



PATIENT

Hope Tuddenham

SPECIES

Canine

BREED

Dalmatian

SEX

FS

AGE

12

WEIGHT

27

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

73877

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- left fore lameness 4 weeks
- axillar mass noted 3wks
- marked enlargement over 2 weeks

Abnormal PE/Chem/CBC/UA Results: round cell tumour with inflammation and haemorrhage
cbc/chem/t4 normal

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The left axillar region impresses with a large, soft tissue dense and highly inhomogeneous mass of approximately 11.3 x 9.6 cm, showing a predominant ring enhancement with multiple central cystic lesions, unstructured calcifications and causing a deviation/dorsal elevation of the left scapula. The lesion presents ill-defined dorsal margins to the cervical musculature and includes the vessels of the brachial plexus. The cranial parts of the mass circle the first rib and enter the thoracic inlet on the left side. The adjacent bony structures of the left humerus, the cervical spine and the ribs are unremarkable and without evidence of osteolysis or periosteal reactions.

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. The pulmonary density is within normal limits; there is no evidence of focal or nodular pulmonary lesions. The mediastinum is regular in width and density. The mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

Abdomen

Liver and spleen appear regular in terms of size, surface, shape and contrast behavior. Relevant focal or nodular lesions are not noted. The left medial liver presents an ill-defined area of increased contrast enhancement without signs of a mass effect.

There is a questionable filling defect of the portal and splenic veins noted.

The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. The spleen shows normal findings in terms of size, surface and shape.

Both kidneys and adrenal glands are in normal age-appropriate limits.



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As far as can be assessed, the stomach and all parts of the intestine are inconspicuous without any indication of a wall thickening or a mass. There are no signs of an obstructive or functional ileus.

Both ureters, the urinary bladder, trigone and urethra are presented as expected.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, ill-defined mass left axillary region with signs of an invasive growth

Incidental findings:

- Uneven contrast distribution left medial liver
- Questionable thrombi portal and splenic veins
- Age-appropriate findings spine and abdominal organs apart from that
- Residual rib fractures with nearthrosis formation left chest

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the left axillary region is highly suspicious for a malignant neoplasia due to its size, contrast behavior and the multiple unstructured calcifications. The ill-defined margins to the musculature and the involvement of the vessels of the brachial plexus would underline this assumption. These findings would match with the reported round cell tumor. An abscess formation is less likely. Currently, there are no signs of mediastinal or pulmonary metastases. However, I fear that curative surgery is not possible from a CT perspective.

The changes of the left medial liver and the portal vasculature are incidental findings and probably without clinical relevance. I do not suspect abdominal metastases. Thrombi of the portal and splenic veins could be excluded with a complementary ultrasound examination of the abdomen.



