



PATIENT

Zeus Moller

SPECIES

Canine

BREED

Bullmastiff X

SEX

Male

AGE

8Y

WEIGHT

65.3kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

REFERRING VET

Dr Niranjana
Rasanathan

INVOICE

74225

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- 19/2/26 - Hx: Previously diagnosed soft tissue sarcoma on RHL. Removed 3/12/2024. Unable to get good margins due to location. Saphenous vein removed with it
- Sent away for histopathology, diagnosed as a Grade 1 soft tissue sarcoma.
- O presented for recheck of lump removal area, Right caudolateral achilles/hock area. Concerned if sarcoma at same stage of has progressed.
- Region around excision feels thickened, popliteal nodes feels OK.
- Joints checked
- Dog getting older and struggling to move around, yelped when owner helping up.
- Recommended CT scan over Xray & biopsy for staging for Sarcoma.

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN, STIFLES, & TARSAL JOINTS

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

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 cranial mediastinal lymph nodes are mildly enlarged. The thoracic trachea and esophagus present as expected.

The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

The extra-thoracic soft tissues, spine as well as the ribs and sternum are unremarkable. There is no evidence of an aggressive bone lesion and/or abnormal sclerosis.

Abdomen:

The liver shows 2 hypodense lesions of 1.4 cm in maximum diameter in the central liver near to the diaphragm and the left medial liver without pathologic enhancement and/or relevant mass effect. Liver and spleen appear regular in terms of size, surface, shape and contrast behavior apart from that. Relevant focal or nodular lesions are not noted. The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. Both kidneys and adrenal glands are in normal limits.

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.

Both ureters, the urinary bladder, trigone and urethra are presented as expected. There is no evidence of cystic calculi.



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

Pelvis/coxofemoral joints/stifles:

The bony structures of the pelvis, the sacroiliac joints and stifles are unremarkable. There is no evidence of a lytic process noted.

Tarsal joints:

Both tarsal joints present mild to moderate osteoarthritis, more prominent on the left than on the right side. A soft tissue-dense lesion at the level of the caudolateral Achilles tendon/tarsal hook cannot be traced. The middle aspect of the tibia shows a soft tissue-dense cutaneous to subcutaneous lesion with maximum diameters of approximately 5.2 cm and indicated fat striations in the periphery that include the passing vessels. The lesion reaches the fascial planes and shows broad-based contact to the gastrocnemius muscle. The adjacent bony structures are inconspicuous. The right popliteal lymph node does not show particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue dense nodule/mass middle aspect lateral right tibia
- Mild to moderate osteoarthritis, tarsal joints
- Mild enlargement mediastinal lymph nodes
- Hypodense lesions liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue dense mass in the middle aspect of the right tibia is an unspecific finding from a CT perspective but is highly suspicious for a neoplastic lesion. The soft tissue density and the fact that the lesion crosses the subcutaneous and interfascial planes would underline this assumption. There is a long stretch lesion beside a smaller nodule adjacent and distal to it. The margins to the adjacent musculature and the passing vessels are not clearly defined. I would rule out an inflammatory process and/or scar tissue formation at this level and suspect a neoplastic lesion as seen with numerous soft tissues sarcomas.

Signs of regional or distant metastases are not recognized. The mildly enlarged mediastinal lymph nodes are consistent with reactive lymphadenitis due to another inflammatory issue and/or form of surgery.

The two hypodense lesions in the liver are unspecific again and likely represent biliary cysts without signs of malignancy. Regular ultrasound examinations could be performed for further assessment.



