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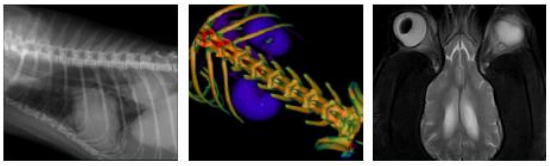

PATIENT

Voltaire Phenix

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Care
Denver

REFERRING VET

Cathryn Sayer

INVOICE

54455

DATE

10-5-22

PRESENTING CLINICAL SIGNS

Suspect sarcoma in L inguinal region. Surgical planning and met check.
Abnormal PE/Chem/CBC/UA Results: Normal labwork overall. Isosthenuria.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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

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.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is within normal limits for size and shape. Post contrast administration, the splenic parenchyma has a mild heterogeneous contrast enhancement pattern with multifocal contrast enhancing parenchymal lesions.

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

In the left ventral abdomen, a segment of the small intestinal loop, measuring approximately 6 cm in length, is appreciated, presenting a circumferential moderate thickening of the wall (measuring up to 9.4 mm in width); post contrast administration, the wall layering of the respective small intestinal segment is maintained. The peritoneal fat level with the thickened small intestinal segment presents moderate fat-stranding.

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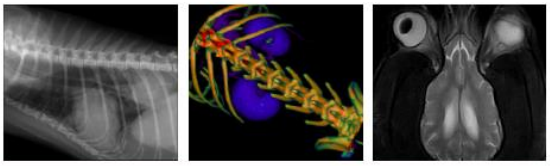

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The vertebral endplates L6/L7 present moderate spondylosis formation. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 80% of the cross-sectional area of the vertebral canal at the same level. The periarticular bones of both coxofemoral joints present mild osteophyte new bone formation.

In the left inguinal region, a well-defined, ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 4.8 x 2.5 x 5.1 cm in size.

The inguinal and hypogastric lymph nodes are small, unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous soft tissue mass left inguinal region
- Segmental mural thickening small intestinal loop with accompanying mild peritonitis
- Mild heterogeneous contras enhancement pattern of the spleen
- Degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left inguinal mass is supporting the diagnosis of potential sarcoma, rule out mast cell tumor or carcinoma as considerations as well. Complete surgical excision of the mass is considered feasible.

The segmental thickening of the small intestinal loop can be caused by segmental enteritis or can be caused by neoplastic invasion of the small intestinal wall (e.g. round cell tumor). Ultrasound guided FNA sampling can be tried as advanced minimally invasive diagnostic tool.

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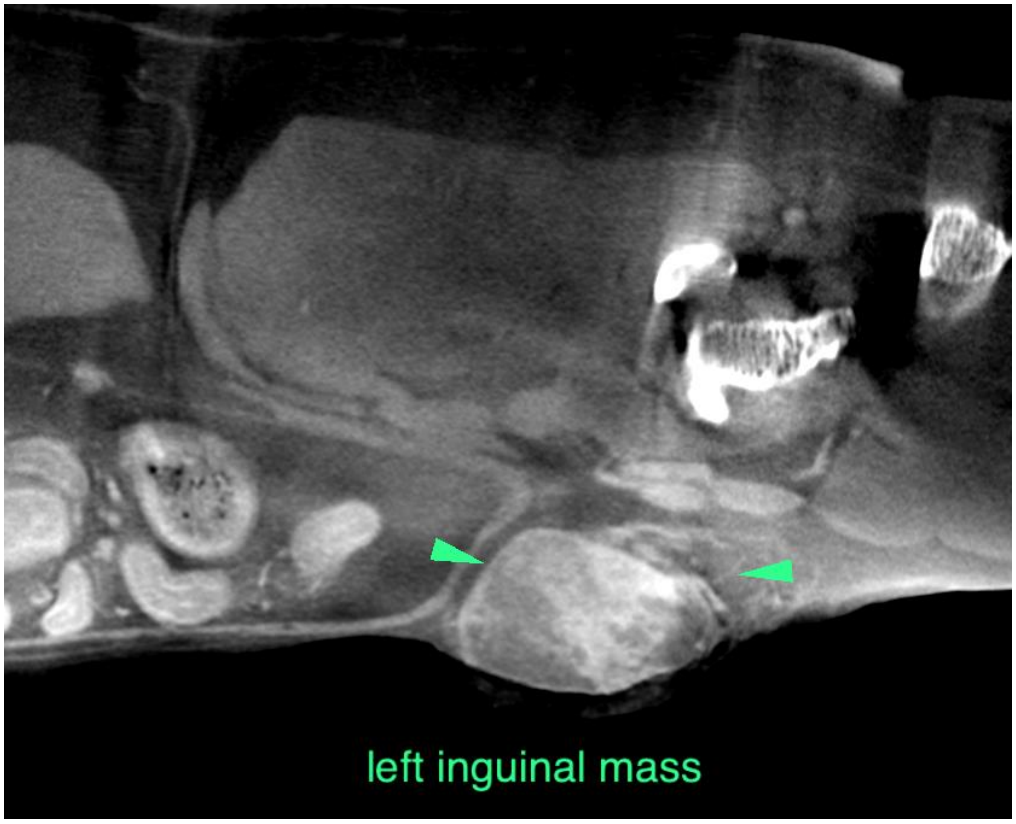

