



PATIENT PRESENTING CLINICAL SIGNS

Bosco Chaves Right Retroperitoneal hemangiosarcoma - surgery July 29 2022 - diagnosed as hemangiosarcoma. One dose of chemo August 2022, discontinued due to side effects. Developed splenic mass, suspect hemangiosarcoma. CT for staging and possible surgical planning

SPECIES Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, mild increased in WBC, monocytosis and neutrophilia, hi SDMA, normal Creatinine - according to RDVM notes, Palpable abdominal mass.

Canine

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

BREED Pre/post contrast studies provided for review.

Husky X **COMPUTED TOMOGRAPHIC FINDINGS**

Chest:

SEX

Male Neutered

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. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions apart from tiny mineralized, predominantly subpleural spots.

AGE

9 Years

The mediastinal (sternal, cranial mediastinal) lymph nodes are rounded in shape and moderately enlarged.

INTERPRETED BY

Sebastian Jawinski,
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Certified Vet
Specialist in
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The thoracic trachea and esophagus present as expected.

The heart especially the hilar region and heart base are inconspicuous as far as can be assessed with CT.

The diaphragm appears normal.

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The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

Abdomen:

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Caudal to the left liver a rounded to oval mass is detected with clearly defined margins with a maximum diameter of 4.7 cm (1). Beside that a very large, fluid filled mass is recognized expanding from and with broad-based contact to the left lateral liver into the caudal abdomen with an estimated length of > 16 cm. Inner margins appear irregular and indicate liver-like soft tissue (2). Another fluid-filled mass (3) is suspected to present residuals of the left kidney since a bean-like shape is preserved and there are cortical retractions and a renal vein terminating into the CVC indicated. The central and caudal abdomen then show another mass with a metallic clip (history of former retroperitoneal mass surgery) adjacent to the aorta and CVC (4). The assumed left ureter confluent with that mass.

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The liver shows normal findings apart from that without nodular lesions.



PATIENT The spleen appears small with an inhomogeneous texture but again without focal/nodular lesions.

Bosco Chaves Mildly enlarged portal lymph nodes are noted.

SPECIES The abdominal fat presents a diffuse increase of density with small pockets of free peritoneal and retroperitoneal fluid.

Canine
The right kidney is inconspicuous.

BREED 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.

Husky X
Ureters, urinary bladder, trigonum and urethra are presented as expected.

SEX

Male Neutered

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspicion of an advanced abdominal neoplasia with inclusion/invasion of the (retro-) peritoneum and the left lateral liver, the mesenterium/omentum
- Mediastinal and portal lymph adenomegaly
- Suspected hydronephrosis due to left ureter involvement/obstruction
- Subtle ascites

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings most likely present advanced and multicentric, malignant neoplasia. Changes would match with recurrence of hemangiosarcoma originating from the area where surgery was initially performed. At least the mass (1) caudal to the left liver and the mass adjacent to the caudal aorta (4) are highly suspicious for malignant neoplasia. I assume an involvement/invasion of the (retro-) peritoneum and the portal and mediastinal lymph nodes and fear that curative surgery is not possible. An inflammatory issue/granulomatous disease is very unlikely.

