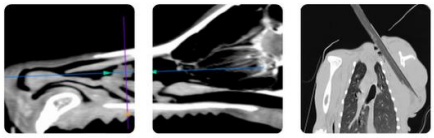

PATIENT

Zac Papworth

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

11Y

WEIGHT

10kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Lauren Crouch

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Lauren Crouch

INVOICE

74119

DATE

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PRESENTING CLINICAL SIGNS

- Mass on left thorax been present for a while. FNA reveals to be SC MCT
- Once sedated able to feel v deep involvement- concerned for involvement with diaphragm & last rib
- Decided to CT instead of removal and make plan from here
- Not on any medication
- Mass approx 2 x 3 cm heterogenous feel approx 3-4 cm ventral from spine, has no skin attachment
- No skin changes around
- Main interest in deeper involvement to see if surgical resection with fascial planes and 2cm around is appropriate/possible/ if ribs and diaphragm would need removing also

Abnormal PE/Chem/CBC/UA Results: None other than dental dz

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

As far as displayed: 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 diaphragm appears normal.

In the transition from the caudal chest to the left abdominal wall, a large, ill-defined and soft tissue-dense mass is recognized in the subcutaneous region, presenting significant fat striations in the periphery and a good vessel supply as well as a broad-based/long-stretched increase of the subcutaneous density. The lesion shows maximum diameters of approximately 3.3 x 1.5 cm.

The abdominal wall gets lightly impressed by this lesion, indicates mild thickening and shows indistinct margins. The images after contrast application present a homogeneous enhancement. The adjacent bony structures of the ribs are unremarkable.

There is severe and symmetric enlargement of the adrenal glands noted on both sides, which appear rounded in shape, showing an inhomogeneous contrast uptake. Relevant erosion of the adjacent vessels, especially of the caudal vena cava and renal veins is not noted. There is no free retroperitoneal fluid recognized.

The left kidney shows an irregular cyst in its cortical region of approximately 1.5 cm. All other abdominal organs appear inconspicuous. Free peritoneal fluid is not noted.

The large abdominal vessels and lymph nodes do not show particular findings.

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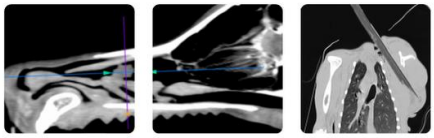

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COMPUTED TOMOGRAPHIC DIAGNOSIS

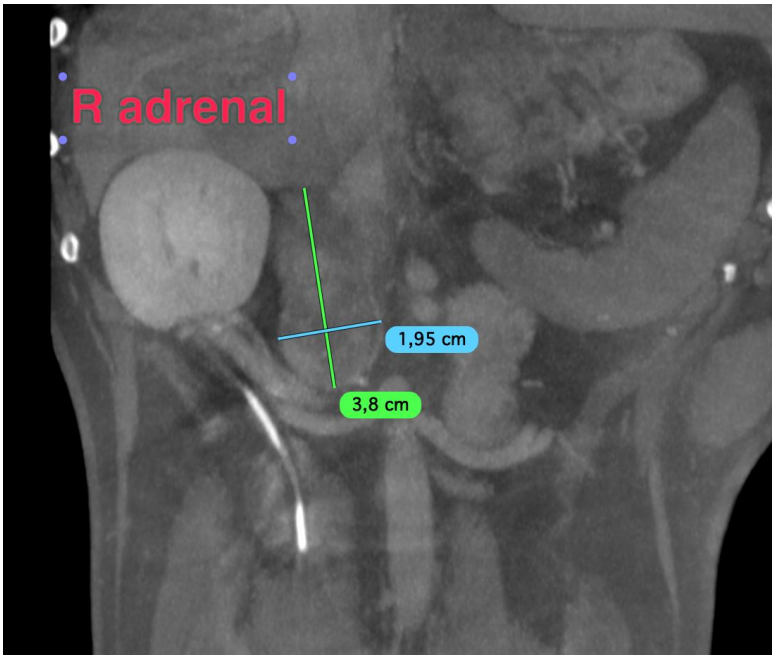
- Soft tissue dense, subcutaneous mass left caudal thoracic wall
- Suspected bilateral myelolipoma/severe hyperplasia adrenal glands
- Incidental irregular cyst left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the left thoracic/abdominal wall are suspicious for a reactive lesion. Differentials include inflammatory processes as well as neoplastic lesions with an infiltrative and aggressive behavior. The fat striations and long-stretched subcutaneous densities as well as the indicated thickening of the abdominal wall and good perfusion would underline the assumption of an invasive neoplastic process. For further differentiation, biopsy and histopathology are needed. Possible differentials include but are not limited to mast cell tumor, which I would favor and numerous soft tissue sarcomas. In case of surgery, the adjacent fascias and abdominal wall should be resected. However, there is a high risk of recurrence as far as can be assessed with CT.

The findings of both adrenal glands are likely benign lesions as seen with bilateral myelolipoma. Currently, there are no signs of an aggressive or invasive behavior, especially with regard to the adjacent vessels. For further differentiation, a complementary blood examination and urinary testing, as well as blood pressure monitoring could be performed next.

As far as displayed, there are no signs of pulmonary metastases.



