



PATIENT PRESENTING CLINICAL SIGNS

Ruby Napolitano mast cell tumor hind right limb

COMPUTED TOMOGRAPHY OF THE ABDOMEN, THORAX, & HIND LIMBS

SPECIES Post-contrast study available for review.

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

Thighs:

BREED

Cocker Spaniel Mix

On the right side, a large lipoma-like, inter-muscular and subcutaneous mass is noted in the caudal aspect of the thigh located in the popliteal region with a maximum diameter of approximately 8.1 cm. The right popliteal lymph node is unremarkable. The lipoma contains a long, linear structure following the area of the sciatic nerve with a transverse diameter of 0.4 cm (thickened sciatic nerve?).

SEX

Female

Another round to amorphous, intra-muscular mass of 2.1 x 1.7 cm is detected again on the right (M. abductor magnus/brevis) showing irregular and ill-defined margins with a marked peripheral enhancement and a hypodense center.

AGE

11 Years

Both coxofemoral joints present moderate osteoarthritis as well as the displayed spine shows moderate degenerative changes.

INTERPRETED BY

Sebastian Jawinski,
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Certified Vet
Specialist in
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The right caudal abdominal and thoracic wall include at least two lipomas.

Abdomen:

The sublumbar region shows thickening of the medial iliac (severely on the right with a length of 4.3 cm, slightly on the left) and paraaortal lymph nodes (left) with focal cystic lesions and peripheral enhancement. The changes appear mass-like and are ill-defined having broad-based contact to the right psoas muscle and presenting peripheral pockets of free retroperitoneal fluid. The right and left ureter are respected.

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Liver and spleen are moderately enlarged but show normal findings in terms of surface, shape and contrast behavior. The gallbladder is inconspicuous without evidence of cholestasis.

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The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

INVOICE Unremarkable presentation of the bilaterally symmetrical kidneys.

57221 Adrenal glands are in normal limits.

DATE

3-14-23

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.



PATIENT Chest:

Ruby Napolitano

As far as displayed a peri-bronchial, ill-defined density is detected in the ventral part of the right caudal lung lobe. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of other focal or nodular pulmonary lesions.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Cocker Spaniel Mix

SEX

Female

- Multicentric nodules right medial thigh musculature/right medial iliac and left paraaortal lymph nodes
- Lipomas right thigh inter-muscular, right abdominal- and thoracic wall
- Questionable thickening of the right sciatic nerve
- Bilateral, moderate coxarthrosis and degenerative changes of the spine
- Focal, ill-defined, peribronchial hyperdense lesion right caudal lung lobe
- Moderate but unspecific hepato-and splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT findings most likely present a neoplastic process. The multicentric appearance, location and CT-morphology would go along with that assumption. The peripheral enhancement and the ill-defined margins as well as the small amounts of free retroperitoneal fluid speak for an active lesion causing at least secondary inflammation in the peripheral tissues. CT is unspecific but would match with the reported mast cell tumor. I fear complete and curative surgical removal is not possible as the changes of the sub-lumbar region are interpreted as regional metastatic spread. I would rule out a primary inflammatory process (multiple abscesses for example).

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The questionable thickening of the sciatic nerve on the right may be due to the exposed location caused by the large lipoma (weakness/neurologic deficits?).

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The pulmonary lesion detected on the right still could be artificial (anesthesia). A pulmonary metastasis cannot be fully excluded.

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Diffuse infiltration of the liver and the spleen are possible, although nodular lesions are not detected. Further diagnostic could include ultrasound guided FNAs of the muscular lesion, the sub-lumbar changes and of the liver and spleen. Once the grade of the mast cell tumor is confirmed and staging is completed symptomatic therapy und chemotherapy are possible options of treatment.