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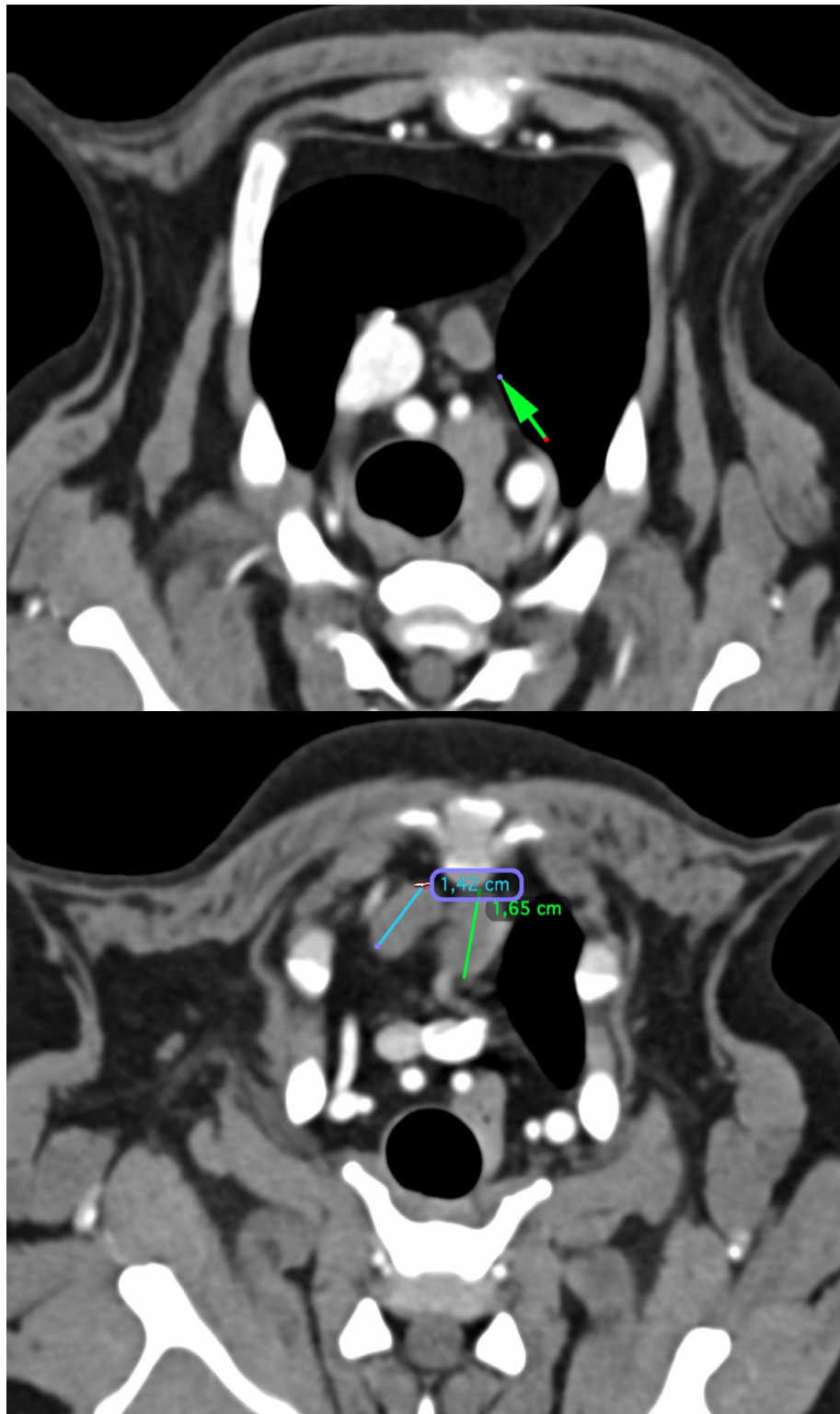
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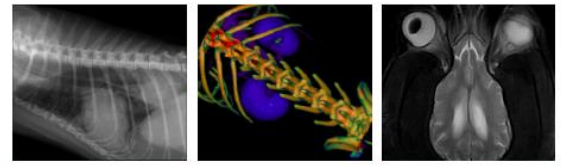