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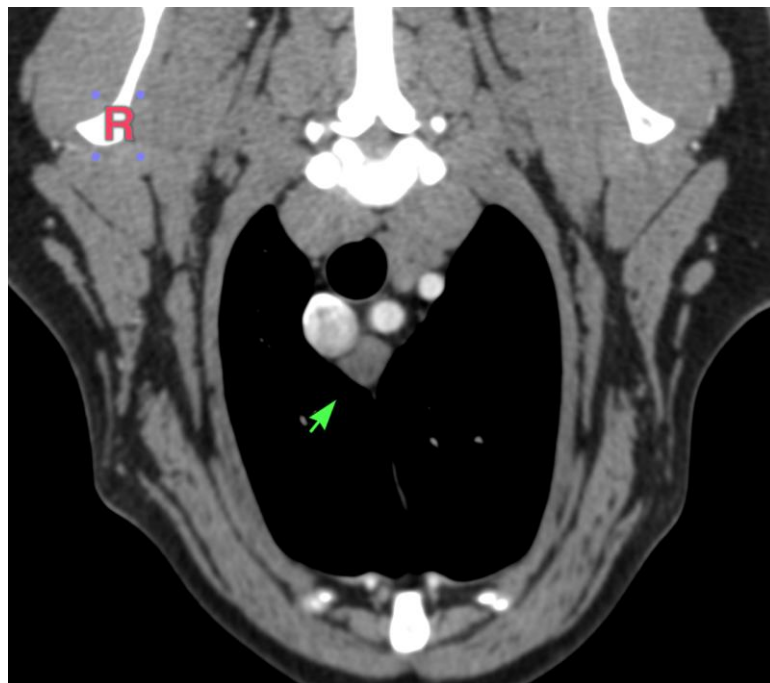
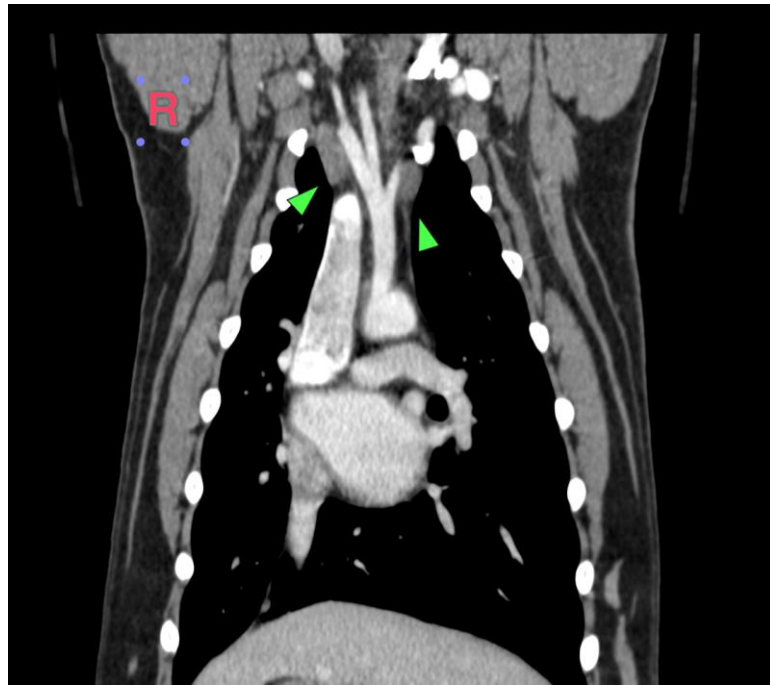
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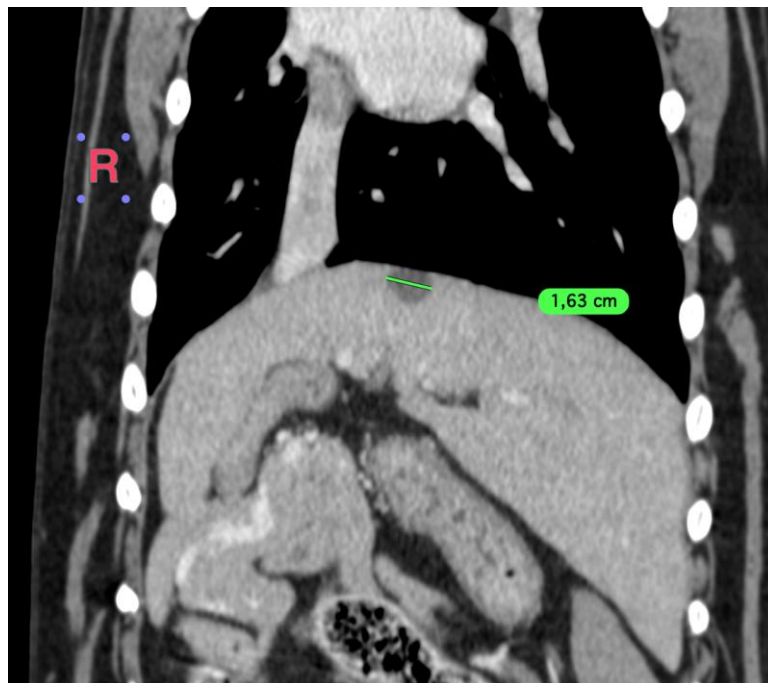
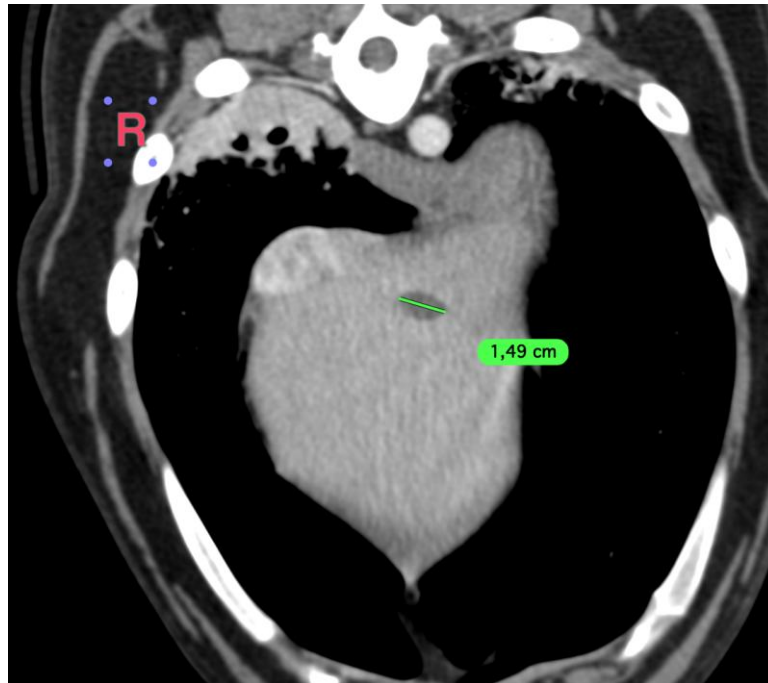