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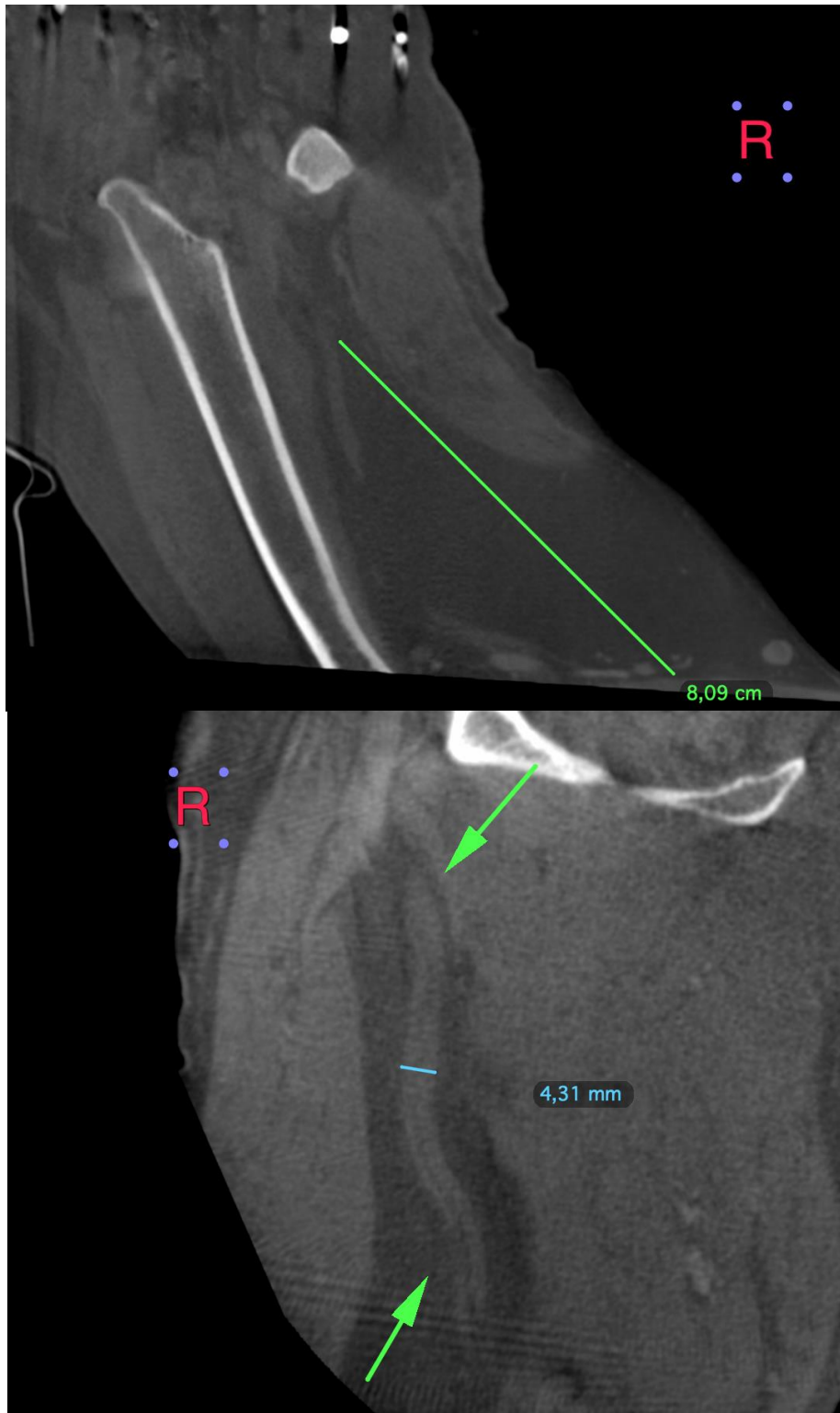
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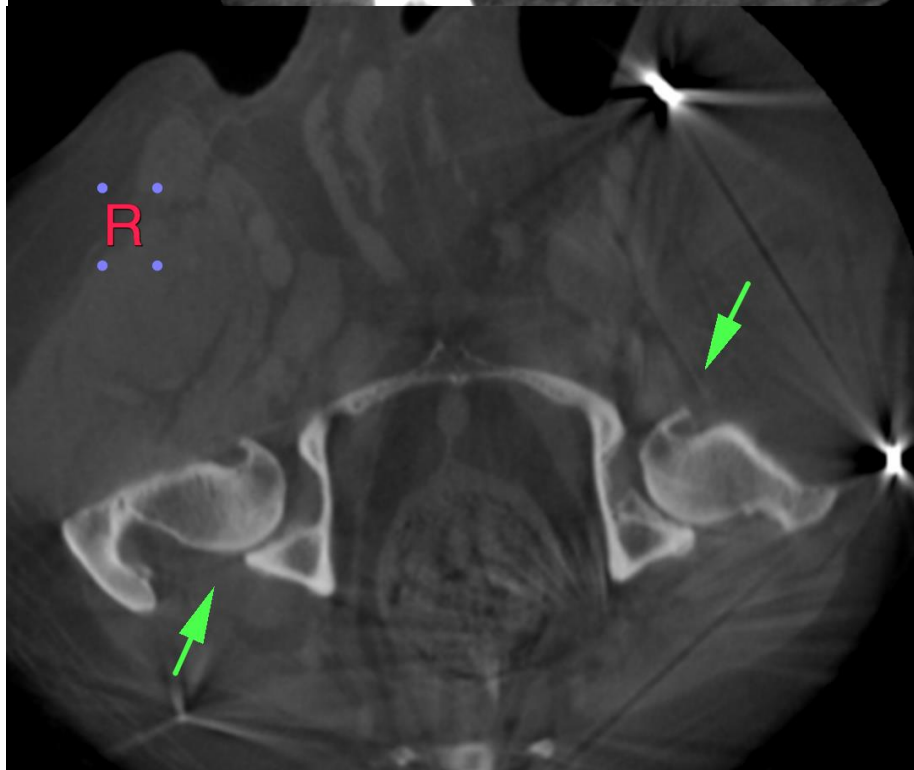