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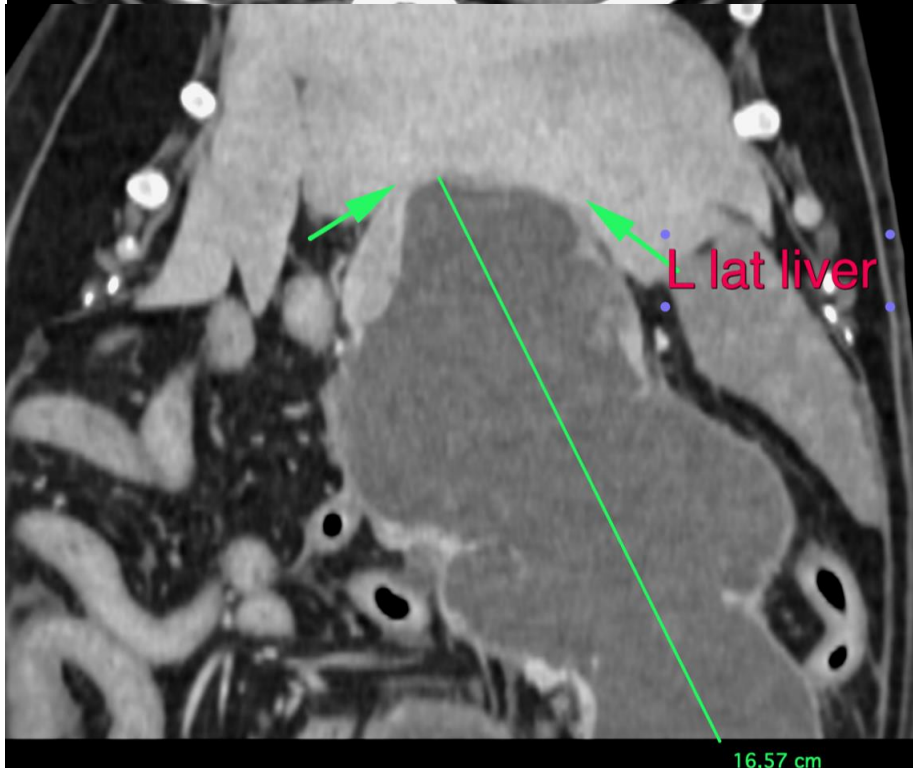
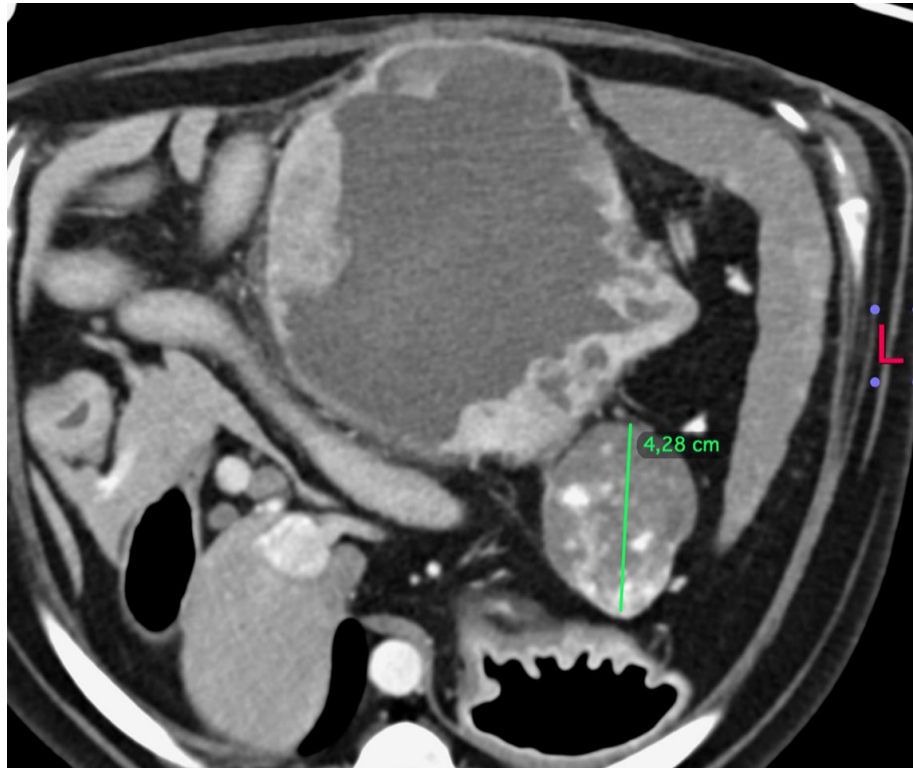
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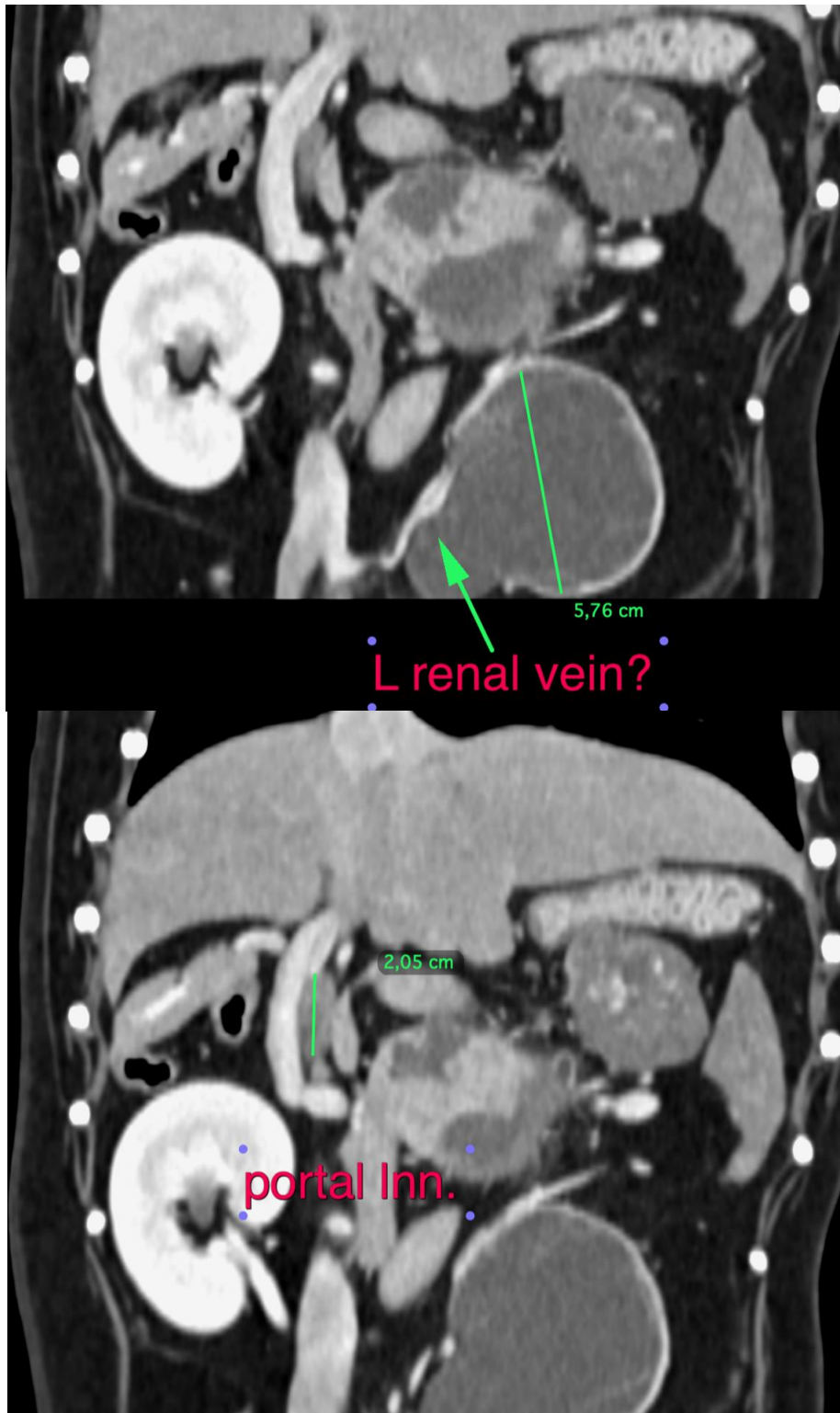