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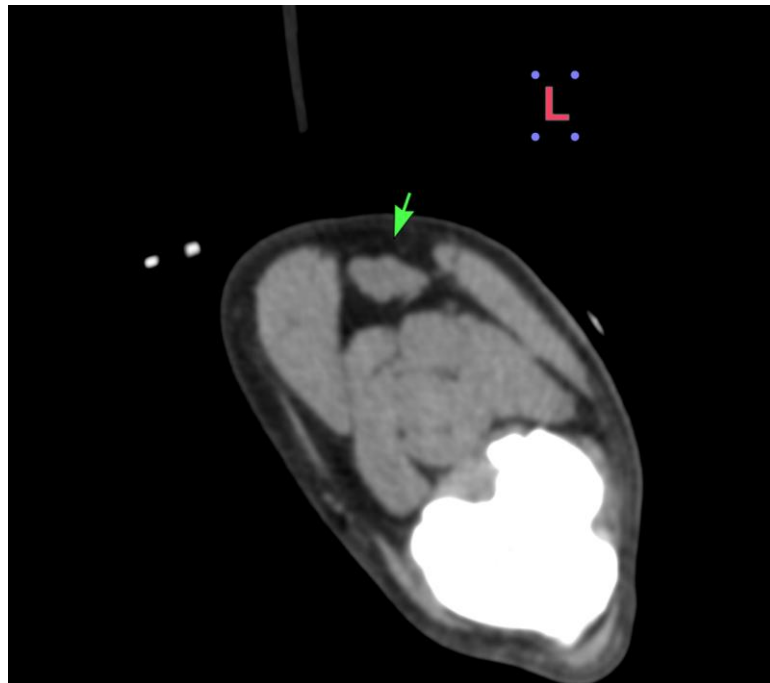
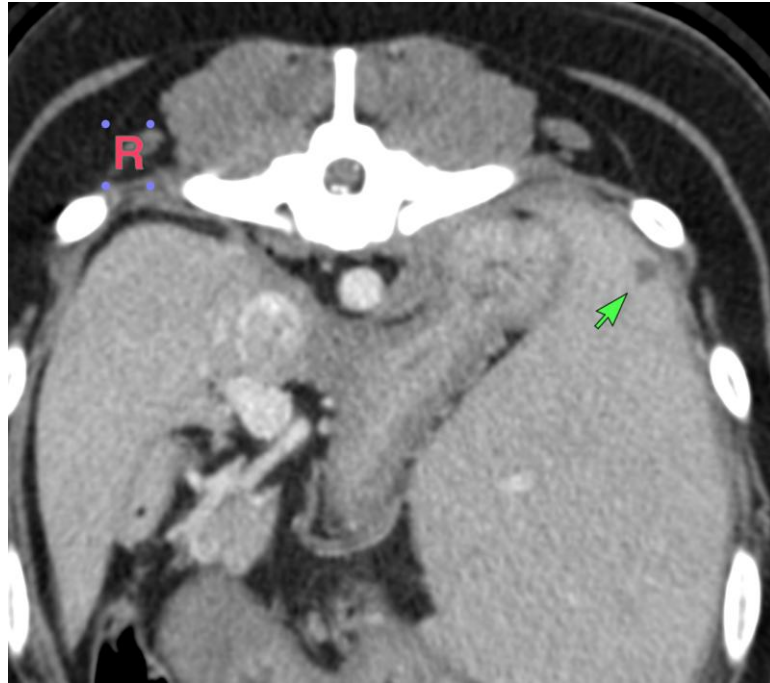
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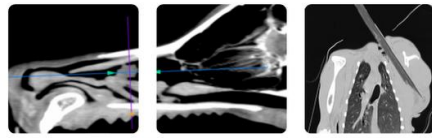
