



## PATIENT

Akela Mojica

## SPECIES

Canine

## BREED

American Bulldog Mix

## SEX

Spayed Female

## AGE

9Y

## WEIGHT

44lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

HVSFA

## HOSPITAL NAME

HVSFA

## REFERRING VET

Meaux

## INVOICE

72562

## DATE

11-11-25

## PRESENTING CLINICAL SIGNS

Referral from oncologist. Intrapelvic mass. Unremarkable CBC/Chem.

Abnormal PE/Chem/CBC/UA Results: Ambulatory x 4 although mild lameness affecting Right pelvic limb. Decreased CP on affected limb.

## COMPUTED TOMOGRAPHY OF THE NECK, THORAX, ABDOMEN AND PELVIS

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

At the cranial aspect of the odontoid peg, an isolated, well-defined, ovoid shaped osseous body is seen; measuring 5 x 3 x 5 mm.

The vertebral endplates C2/C3 and C7/T1 present mild spondylosis formation.

The thyroid glands present the expected shape, size and attenuation behavior.

### Thorax

Along the thoracic spine, multifocal mild spondylosis formation is seen.

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 & Pelvis

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.



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The adrenal glands are within normal limits for size, shape and organ architecture. Post contrast administration, in the parenchyma of the left adrenal gland, a mild hypoattenuating nodule is visible; measuring 7mm in diameter.

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

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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. The colon is generalized moderately distended by fecal material.

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Along the lumbar spine, multifocal spondylosis formation is seen.

The right acetabulum and sciatic bone present an ill-defined zone with permeative osteolysis and cortical destruction. Protruding from the medial surface of the right acetabulum & ischial bone, an ill-defined, uniform soft tissue attenuating and peripherally accentuated contrast enhancing mass is appreciated – occupying approximately 80% of the cross-sectional area of the pelvic canal. The urethra and rectum are deviated to the left and compressed. Distally the right pelvic soft tissue mass is extending into and blending with the proximal musculature of the left thigh.

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Along the right femoral head, moderate osteophyte new bone formation is seen.

The hypogastric lymph nodes are mild to moderately prominent, R>L.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion caudal half right hemipelvis including the acetabulum along with a large soft tissue mass protruding into the pelvic canal
- Secondary stenosis of the pelvic canal and constipation
- Lymphadenopathy hypogastric lymph nodes, R>L
- Intraparenchymal nodule left adrenal gland – suggestive for nodular hyperplasia, metastasis is a potential as well
- Bilateral advanced degenerative joint disease of the stifle joints
- Spondylosis deformans
- Persistent ossiculum terminale cranial aspect odontoid peg
- No evidence of pulmonary metastatic disease

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The biologically aggressive right pelvic lesion along with the soft tissue mass are consistent with primary neoplastic disease – such as osteosarcoma, fibrosarcoma, chondrosarcoma, other. As the soft tissue component merges with the adductor muscles and is extending up to the pelvic symphysis, surgical management may not be feasible or bear a high risk for local reoccurrence.

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The enlarged regional hypogastric lymph nodes are concerning for metastatic spread – ultrasound guided FNA sampling can be performed for specification.

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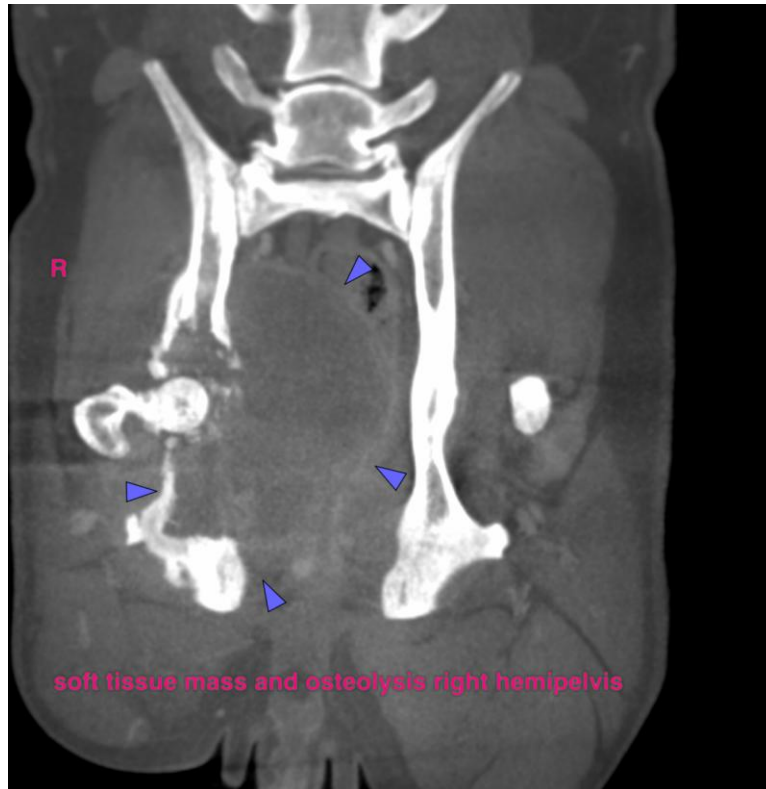
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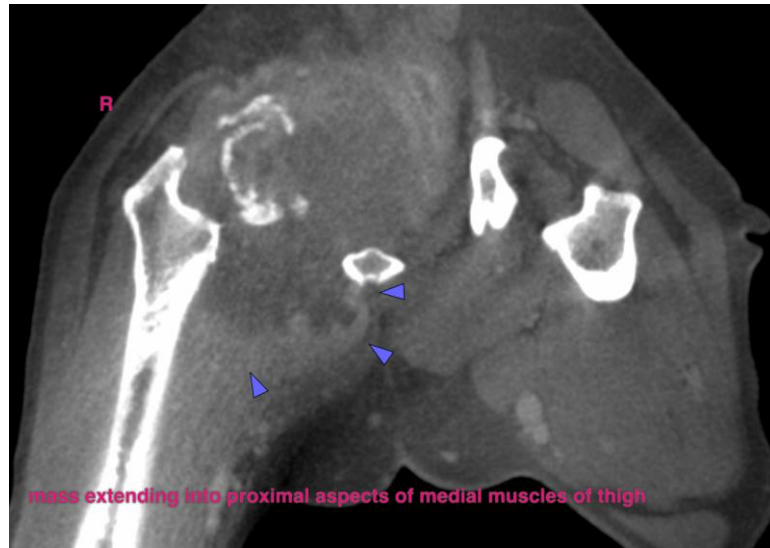
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)