



PATIENT

Duke Ditroia

PRESENTING CLINICAL SIGNS

Historical cancer - previous leg amputation. Hyporexia

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax are provided for review.

BREED

Basenji Mix

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the subcutaneous tissue at the right caudal thoracic wall, a spindle shaped, well-defined lipoma is seen.

SEX

Male

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

AGE

10

A thymic remnant is visible in the cranioventral mediastinum.

Multifocal throughout the lung parenchyma, a innumerable amount of well-defined, soft tissue attenuating nodular lesions is visible; measuring up to 12 mm in diameter.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

The adrenal glands are within normal limits for size, shape and organ architecture.

HOSPITAL NAME

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

REFERRING VET

Dr. Gans

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

INVOICE

49639

The right hind limb is absent, but the most proximal segment of the right femur. Centered on the right hemipelvis/course of the right iliopsoas muscle and extending into the right caudal aspect of the abdominal cavity and retroperitoneal space, an ill-defined, large, soft tissue attenuating and heterogeneous contrast enhancing mass is visible. Surgical metal attenuating clips are seen in the cranial aspect of the mass. The proximal segment of the right femur presents advanced permeative osteolytic lesions and the right ischial bone presents with moth eaten osteolytic lesions. The fat surrounding the soft tissue mass in the region of the right hemipelvis presents moderate fat-stranding. The medial iliac and inguinal lymph nodes are significantly enlarged, rounded. The right ureter is embedded within the mass and dilated, measuring up to 4 mm in diameter; mild to moderate dilation of the right renal pelvis is seen.

DATE

1-15-22



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In the right epaxial musculature level L6, a nodular lesion, measuring 1.6 cm in diameter is seen.

Post contrast administration, contrast enhancing nodular lesions are seen in the left caudal thigh musculature

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Basenji Mix

- History of amputation right hind limb, due to neoplasia
- Large local invasive growing soft tissue mass level with the right hemipelvis/iliopsoas muscle with polyostotic aggressive osteolytic lesions of the associated osseous structures
- Nodular lesion right epaxial musculature level L6 and left thigh musculature
- Lymphadenopathy medial iliac and inguinal lymph nodes bilaterally
- Structured nodular interstitial lung pattern
- Secondary right sided ureteral obstruction and pyelectasia

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with reoccurrence of a soft tissue neoplasm – sarcoma is likely. There is local invasive growth, and the mass is extending up into the sublumbar region. Metastatic spread to the lung, musculature and regional lymph nodes is present. FNA sampling/biopsy might be performed as advanced diagnostic test. Unfortunately, there are no feasible curative treatment options. The prognosis is infaust.

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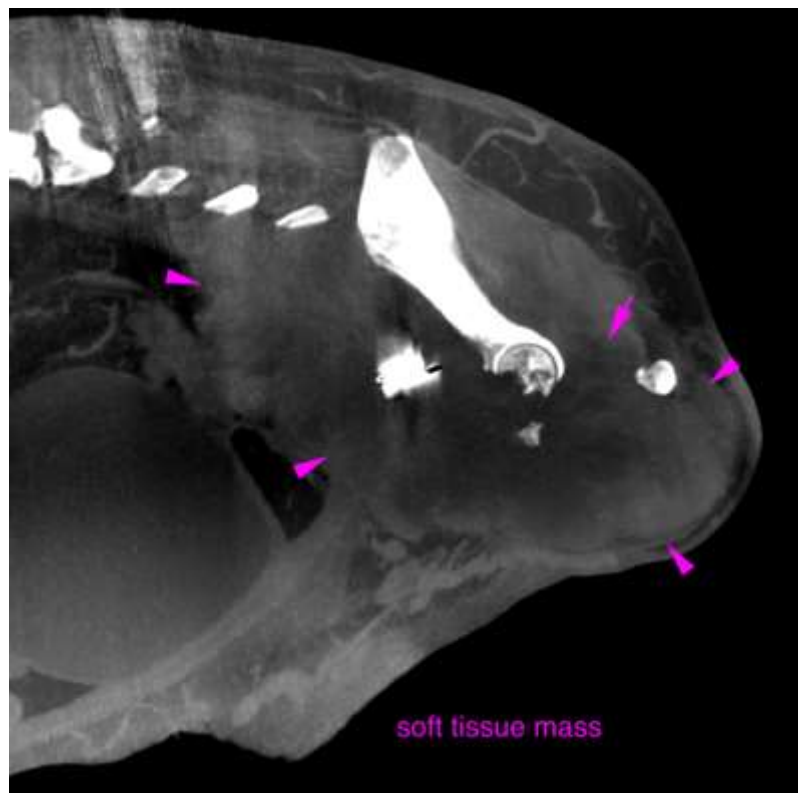
Dr. Gans