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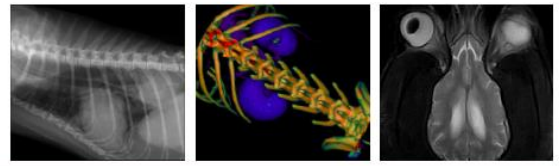
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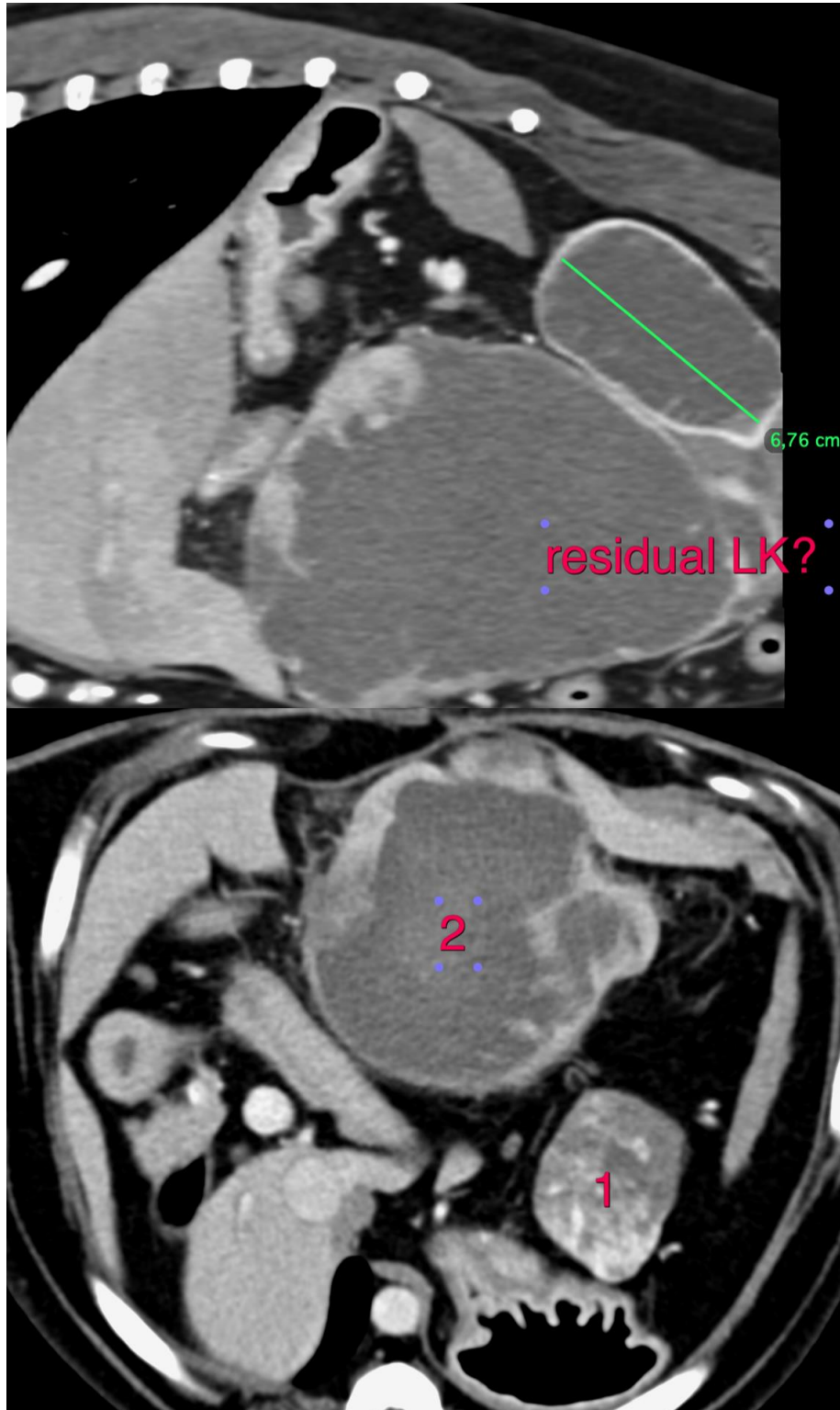
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