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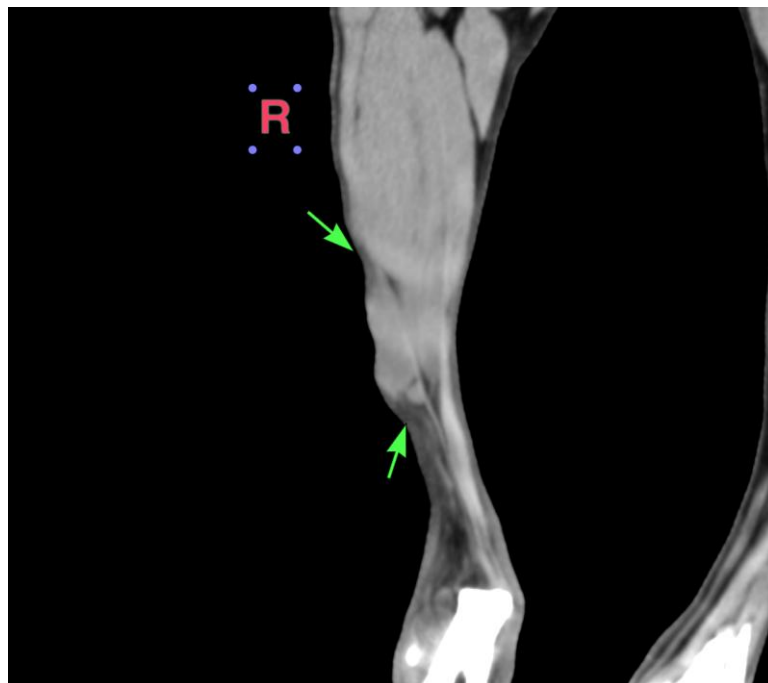
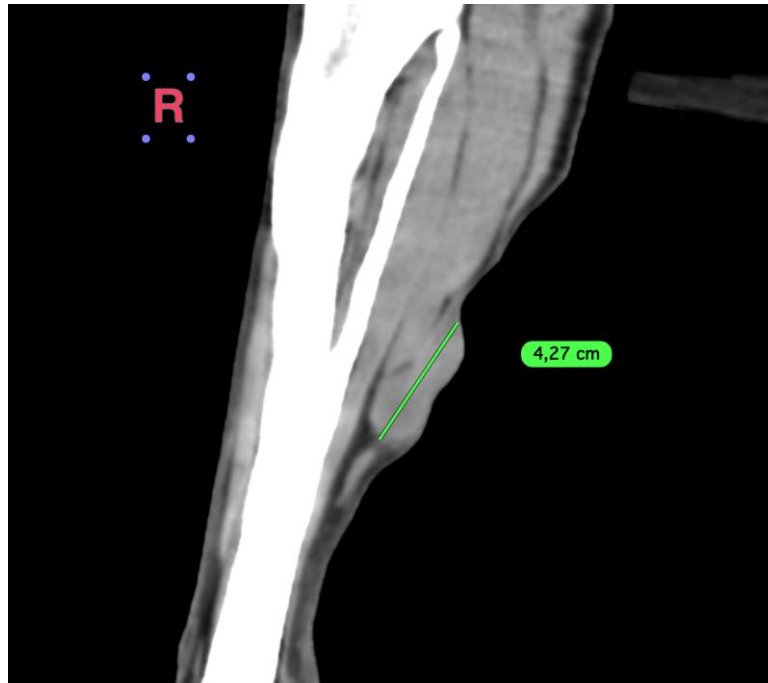
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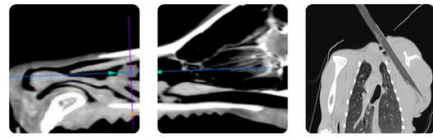
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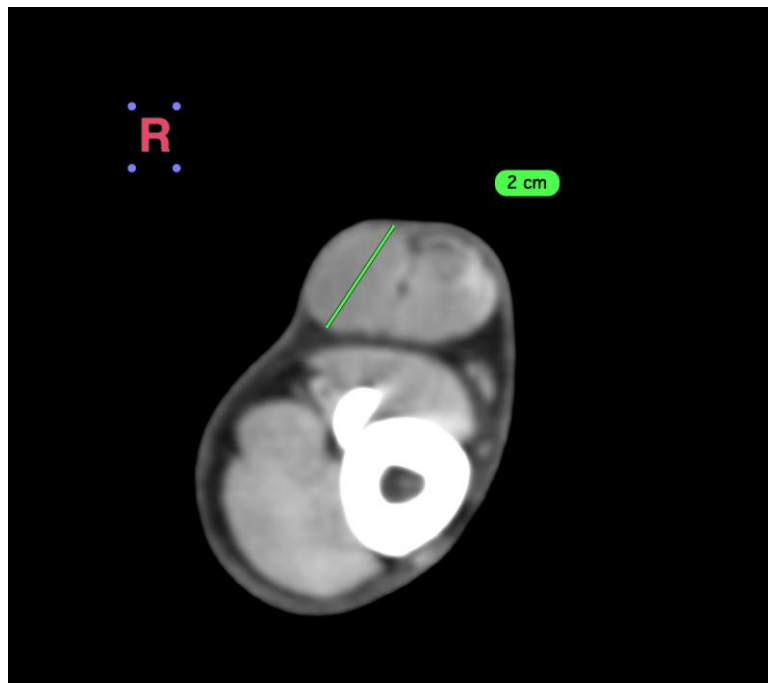