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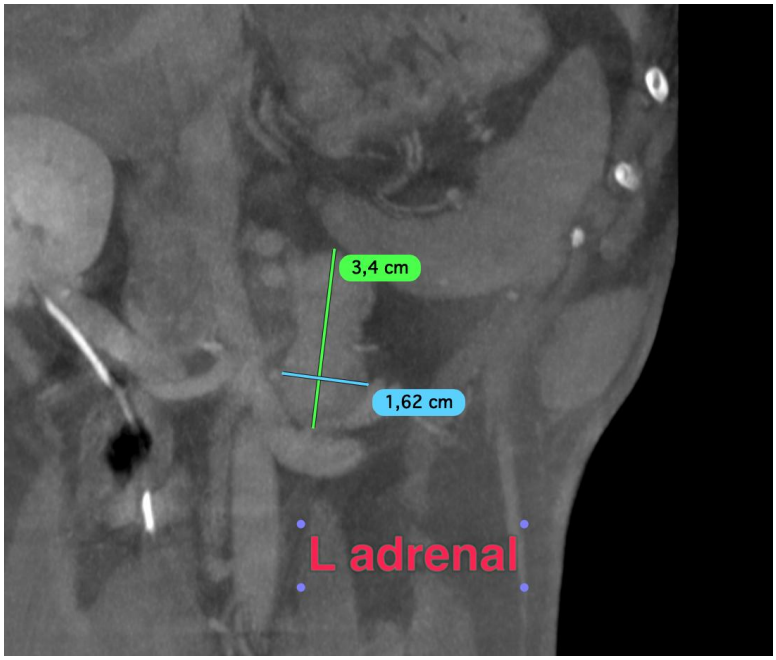

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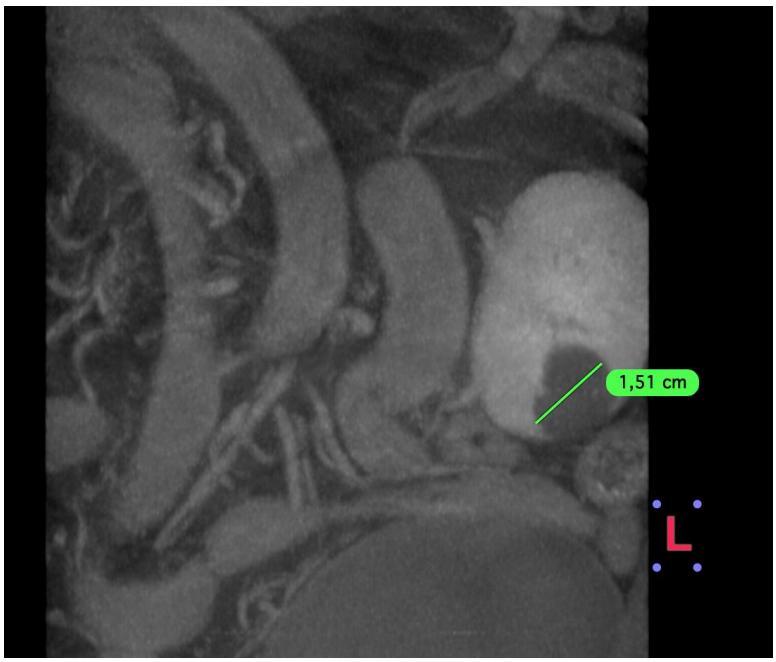

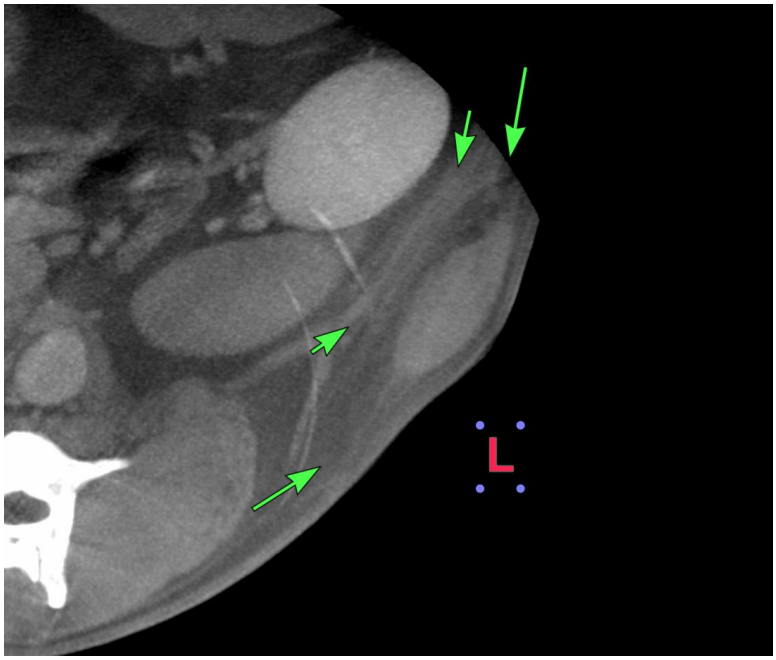

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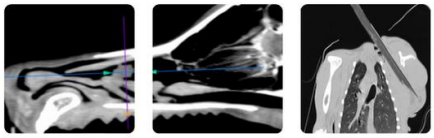

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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