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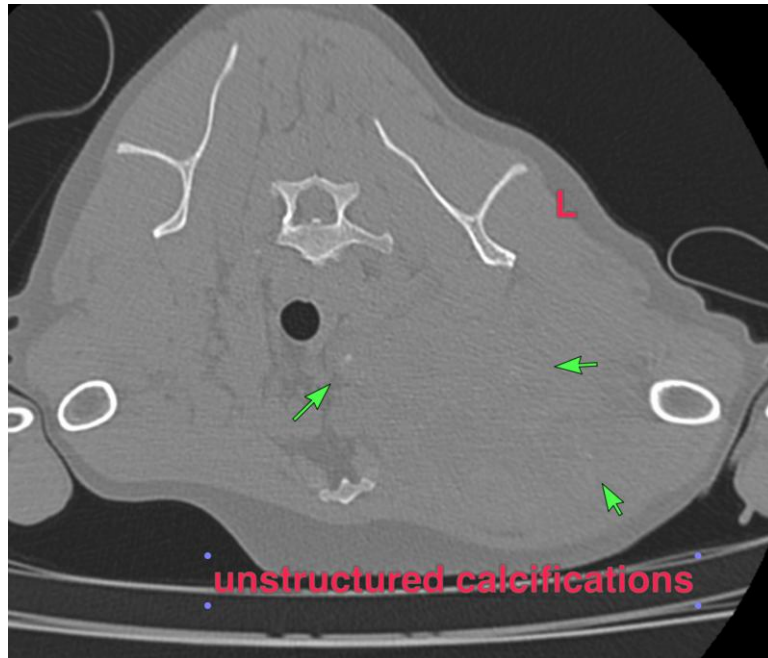
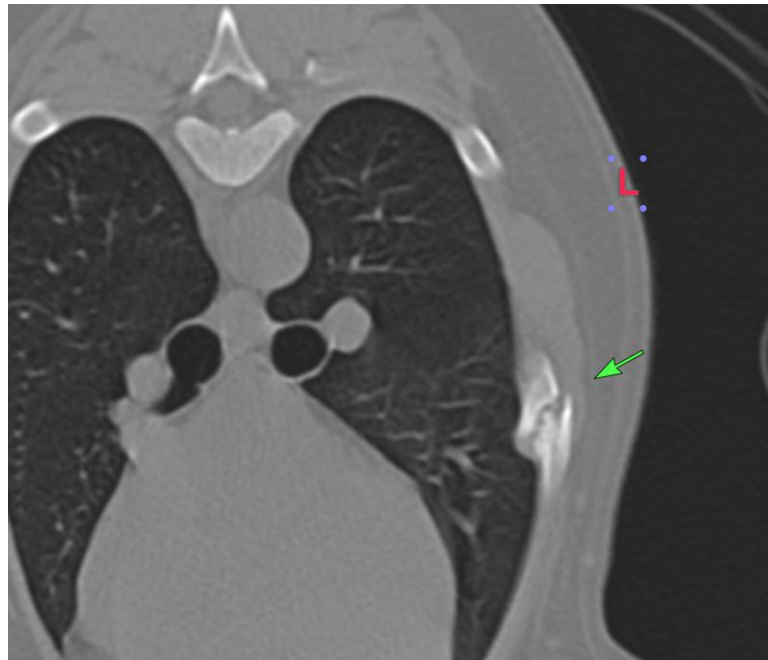
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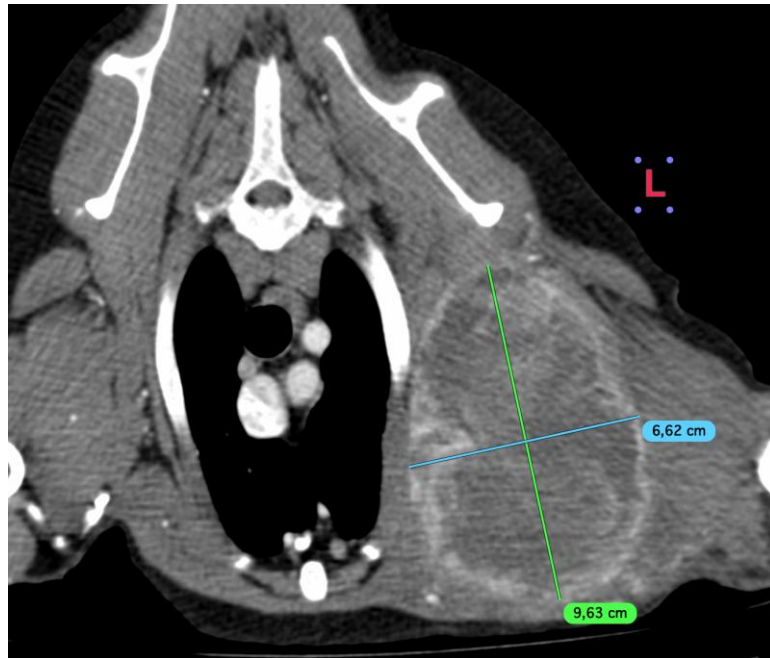
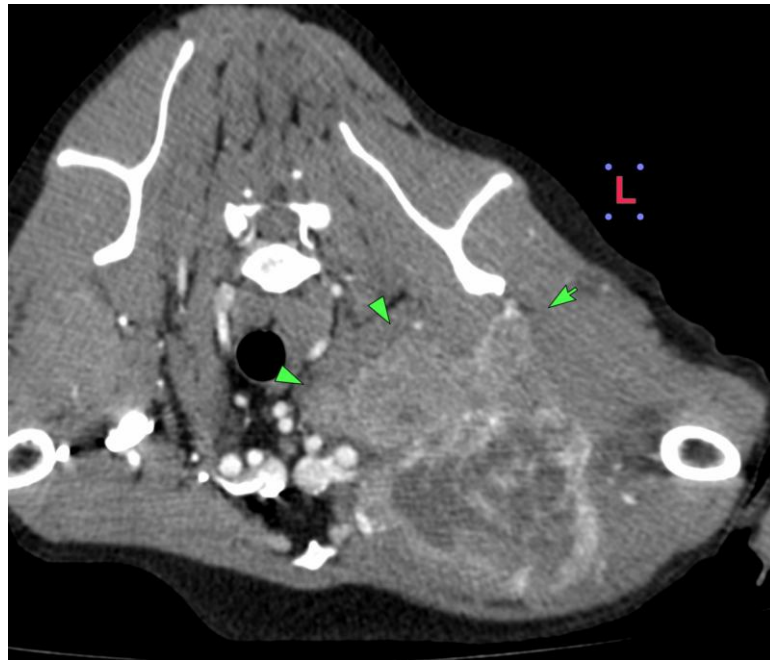
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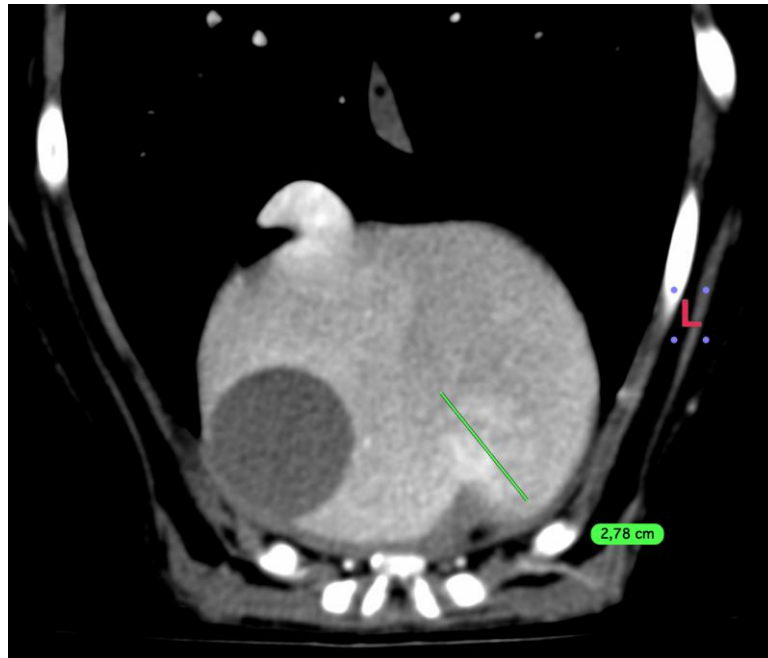
