



PATIENT PRESENTING CLINICAL SIGNS

Nova Totera Initially presented for degenerative joint disease. CT and joint taps done however it was non surgical. Owners noticed a growth on her left side by rib cage and is around 5cm in size. Was seen by regular vet clinic previously and at that appointment it was 1cm, an aspirate was not done at that time. FNA done at AHP: consistent with mesenchymal proliferation - suspect sarcoma. Mass excisions performed and incision site seroma formed then began to ooze. Previous health problems or ongoing concerns: Hx IMPA Hx DJD Hx suspected gastric ulcer Hx pneumothorax Hx pyometra Hx mass on left side CBC done Nov 28th at AHP: Decreased: MCH, PDW Elevated: RDW, EOS, BASO, PLT, PCT CHEM done t AHP Oct 25th: Elevated UREA, ALKP, ALT, GGT -rerun blood day of SX

SPECIES

Canine

BREED

German Shepherd

COMPUTED TOMOGRAPHY OF THE THORAX

A plain CT study of the thorax in a lung and soft tissue reconstruction is provided for review.

SEX

FS

COMPUTED TOMOGRAPHIC FINDINGS

Multifocal moderate spondylosis formation is seen along the thoracic spine. In the subcutaneous tissue at the distal aspect of the acromion of the scapula bilaterally, a zone with granular mineralization is appreciated, R>L.

AGE

8 Years

The left axillary lymph nodes are prominent. A mild subcutaneous soft tissue swelling is seen along the caudal aspect of the left brachium.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The subcutaneous tissue level with the 9th to 13th left rib presents an ill-defined swelling.

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

The cardiovascular structures including the pulmonary vasculature are within normal limits.

HOSPITAL NAME

Animal Health
Partners

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but a small zone of pulmonary consolidation of the ventral tip of the right middle lung lobe.

REFERRING VET

Dr. Jeffery Biskup

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

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- History of excised sarcoma left caudolateral thoracic wall and seroma formation
- Lymphadenopathy left axillary lymph nodes
- Small zone of pulmonary consolidation ventral tip right middle lung lobe
- Spondylosis deformans
- Dystrophic subcutaneous mineralization distal aspect of the acromion bilaterally
- No evidence of pulmonary metastatic disease

DATE

1-31-23



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent left axillary lymph nodes can present reactive hyperplasia or metastatic disease secondary to the excised mass at the left caudolateral thoracic wall. Recommend FNA sampling of the left axillary lymph nodes for further definition.

The ill-defined swelling of the surgery site at the left thoracic wall can be a sequela to the previous seroma formation, however reoccurrence of the mass might be a consideration as well – correlate with clinical findings.

The small zone of consolidation of the dependent ventral tip of the right middle lung lobe is suggestive for dystelectasis or a small zone of pneumonia.





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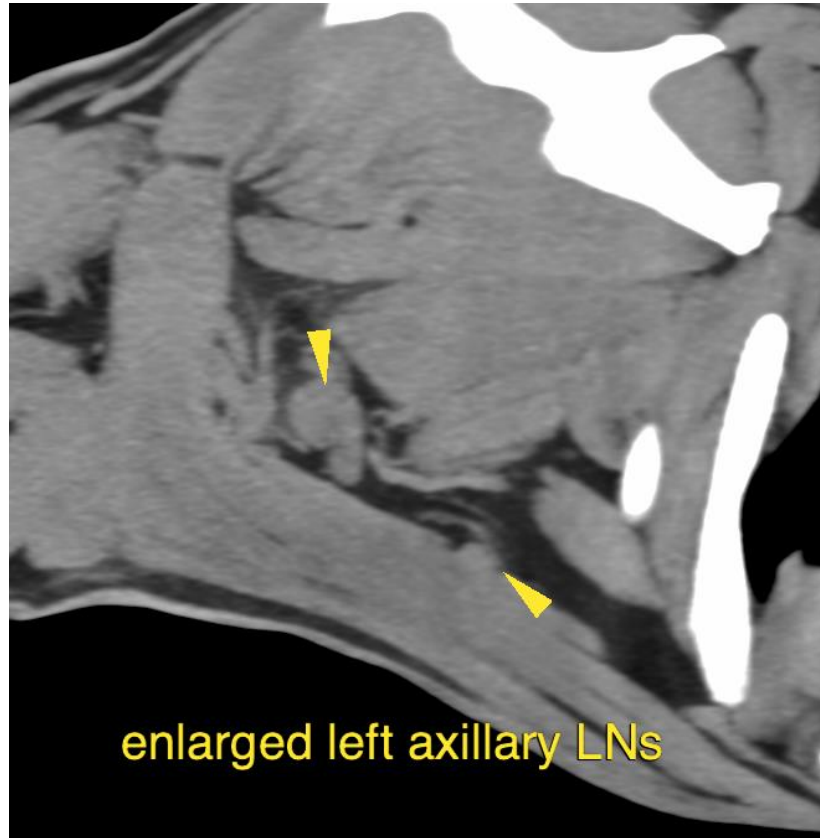
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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