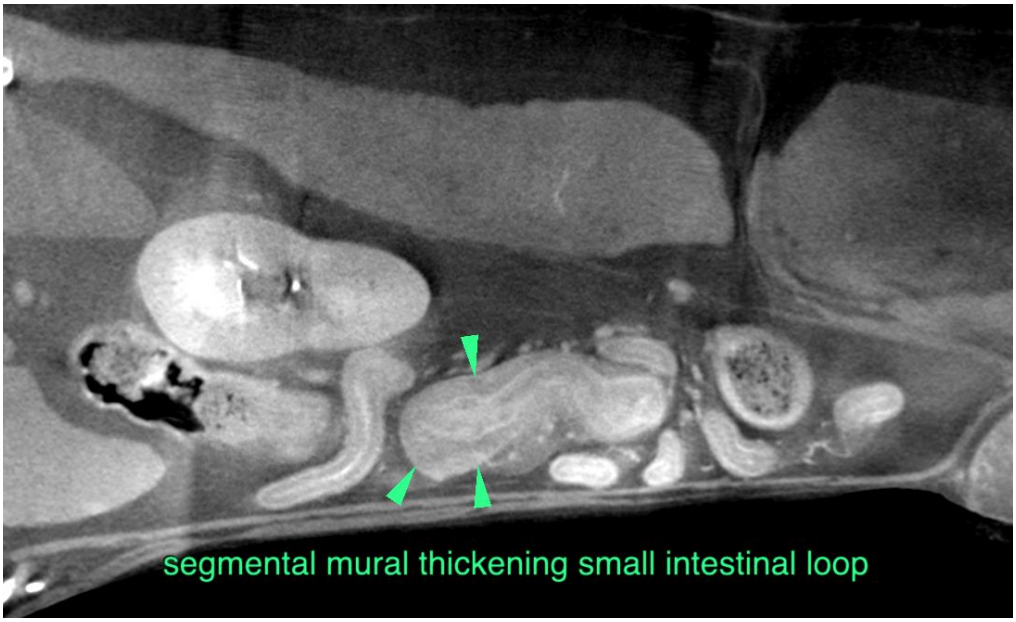

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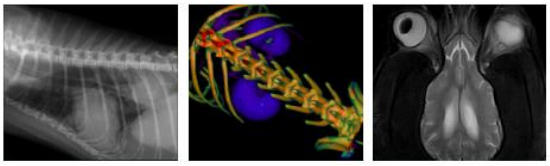

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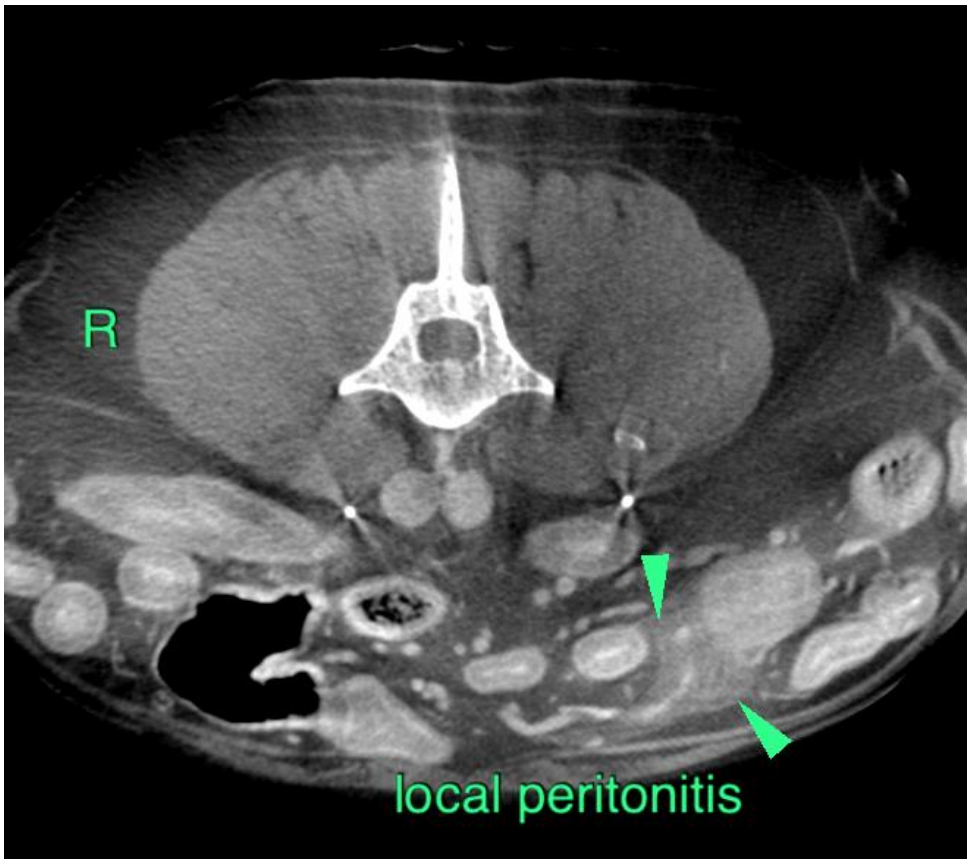

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com