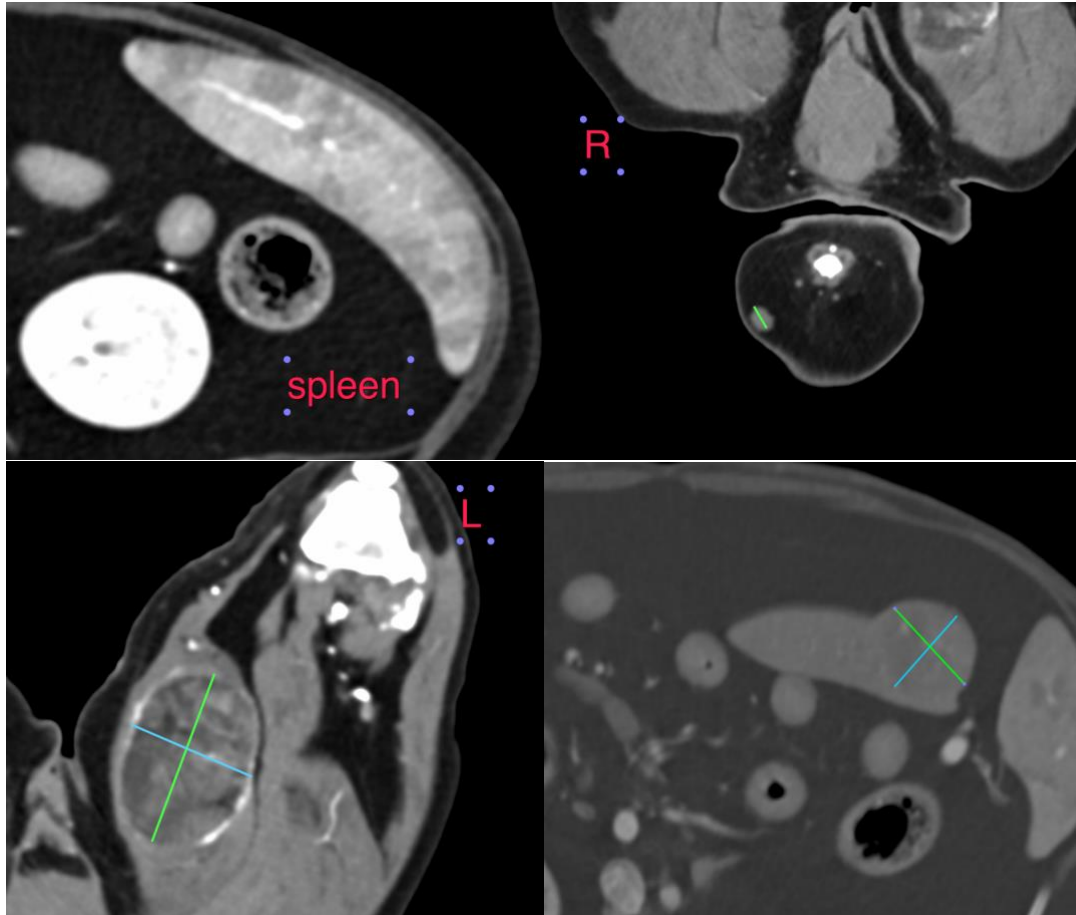
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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