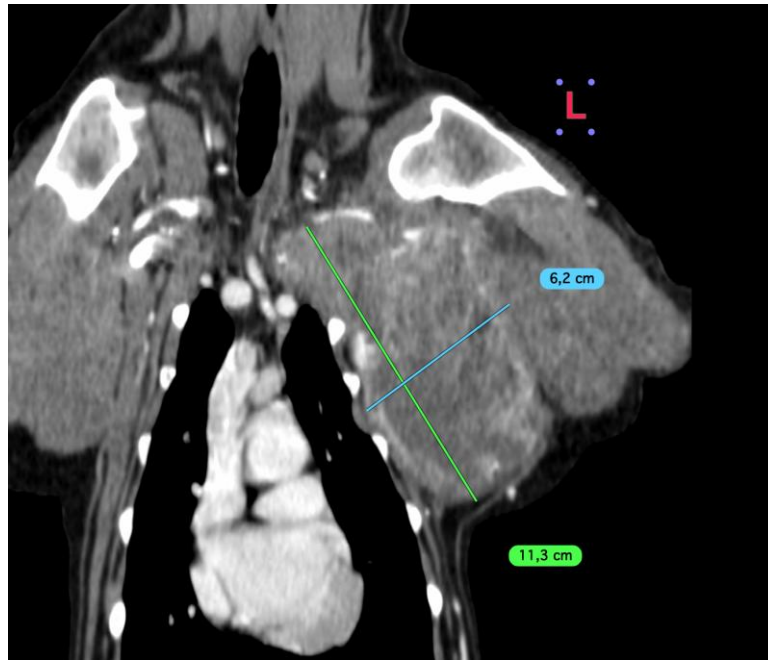
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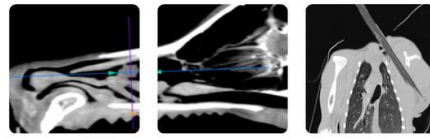
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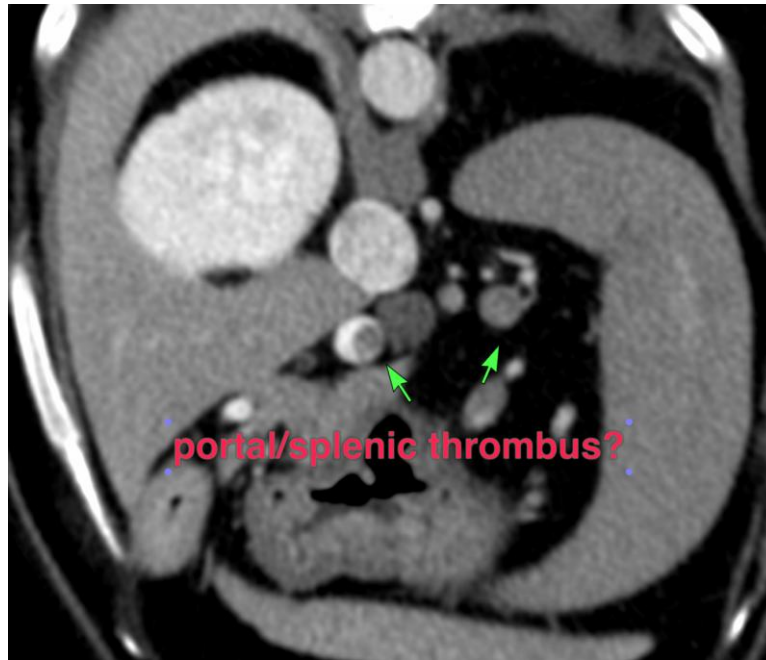
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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