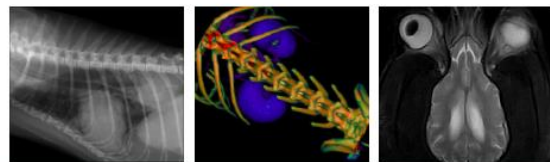
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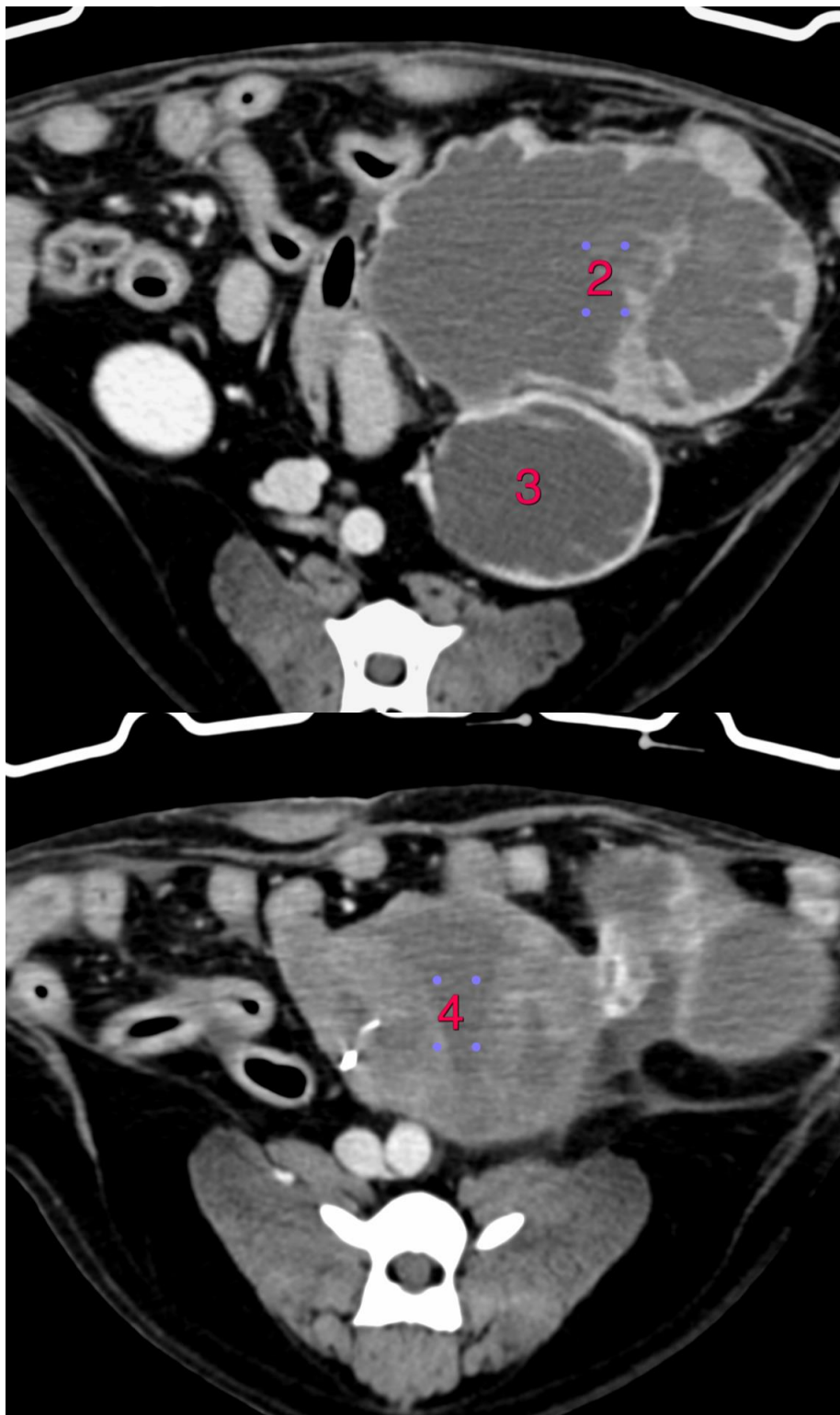
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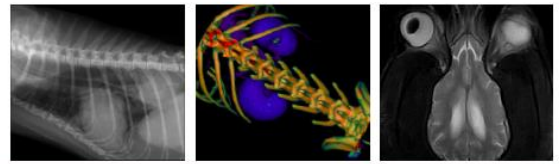
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Bosco Chaves **The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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