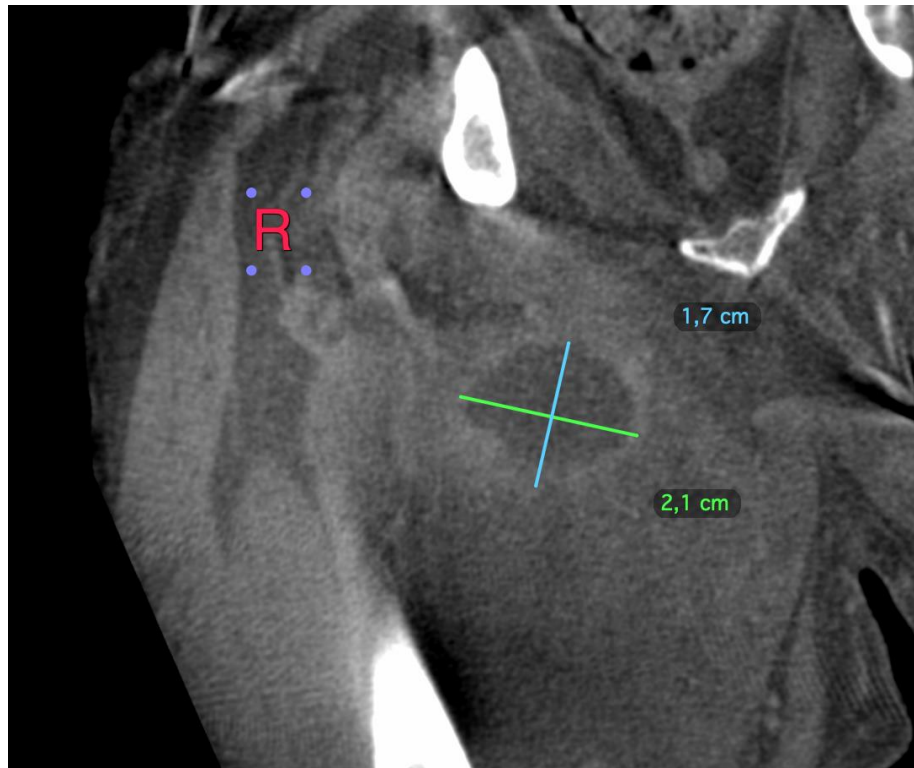
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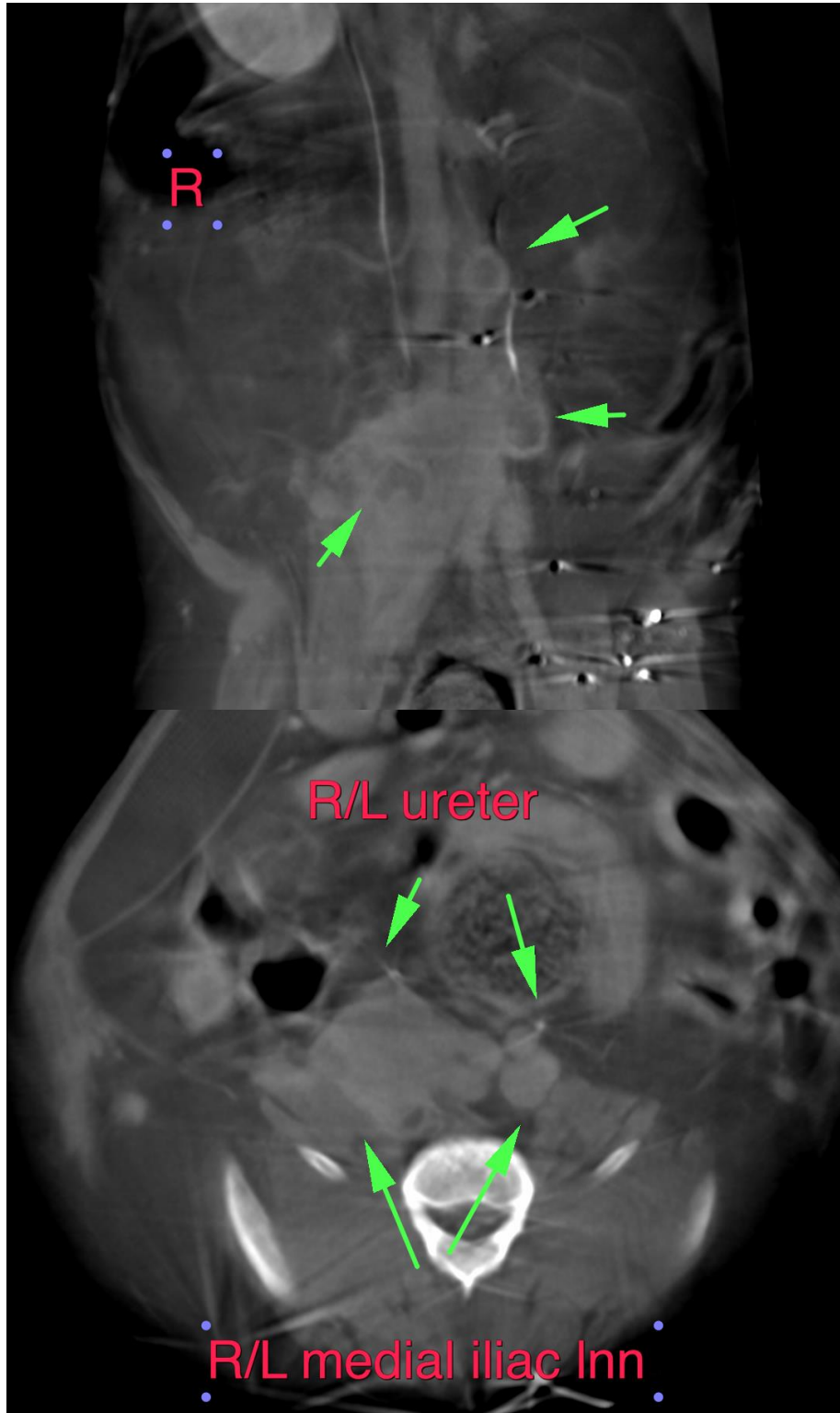
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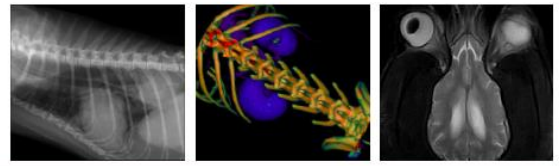