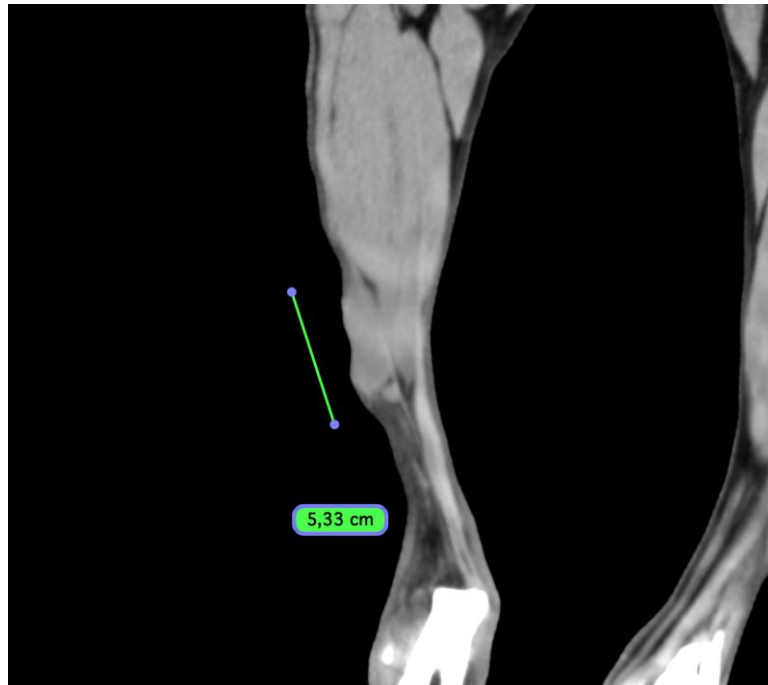
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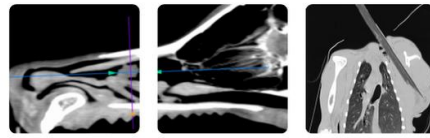
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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