



**PATIENT**

Cocoa Palm

**PRESENTING CLINICAL SIGNS**

Cocoa is a 13 year old female spayed Schnauzer who presented for a growing mass on her left axillary region. Owner stated the mass has been present for a long time, but has grown significantly in the past month and is causing discomfort. No other concerns at this time. \_\_

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX**

Pre/post contrast studies provided for review.

**BREED**

Schnauzer

**COMPUTED TOMOGRAPHIC FINDINGS**

The left thoracic wall presents a large rounded to oval-shaped mass beginning cranial approximately at the level of the 5<sup>th</sup> rib and extending caudally to the rib cage measuring at least 12 x 11 cm. The mass is predominantly located subfascial involving the ventral and caudal sternal segments and rib cartilages distending the 7<sup>th</sup> and 8<sup>th</sup> rib and rib cartilages. The latter show a smoothly marginated surface without signs of periosteal reactions/lytic lesions. The mass causes an extra-pleural and -abdominal sign with a significant mass effect on the caudal and ventral left lung parts and the abdominal wall protruding inwards. Borders of the mass are well-defined with a heterogeneous, patchy enhancement of contrast and a mild ring enhancement indicating good perfusion.

**SEX**

FS

**AGE**

13

**INTERPRETED BY**

Another small, subcutaneous nodule of 1 cm is detected dorsal to the mass.

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The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

Pulmonary density is within normal limits, there are multiple, small, hyperdense spots recognized throughout all lung parts. Evidence of nodular pulmonary lesions is not present.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Manual Pepen

- Large expansile and infiltrative subfascial mass left thoracic wall
- Small subcutaneous nodule dorsal to the mass
- Multiple age-appropriate pulmonary osteomas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings are highly suspicious for a malignant and neoplastic process. The shape, size and contrast behavior would go along with that assumption. Involvement of the ribs/rib-cartilages and caudal sternal segment as well as of the pleura and peritoneum are suspected. I would rule out abscess formation and lipoma from a CT perspective. Biopsy is needed for further evaluation. Currently bony borders of the ribs and sternum are respected without signs of periosteal

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12-28-21



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reactions/osteolysis. Curative surgery may not be possible since partial resection of the pleura/peritoneum and sternum, rib cartilages and ribs described above would be necessary. Pulmonary/mediastinal metastases are not detected.

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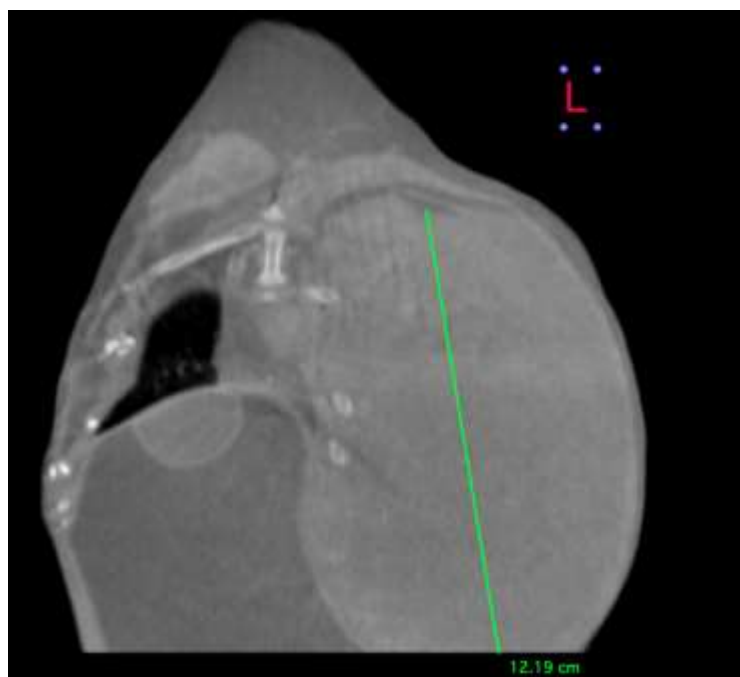
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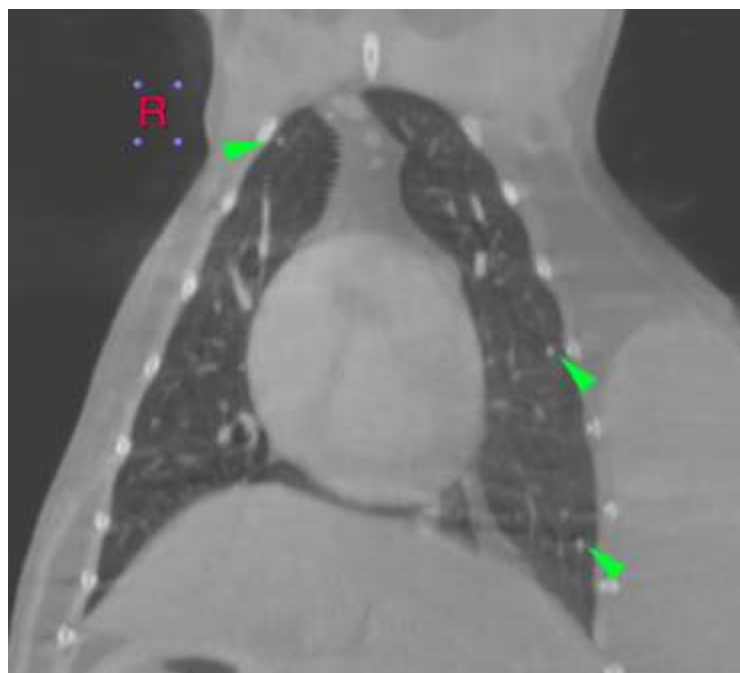
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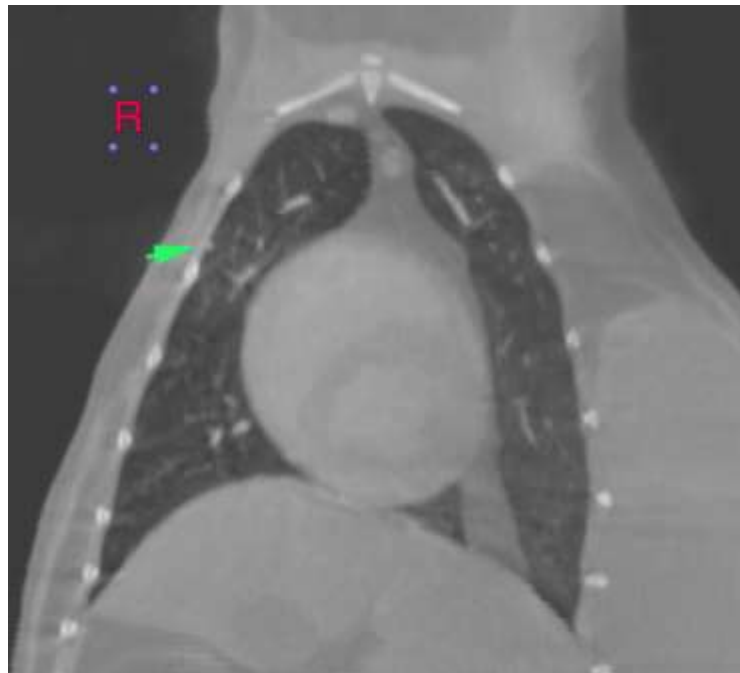
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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