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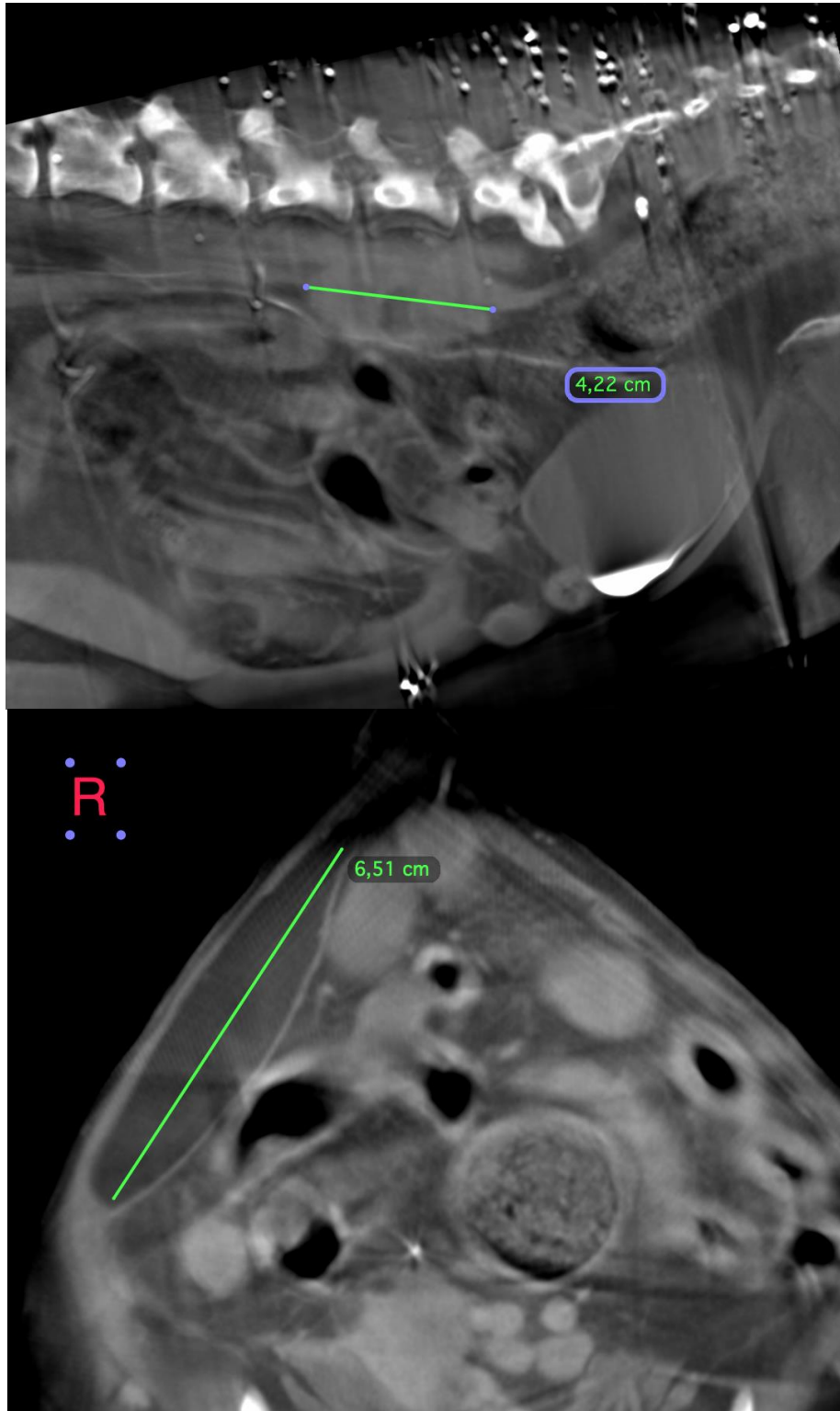
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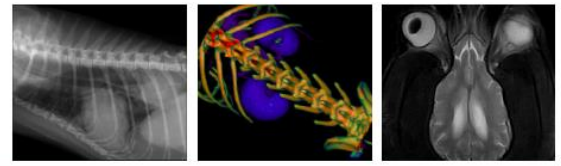