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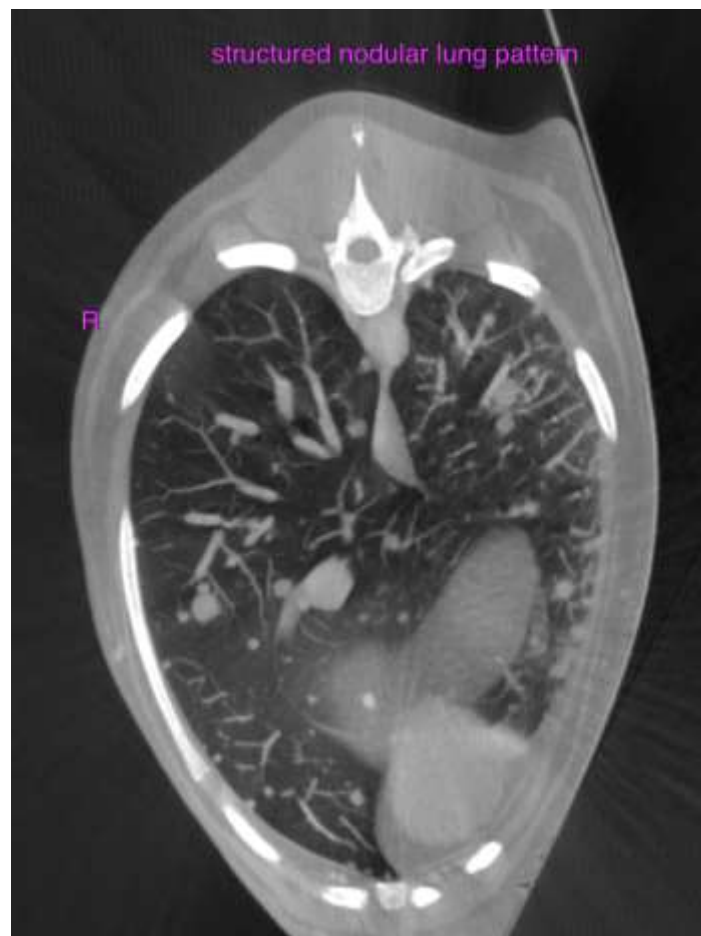
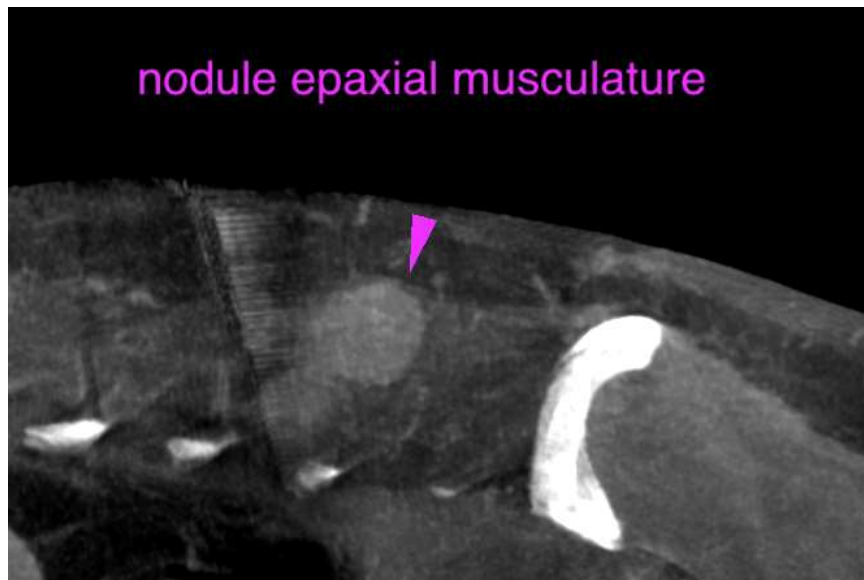
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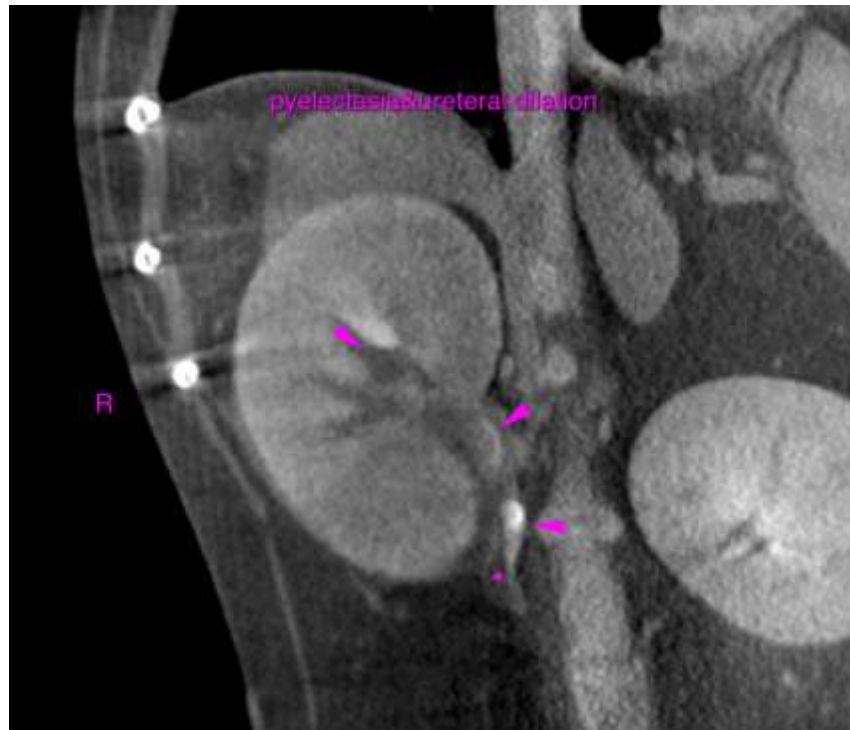
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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