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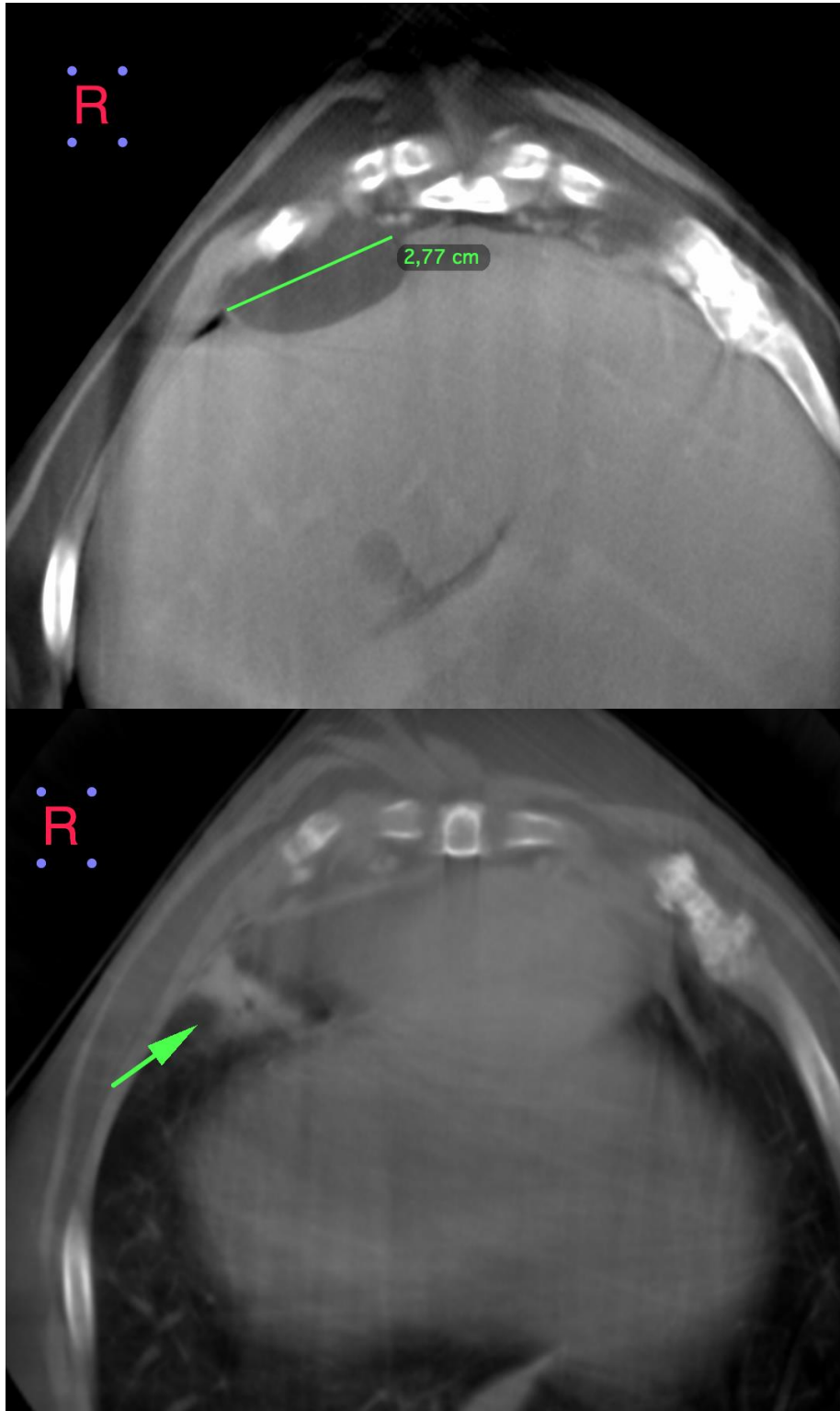
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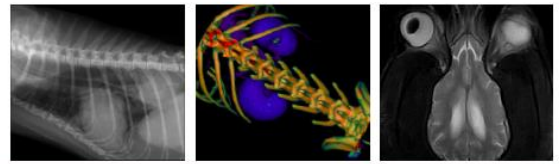
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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
Sebastian.Jawinski@sonopath.com

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